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SPECIAL ISSUE: PRISONER REENTRY

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This Issue In Brief

This September's issue of *Federal Probation* considers the currently hot topic of "Prisoner Reentry"—hot because the record-breaking numbers of offenders entering prison in the past decade or more equals record-breaking numbers of prisoners exiting prison on completion of their sentences. Guest editor James Byrne of the University of Massachusetts, Lowell, has been closely monitoring "reentry" issues in recent years and as editor approaches this complex topic that both affects and is affected by every branch of corrections, the therapeutic community, and the community at large with care in making the many relevant distinctions. We hope you find these articles an enlightening and thought-provoking distillation of what we know and don't know about expediting the successful reentry of prisoners into society.

Ellen Wilson Fielding, Editor

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Introduction: Reentry — The Emperor's New Clothes

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James M. Byrne Guest Editor

When I was asked to serve as Guest Editor for this special issue on Offender Reentry, I was unsure how to proceed. The challenge was to produce an issue that would stand apart from other recent attempts to address this topic in a variety of media forms, including journals (e.g., *Crime and Delinquency*, *Criminology and Public Policy*); government documents (e.g., reports from the Bureau of Justice Statistics, Office of Justice Programs, and the National Institute of Justice); and web sites devoted to offender reentry, such as Abt Associates' blog on the National Institute of Corrections' reentry initiative; the Urban Institute's web page devoted to reentry resources; and of course, OJP's own reentry resource page on the web, with links to publications, program contacts, evaluations, and the 68 ongoing OJP-sponsored reentry programs. After reviewing the available information, I realized that our understanding of *reentry*-related issues is remarkably similar to our understanding of intensive supervision in the mid-eighties and boot camps in the early to mid-nineties: *we know very little about "what works, with whom, and why," but policy makers and practitioners do not have time to wait for evaluators to attempt to answer these questions.* As was true for both intensive supervision and boot camp initiatives, the preliminary, non-experimental evaluation results are positive and there is certainly a groundswell of support for new reentry initiatives.

The danger inherent in our current approach to reentry is that we may be changing the reentry process in ways that actually have negative consequences for both offenders and the communities in which they reside. Rutgers University Professor Jim Finckenauer has spent much of his career decrying the "panacea phenomenon" in criminal and juvenile justice program initiatives. From Scared Straight to Intensive Supervision to Boot Camps to the "Project Nightlights" of the world, the corrections landscape is littered with the broken promises (and unfulfilled dreams) of program developers "on a last chance power drive" (to paraphrase Bruce Springsteen). Of course, this is not just a corrections phenomenon. Do you believe the hype surrounding almost two decades of *problem-oriented policing*? Before you answer, you may want to take a look at the most recent comprehensive review by The National Research Council (2004). You won't look at a "broken window" the same way ever again. And what is your view of the last three decades of *sentencing reform*, from mandatory minimums, to sentencing guidelines, to parole abolition, to three-strikes legislation?

Anyone even vaguely familiar with the work of Norval Morris, Michael Tonry, and Albert Blumstein recognizes that there's a pattern here: today's panacea may quickly become tomorrow's problem. When viewed in this context, it could certainly be argued that *current* reentry initiatives—although important in their own right—do not address the fundamental *causes* of our current reentry problem; they address the *consequences* of changes in police practices, court processing decisions, and sentencing policies/practices that have resulted in an unprecedented imprisonment binge. Like many drugs on the market today, reentry programs are designed to help communities learn to live with the problem, not to cure it outright.

If we are really serious about "breaking the cycle" (of institution to community to institution, ad infinitum), then we need to rethink our policing strategies, especially those strategies that use "arrest" as the primary response to both drug users and public order offenders. Similarly, we will also need to rethink our sentencing practices vis-à-vis these same two groups of offenders. Even the most "successful" reentry programs will have—at best—a marginal effect on the reentry problem unless we also simultaneously address police and court practices toward these two offender groups, while also developing new strategies to reduce violence in prison by changing the negative prison culture that exists in many prisons today (NIC, 2004).

It is with this important caveat in mind that I selected the contributors to this special issue—choosing individuals who were not afraid to step back and take a critical look at the offender reentry problem, and who recognized the importance of developing reentry programs that offer more than "smoke and mirrors" to an increasingly impatient public.

Articles were commissioned on three broad topic areas: 1) *Evidence-based practices* for reentry, highlighting research on both offender change and cost effectiveness, 2) *Reentry Program Models*, highlighting programs currently in place for adult and juvenile offenders at the federal, state, and local level; and 3) *Key issues* in reentry design and implementation. To address the topic of evidence-based reentry practice, I asked two experts with very different backgrounds and orientations to contribute: Joan Petersilia, a professor at The University of California, Irvine, best known for her work while at RAND and most recently, for her collaborations with Jeremy Travis on the topic of reentry; and Brandon Welsh, an associate professor at The University of Massachusetts, Lowell and a member of the Campbell Collaborative, a group responsible for the completion of dozens of reviews of evidence-based research on a wide range of criminal justice policies and practices.

To provide readers with an overview of current reentry program models, four of the country's leading experts on program development contribute articles. First, Professor Gordon Bazemore (in conjunction with his colleague, Jeanne Stinchcomb from Florida Atlantic University) provides an overview of how the principles of restorative justice and service can be integrated into a civic engagement model of community reentry. Bazemore and Stinchcomb's article addresses important questions about how and why offenders change, while describing how life course research can help us understand the importance of *informal* social controls at key points in the offender reentry process. Next, Dale Parent (and his colleague at Abt Associates, Liz Barnett) provide a description of the National Institute of Corrections' Transition from Prison to Community Initiative (TPCI), which is currently being implemented in eight jurisdictions across the country: Oregon, Missouri, Michigan, Indiana, North Dakota, Rhode Island, New York, and Georgia. Our third contribution on program design issues is authored by Dr. Faye Taxman (now a professor at Virginia Commonwealth University), who has directed the multi-site process evaluation of several "model" reentry partnership initiatives (RPI's) for OJP. Based on this review, she has developed a new reentry model founded on the notion that offenders need to be treated as "active participants" rather than "active recipients" in the reentry process. And finally, The Administrative Office of the U.S. Court's Timothy Cadigan highlights the current reentry strategies for federal offenders released from prison, while examining the changing role of federal probation officers in the reentry process.

The third substantive area covers key issues related to the design and successful implementation of offender reentry initiatives, including: 1) the role of technology, 2) the role of police, 3) offender targeting, 4) mental illness, and 5) overcoming resistance to change.

Dr. April Pattavina, author of the forthcoming text, *Information Technology and the Criminal Justice System* (Sage Publications, 2005), describes the "new technology" of reentry. The "bells and whistles" associated with the latest wave of reentry programs include electronic monitoring, drug/alcohol testing devices, and information systems designed to track an offender's progress in a number of areas (such as compliance with treatment, employment, institutional/community conduct) as he/she moves from prison back to the community. Pattavina also highlights several issues associated with the application of this new technology to reentry, including: 1) capacity

building for information technology; 2) organizational culture and resistance to change; 3) legal and political considerations, and 4) the need to link IT development to ongoing performance measurement/evaluation activities.

The article by Dr. Arthur Lurigio, one of the country's leading experts on the mentally ill offender population, addresses the need for reentry program developers to recognize the unique problems associated with reintegrating mentally ill offenders into communities that often lack the resources and expertise this population will need. In conjunction with his coauthors Angie Rollins and John Fallon, Dr. Lurigio describes both the type and extent of mental illness among prisoners returning to the community (i.e., schizophrenia, bipolar disorder, major depression) and then identifies the key elements of a reentry program targeting this offender population. Using a case study of an existing program —The Thresholds' Prison Aftercare Program in Illinois— Lurigio and his coauthors offer a detailed strategy for addressing the multiple problems presented by those offenders released from prison with serious mental health issues.

This focus on offender targeting issues is continued in the article I coauthored with Faye Taxman, which presents the results of our examination of targeting decisions across several model reentry partnership initiatives. We point out that it is likely that only a small fraction (less than 1 percent) of the 600,000 plus prisoners released from federal and state institutions this year will actually be placed in one of the new reentry initiatives sponsored by The Office of Justice Programs. With such a restricted target group, it is critical to carefully consider the potential impact (both positive and negative) of location-specific, offender-specific, and offense-specific inclusion/exclusion criteria.

This *Special Issue* also highlights the emerging role of local police in reentry partnership initiatives. In conjunction with my coauthor, Dr. Don Hummer, an expert on community policing issues, we explore the expanding role of police in the reentry process and discuss the implications for institutional corrections, community corrections, treatment providers, victims, offenders and the community.

Finally, Doug Young and his colleague Theodore Klem from The University of Maryland's Bureau of Governmental Research address the myriad of issues associated with the design and implementation of reentry programs targeting juvenile offenders as they return to the community.

I hope that this issue will provide readers with a critical review of 1) reentry evaluation research, 2) existing and emerging reentry program models, and 3) the most significant "key issues" facing policy makers, legislators, program developers, and program administrators attempting to design reentry programs that actually make a difference in the lives of prisoners and the quality of life in the communities to which they return.

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What Works in Prisoner Reentry? Reviewing and Questioning the Evidence

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MORE THAN 600,000 individuals will leave state prisons and return home this year. That is 1,600 a day, and a sixfold increase in prisoner releases since 1970. Of course, inmates have always been released from prison, and corrections officials have long struggled with how to facilitate successful transitions. But the current situation is decidedly different. The increase in number of releasees has stretched parole services beyond their limits, and officials worry about what assistance can be provided at release. Research confirms that returning prisoners need more help than in the past, yet resources have diminished. Returning prisoners will have served longer prison sentences than in the past, be more disconnected from family and friends, have a higher prevalence of untreated substance abuse and mental illness, and be less educated and employable than their predecessors. Legal and practical barriers facing ex-offenders have also increased, affecting their employment, housing, and welfare eligibility. Without help, many released inmates quickly return to crime.

State and federal governments are trying to provide help. Recent years have witnessed an explosion of interest in the phenomenon of "prisoner reentry." Between 2001 and 2004, the federal government allocated over \$100 million to support the development of new reentry programs in all 50 states. The Council of State Governments, the American Correctional Association, The National Institute of Corrections, The American Probation and Parole Association, and The National Governors Association have each created special task forces to work on the reentry issue—as have most State Departments of Corrections. President Bush even highlighted the prisoner reentry issue in his 2004 State of the Union Address—the first time anyone ever remembers a president including concern for ex-convicts in such a major speech. President Bush spoke sympathetically about the difficulties prisoners face in reintegration, stating that, "America is the land of the second chances, and when the gates of the prison open, the path ahead should lead to a better life." He proposed a four-year \$300 million initiative to assist faith-based and community organizations to help returning inmates.

No one doubts that interest in prisoner reentry is high, that money is flowing, and that well-meaning people want to implement programs to assist returning inmates. But the \$64,000 question still remains: Which programs should government agencies, nonprofit organizations, and faith-based communities invest in? In short, *what programs work in prisoner reentry?* As states confront massive budget shortfalls, it is critical that we invest in proven programs.

Asking the "what works?" question of correctional programs is not new. In fact, it has become rather a cottage industry. The correctional literature now contains dozens of "what works?" articles and books. The articles summarize research based on metaanalysis (the quantitative analyses of the results of prior research studies), costbenefit analysis, synthetic reviews, literature reviews, expert thinking, and clinical trials. The conclusions are then translated into best practices, evidence-based principles, and programs that 'work,' 'don't work,' or 'are promising.' This literature is scattered in criminology, sociology, and psychology publications—although most of it exists in agency and government reports.

How can a correctional administrator make sense of it all? The analysis is frequently difficult to sort out, even for this author, who is a seasoned corrections researcher. But the question "what works in reentry programs?" is too important and timely to leave unaddressed. The author reviewed this literature to condense its most important findings for correctional practitioners. The first section summarizes findings of the published literature as they pertain to reentry programs. The second section questions the existing evidence and urges a broader conversation about current methods, outcome measures, and privileging practitioner expertise.

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What Constitutes a Prisoner Reentry Program?

To answer, "what works in reentry programs?" we must first *define* a reentry program. Here lies the first difficulty: what exactly should qualify as a prison reentry program?

Travis and Visher (2005) of the Urban Institute define prisoner reentry as the inevitable consequence of incarceration. They write, "With the exception of those who die of natural consequences or are executed, everyone placed in confinement is eventually released. Reentry is not an option." In their view, reentry is not a legal status nor a program but a *process*. They write: "Certainly, the pathways of reentry can be influenced by such factors as the prisoner's participation in drug treatment, literacy classes, religious organizations, or prison industries, but reentry is not a result of program participation." In other words, "every aspect of correctional operations and programs conceivably (and in some ways, accurately) affects the prospects of offender reentry."

Petersilia (2003) agrees and writes that prisoner reentry "simply defined, includes all activities and programming conducted to prepare ex-convicts to return safely to the community and to live as law abiding citizens." Petersilia says it includes "how they spent their time during confinement, the process by which they are released, and how they are supervised after release." Reggie Wilkinson, Director of the Ohio Department of Rehabilitation and Corrections, believes, "Reentry is a philosophy, not a program." He writes that prisoner reentry begins at the point of admittance to a prison (or even sentencing) and extends beyond release. Successful reentry can only be accomplished "through associations with community partners, families, justice professionals and victims of crime. Programs will cover offender assessments and reentry planning; offender programming; family involvement, employment readiness and discharge planning; offender supervision; and community justice partnerships." (www.drc.state.oh.us/web/offenderreentry.htm, accessed 4/30/2004).

According to these experts, *everything* about the prison and post-prison experience is loosely related to reentry, and reentry really isn't a program at all. That may be an accurate conceptualization, but then how can we measure it? How can we statistically evaluate a "process," "a philosophy," or "all activities" from sentencing to freedom? If *everyone* goes through it, and it includes *all* of corrections, how do we isolate reentry? If we can't operationally define and isolate reentry programs as distinct from the entire correctional system, then how can we possibly evaluate their effectiveness?

Seiter and Kadela (2003) in their recent article "What Works In Prisoner Reentry" faced the same definitional dilemmas but solved the problem by adopting a much narrower definition. They defined reentry programs as those that: 1) specifically focus on the transition from prison to

community, or 2) initiate treatment in a prison setting and link with a community program to provide continuity of care. Within this broad definition, they include only programs that have an outcome evaluation. Their definition too is arguably correct, and allows us to access the program evaluation literature in a way that the broader definitions do not. But the Seiter/Kadela definition is quite narrow and eliminates programs that have not been formally evaluated, do not specifically focus on the transition process, and begin in the community.

So, the first problem in trying to answer "what works?" is a serious definitional one. The Travis/Petersilia/Wilkinson definitions are too conceptual and all-encompassing to be of much use in identifying a relevant program evaluation literature. The narrower Seiter and Kadela definition makes the program evaluation task manageable, but fails to capture the range and diversity of programs thought to assist prisoner reentry.

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Assessing Whether a Reentry Program Works: Principles vs. Program Outcomes

The second problem in trying to make sense of the "what works" corrections literature is that there are really two literatures, using distinct disciplinary traditions and methodologies. These differences have evolved over the last two decades due to disciplinary training (mainly psychology versus criminology), and the methods each discipline has adopted.

Ever since Martinson (1974) published his now celebrated review of the effectiveness of correctional treatment, concluding that, "With few and isolated exceptions, the rehabilitation efforts that have been reported so far have had no appreciable effect on recidivism," scholars from various disciplines have continued to dispute Martinson's pessimistic conclusion, amassing data on the potency of offender rehabilitation programs.

The Canadian Contribution: Identifying Principles of Effective Programs

The first successful challenges of Martinson came from Canadians Paul Gendreau and Robert Ross (1979). These clinically oriented psychologists tended to focus not on programs per se but on the individual within the program. Unlike Martinson, they believed it was not sufficient to just sum across studies and file them into "works" or "not works" and then tally the final score (what Martinson et al. did), but rather to look into the "black box" of treatment programs and identify the principles that distinguish between effective and ineffective programs. In their view, it was not enough to say that a job program worked. Rather it was necessary to ask: What does it mean to say that an employment program was offered? What exactly was accomplished under the name of "employment"?

Using a variety of techniques, including narrative reviews, meta-analytic reviews, individual studies, and insights from their clinical experience, they developed a list of principles of effective intervention, and found evidence that programs adhering to these principles significantly reduced recidivism. Gendreau and Ross also presented evidence that the effectiveness of treatment programs can vary substantially to the extent that the offender's individual differences (such as age, prior record, and intellectual development) are measured and taken into account in the delivery of services. They—now joined by others—later published their meta-analysis of the treatment literature, and confirmed their evidence-based principles of risk, need, and responsivity. Moreover, Andrews et al.'s meta-analysis (1998) showed that when these principles were followed and when appropriate interventions were delivered, there was a 30 percent reduction in recidivism. (For an excellent review see Cullen and Gendreau 2000.) These principles included:

- Treatment services should be behavioral in nature, interventions should employ the cognitive behavioral and social learning techniques of modeling, role playing, reinforcement, extinction, resource provision, verbal suggestions, and cognitive restructuring;
- Reinforcements in the program should be largely positive not negative;

- Services should be intensive, lasting 3 to 12 months (depending on need) and occupying 40 to 70 percent of the offender's time during the course of the program;
- Treatment interventions should be used primarily with higher-risk offenders, targeting their criminogenic needs (dynamic risk factors for change). Less hardened or lower risk offenders do not require intervention and may be made more criminogenic by intrusive interventions;
- The most effective strategy for discerning offender risk level is to rely not on clinical judgments but on actuarial-based assessments instruments, such as the Level of Supervision Inventory;
- Conducting intervention in the community as opposed to an institutional setting will increase treatment effectiveness;
- In terms of staffing, there is a need to match styles and modes of treatment service to the learning styles of the offender (specific responsivity). Depending on the offender's characteristics (e.g., intelligence, levels of anxiety) he or she may have different learning styles and thus respond more readily to some techniques than others.

Andrews and Bonta (1998) also found that across numerous studies, one type of intervention was the most reliable in achieving high reductions in recidivism: cognitive-behavioral programs. As Cullen and Gendreau (2000) summarize this approach:

There are several different forms of programs known as cognitive-behavioral—essentially they all attempt to accomplish two aims: first they try to cognitively restructure the distorted or erroneous cognition of an individual; second they try and assist the person to learn new adaptive cognitive skills. In light of offender deficits, effective cognitive behavioral programs attempt to assist offenders: 1) define the problems that led them into conflict with authorities, 2) select goals, 3) generate new alternative pro-social solutions, and 4) implement these solutions.

The Canadians also reported that control-oriented programs—those seeking to deter offenders through surveillance and threats of punishment—were ineffective. Because these control-oriented programs do not target for change the known predictors of recidivism, and do not conform to theories of cognitive behavioral treatment, they will not reduce recidivism.

The Canadians' theory of rehabilitation has been influential, particularly in Canada, Australia, and the United Kingdom. However, while the terms cognitive restructuring, risk responsivity, and so forth are familiar to American corrections, they don't seem to heavily influence most prison reentry programs today.

The U.S. Contribution: Identifying Programs that Work

The "what works" movement is also alive and well within the U.S., but it evolves from a sociological rather than a psychological perspective and uses different methods. Instead of focusing on the individual offender, treatment provider, and program characteristics ("inside the black box"), U.S. scholars have primarily assessed correctional programs using recidivism outcome studies (e.g., the black box itself). The question for U.S. criminologists has been: Did participants in X program have a lower level of recidivism after participating in the program? This phrasing of the "what works" question reflects our current anti-psychological approach to rehabilitation in the U.S., which often switches criterion variables from the psychological to the social. Our programs focus on the community and those things that surround the offender (e.g., jobs, housing, education) and are less inclined to treat the individual per se (except for sex offenders, where the offender is more viewed as sick). The "what works" literature in the U.S. tends to be program- rather than principles-based.

The largest and most influential U.S. "what works" study was conducted by a team of scholars at the University of Maryland and funded by the U.S. Justice Department. The report, "Crime Prevention: What Works, What Doesn't, and What's Promising," began by collecting crime prevention evaluations in seven institutional settings (e.g., schools, families, labor markets, criminal justice). (Sherman et al. 1997) Once all the individual evaluations had been assembled, each was rated on a "scientific methods score" of 1 through 5, with 5 being the strongest scientific evidence (i.e., large samples with random assignment). The scores generally reflect the level of confidence one can place in the evaluation's conclusions about cause and effect. This methodology—identifying evaluations, scoring them as to methodology, and summarizing the results of rigorous program evaluations—is known as a synthetic review.

Doris MacKenzie, a well-respected researcher, completed the synthetic review for the corrections system. Her results were published in the original Maryland report, and later expanded (in MacKenzie and Hickman 1998). Dr. MacKenzie and her colleagues identified 184 correctional evaluations conducted between 1978 and 1998 that employed a methodology that could be rated at a level of 3 or higher (meaning that the study employed some kind of control or comparison group). She identified the following programs as working to reduce offender recidivism: 1) In-Prison Therapeutic Communities With Follow-Up Community Treatment, 2) Cognitive Behavioral Therapy, 3) Non-Prison Based Sex Offender Treatment Programs, 4) Vocational Education Programs, 5) Multi-Component Correctional Industry Programs, and 6) Community Employment Programs. She also identified as "promising" (meaning there were one or two evaluations showing effectiveness): 1) Prison-Based Sex Offender Treatment, 2) Adult Basic Education, and 3) Transitional Programs Providing Individualized Employment Preparation and Services for High-Risk Offenders. She too found that increased monitoring in the community (e.g., intensive probation, electronic monitoring) did not alone reduce recidivism. Thus, if we accept the Travis/Petersilia/Wilkinson encompassing definition of prisoner reentry, this is the body of "what works" literature we must draw upon.

Seiter and Kadela (2003) applied the exact same methodology in their search for evaluations of prison reentry programs, defining reentry programs as previously discussed and searching published and unpublished literature between 1975 and 2001. They found just 28 program evaluations that fit their reentry definition, and only 19 of those program evaluations contained any control or comparison group (e.g., met level 3 criteria). Of these 19 evaluations, fully 10 were drug treatment program evaluations. This means that during a 25-year period, when hundreds of work release, halfway houses, job training, education programs, prerelease classes, and so forth, were implemented in the U.S., the literature contains only 9 credible evaluations! This is a disgrace.

Seiter and Kadela identified the following reentry programs as effective, as measured by reduced recidivism among participants: 1) Vocational training and work release programs, 2) halfway houses, and 3) some drug treatment programs (intensive plus aftercare). They also found that education programs increased education achievement scores, but did not decrease recidivism, and that pre-release programs have some evidence of effectiveness, although the evaluation literature is weak.

In sum, if we combined the Canadians' theory of rehabilitation with the U.S. program evaluation data on "what works," we would design prison reentry programs that took place mostly in the community (as opposed to institutional settings), were intensive (at least six months long), focused on high-risk individuals (with risk level determined by classification instruments rather than clinical judgments), used cognitive-behavioral treatment techniques, and matched therapist and program to the specific learning styles and characteristics of individual offenders. As the individual changed his or her thinking patterns, he or she would be provided with vocational training and other job-enhancing opportunities. Positive reinforcers would outweigh negative reinforcers in all program components. Every program begun in a jail or prison would have an intensive and mandatory aftercare component. And, if we were able to accomplish all of this, we would likely reduce recidivism by at most 30 percent. (Andrews et al. 1990) But even with this rather moderate level of recidivism reduction, the cost/benefit calculation would favor the rehabilitation program, and the program would pay for itself in terms of future criminal justice

and corrections costs avoided. (Aos et al. 2001).

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But Do These Research Results Have Face Validity? Questioning the "Evidence"

The author could end this article here, but is uncomfortable doing so. She sees three problems with using the above evidence to answer the important question, "what works in reentry?" The first is that there are so few rigorous evaluations upon which to base any generalizable knowledge. Seiter and Kadela were able to identify just 19 reentry program evaluations that contained a comparison group. Only two of these evaluations were randomized experiments. Without this methodology, virtually every finding of program impact is open to criticism. If we assume that each state operated a minimum of 10 reentry programs, using Seiter and Kadela's definition, each year during this 26-year period, then there were close to 10,000 programs nationwide that were implemented during this time period. The 10 per year estimate is actually low, if one considers the program data reported each year by Camp and Camp in *The Corrections Yearbook*. Yet, just 19 evaluations (less than 1 percent of the total) were published from this experience and the majority of those use weak methodology and pertain to drug programs. Using this "body" of research to conclude *anything* about which reentry programs "work" or "don't work" seems misguided.

Second, virtually all of these evaluations use recidivism as the sole outcome criteria. Programs that reduce the level of criminal behavior among program participants are said to work. Recidivism is an important, perhaps the most important, measure of correctional impact, but it is insufficient as a sole measure of the effectiveness of reentry programs. After all, the ultimate goal of reentry programs is reintegration, which clearly includes more than remaining arrest-free for a specified time period. The author has urged the expansion of outcome criteria for evaluating corrections programs previously (Petersilia 1993), and the argument seems even more germane to reentry programs.

If we wish to truly measure reintegration, we need to build into our evaluations measures of attachment to a variety of social institutions. Research shows that these factors are related to long-term criminal desistance. For example, evaluations should measure whether clients are working, whether that work is full or part time, and whether the income derived is supporting families. We should measure whether programs increase client sobriety and attendance at treatment programs. We should track whether programs help convicts become involved in community activities, in a church, or in ex-convict support groups or victim sensitivity sessions. There are many outcomes that reentry programs strive to improve upon, and these are virtually never measured in traditional recidivism-only outcome evaluations. Jeremy Travis (2003) makes this point powerfully when he writes of the far-reaching impacts of drug courts. He notes that one of the positive impacts of an offender's participation in a drug court is that the children born to drug court participants are much less likely to be born addicted to drugs. Drug courts reduce participants' drug use, and result in healthy children being born to sober mothers. When we use recidivism as the sole criterion for judging whether reentry programs "work" or "don't work," we often miss the more powerful impacts of program participation.

Third, the author's experience suggests that the results from the academic "what works" literature does not feel right to correctional practitioners. The results don't have much face validity. Of course, research has to go beyond face validity. We shouldn't implement specific programs because practitioners *believe* they are effective. This would be too vague and subjective. There has to be a corresponding body of scientific evidence proving that they are effective. But at the same time, the scientific or statistical results should make common sense, be persuasive, and have the appearance of truth and reality. In other words, they should be playing well in Peoria. This doesn't seem to be the case with the "what works" literature in reentry programming.

The author has been involved with nearly a dozen recent efforts to design and implement reentry programs. Federal, state, and county governments, as well as private industry, religious organizations, and research institutions have initiated these efforts. In each instance, the initiative

usually begins by forming a task force comprised of corrections professionals, academics, and state agencies. Some task forces also include ex-convicts, victims, and business and religious leaders. The task force then identifies programs that are thought to improve offender transition from prison to the community. In my experience, none of these task forces have chosen to implement reentry programs that derived primarily from the published "what works" literature as summarized above. This is not to say that these task forces have ignored the literature entirely, but rather that in the end, the programs funded and implemented do not derive primarily from this literature. To me, this suggests the "what works" literature does not ring true to their experience nor identify the kinds of programs these experts believe work.

Let's take a couple of recent examples. The Department of Justice funded the Reentry Partnership Initiatives (RPI) in eight sites. Byrne et al. (2002), the evaluators of RPI, write that the implemented reentry programs share a common vision about what it takes to achieve effective reentry, and the core of that vision is community *collaboration*, not any individual program. Byrne et al. write that the RPI sites each believe that "we must act as a system to improve public safety. That requires key criminal justice actors (police, courts, corrections, community) to redefine their role and responsibilities, focusing not on what individual agencies should be doing, but on what the partnership should be doing to improve public safety. RPI programs will involve shared decision-making by police, institutional corrections, community corrections, and public/private service providers."

An identical theme was identified in the National Institute of Corrections' (NIC) *Transition from Prison to Community Initiative* (TPCI). Dale Parent (2004) of Abt Associates, the evaluator, convened a task force of 35 experts to identify a best-practices reentry model. He writes that the model identified represents "a sea-change for participating jurisdictions." It requires "corrections, releasing agencies, supervision, and human service agencies to form strategic and tactical partnerships to integrate and coordinate basic policies." And finally, if one examines the recent Urban Institute publication *Outside the Walls: A National Snapshot of Community-Based Prisoner Reentry Programs*, which identifies 100 reentry programs that experts have nominated as successful, there is virtually no overlap between those programs and the programs identified as "working" in the scientific literature summarized above. (Solomon et al. 2004)

The author certainly doesn't mean to imply that the "what works" movement in corrections has been unimportant. In fact, she believes exactly the opposite. It has enabled us to rebut the "nothing works" doctrine that was so popular in the 1980s and 1990s. It is now accepted that something works in rehabilitation programming. It has also prompted all of us to focus on program accountability, resource allocation, and outcome measurement. It was our failure to do this in the 1970s that permitted a weak study like Martinson's to have the dramatic impact it did. But at the same time, we must be cautious not to apply scientifically rigorous methods to an exceedingly weak program evaluation literature. Michael Maltz (1984) notes this problem in his book *Recidivism*. He writes, "Engineers measure it with a micrometer, mark it with a piece of chalk, and cut it with an axe. Criminologists measure it with a series of ambiguous questions, mark it with a bunch of inconsistent coders, and cut it to within three decimal places." Maltz is talking about the imprecision in the different disciplines. Engineers have a great deal of precision with the initial measurement. Criminologists have focused very little on what goes on inside corrections programs or how well key recidivism outcomes are measured. Instead they have become increasingly precise at statistical measurement and modeling, without questioning the "black box" itself. Ironically, it is perhaps this push toward methodological sophistication in academia that is widening the divide between what scholars and practitioners believe "works" in corrections and offender reentry.

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Conclusion

Interest in prisoner reentry has brought a new-found enthusiasm for rehabilitation programming. Correctional practitioners are working hard to identify and implement programs that reduce reoffending after prison. At the same time, academics are trying to amass a body of literature

that will guide practitioners' choice of programs. Yet, when one looks closely at the two enterprises, there is little evidence that research is driving policy, or that policy is driving research. Despite good intentions, each of these fields is moving on rather independent tracks and the gulfs between them are still wide.

We must work hard to correct this, since crime policy is a fickle business and today's interest in reentry will likely be replaced in a few years by another corrections hot topic. The author envisions a system where, start to finish, practitioners and researchers work side-by-side to create corrections programs that are both substantively and administratively effective. In short, we must join the same team. Have you ever noticed a flock of geese flying in their traditional "V" formation? A study by two engineers showed that each bird, by flapping its wings, creates uplift for the bird that follows. Together, the whole flock gains something like 70 percent greater flying range than if they were journeying alone. It is the same in any organization. When we combine our efforts, our talents, and our creativity, we're far more productive than when we all go in different directions.

We should use this window of opportunity wisely to produce scientifically credible evaluations of reentry programs that practitioners believe work. With this data in hand, we will be able to challenge decision makers to think more substantively and less ideologically about crime. More important, we will have identified truly effective reentry programs and, over time, prisoner reentry should cease to be one of our most profound social challenges simply because more inmates will be going home and staying there.

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Monetary Costs and Benefits of Correctional Treatment Programs: Implications for Offender Reentry

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WHILE NO ONE should really be surprised by the vast numbers of offenders returning to communities from prison each year in this country (see Latessa, 2004), a number of key factors associated with the present situation of offender reentry are cause for concern. Indeed, it is these factors that underlie concerns that offender reentry may soon contribute to an increase in national crime rates. Some of these factors include: fewer treatment resources for offenders while in prison, particularly for those in greatest need; the abolition or reduction of parole, which takes away incentives for prisoners to participate in treatment; and less transitional aid (e.g., employment, housing) for prisoners (Petersilia, 2003).

This paper takes as its starting point the current offender reentry problem of diminishing treatment resources. It aims to assess if there is an economic argument for correctional treatment and explores implications for offender reentry. To do so, it updates previous reviews of cost-benefit analyses of correctional treatment programs (Welsh & Farrington, 2000a, 2000b). These reviews provide some evidence that correctional treatment is a worthwhile or economically efficient approach to reducing reoffending in the community. It is the position of this paper that if the monetary benefits of correctional treatment programs outweigh their costs, this may be a persuasive argument for increasing treatment resources for offenders. Moreover, this cost-benefit argument may go some way toward addressing some of the pressing concerns facing offender reentry.

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Economic Analysis

An economic analysis (such as a cost-benefit analysis or a cost-effectiveness analysis) can be described as a policy tool that allows choices to be made between alternative uses of resources or alternative distributions of services (Knapp, 1997). Many criteria are used in economic analysis. The most common is efficiency (achieving maximum outcomes from minimum inputs), which is the focus here. The present paper's focus on economic efficiency, however, is not meant to imply that correctional treatment programs should only be continued if benefits outweigh costs. There are many important non-economic criteria on which correctional intervention programs should be judged.

Of the two main techniques of economic analysis—cost-benefit and cost-effectiveness analysis—only cost-benefit analysis allows for an assessment of both costs and benefits. A cost-effectiveness analysis can be referred to as an incomplete cost-benefit analysis, because no attempt is made to estimate the monetary value of program effects produced (benefits or disbenefits), only resources used (costs). For example, a cost-effectiveness analysis can specify how many crimes were prevented per \$1,000 spent on a program. Another way to think about how cost-benefit and cost-effectiveness analysis differ is that "cost-effectiveness analysis may help one decide among competing program models, but it cannot show that the total effect was worth the cost of the program" (Weinrott et al., 1982, p. 179), unlike cost-benefit analysis.

A cost-benefit analysis is a step-by-step process that follows a standard set of procedures. The six main steps are: 1. Define the scope of the analysis; 2. Obtain estimates of program effects; 3. Estimate the monetary value of costs and benefits; 4. Calculate present value and assess profitability; 5. Describe the distribution of costs and benefits (an assessment of who gains and who loses, e.g., program participant, government/taxpayer, crime victim); and 6. Conduct sensitivity analyses (Barnett, 1993, pp. 143-148).

It is beyond the scope of this paper to discuss each methodological step, but interested readers should consult the excellent reviews of this methodology in the context of offender rehabilitation programs by Weimer and Friedman (1979) and substance abuse prevention programs by Plotnick (1994). For methodological features of cost-benefit analysis in general, see the text by Layard and Glaister (1994) and the volume by Welsh et al. (2001).

Two other key features of economic analysis require brief mention. First, an economic analysis is an extension of an outcome or impact evaluation, and is only as defensible as the evaluation upon which it is based. Weimer and Friedman (1979, p. 264) recommended that economic analyses be limited to programs that have been evaluated with an "experimental or strong quasi-experimental design." The most convincing method of evaluating correctional treatment and crime prevention programs in general is the randomized experiment (Farrington, 1983, 1997). Second, many perspectives can be taken in measuring program costs and benefits. Some cost-benefit analyses adopt a society-wide perspective that includes the major parties that can receive benefits or incur costs, such as government or taxpayer, crime victim, and program participant. Other analyses may take a narrower view, focusing on one or two of these parties. In reporting on the cost-benefit findings of the studies reviewed here, the middle-of-the-road approach has been taken, by reporting on, as far as possible, a combined government/taxpayer and crime victim perspective.

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Results from Cost-Benefit Analysis Studies

Fourteen studies were identified that evaluated the impact of correctional treatment on reoffending in the community and carried out a cost-benefit analysis. Studies that did not perform a cost-benefit analysis were included if they presented sufficient cost and benefit data to enable an assessment of economic efficiency. [Table 1](#) summarizes key features of the 14 correctional treatment studies and reports on program effects on reoffending in the community and cost-benefit findings. Twelve of the studies were carried out in the U.S. and the other two in England. All but one of the studies (Pearson, 1988) carried out its own cost-benefit analysis. This study instead performed a cost analysis, but published data that allowed for the calculation of financial benefits and hence a benefit-cost ratio. The studies are listed in chronological order.

All of the studies with the exception of one (Farrington et al., 2002, Colchester site) yielded a favorable benefit-cost ratio, meaning that program benefits outweighed program costs. It is important to note that the study by Gray and Olson (1989) calculated benefit-cost ratios for each of the three treatments being compared (probation, prison, and jail), but for the purposes of the present discussion, only the analysis of probation will be considered, because probation more closely fits our concern with correctional treatment than does prison or jail. For the 13 studies with favorable benefit-cost ratios, ratios ranged from a low of 1.13:1 to a high of 270:1, meaning

that for each monetary unit (one U.S. dollar or one British pound) spent on the programs, society received in return 1.13 units to 270 units in various savings.

Of the 13 studies that carried out their own cost-benefit analyses, the majority were considered high quality, following to some degree the above-noted steps of the recommended cost-benefit analysis methodology. McDougall et al.'s (2003) systematic review of the costs and benefits of sentencing, which included seven of the 14 studies reviewed here, reached the same conclusion. The authors developed an innovative cost-benefit validity scale that ranks the comprehensiveness of cost-benefit analyses from lowest (level 1: cost analysis studies in which benefits are not monetized) to highest (level 5: complete cost-benefit analysis). The cost-benefit validity scale ranking of these seven studies averaged 3.6.

As shown in [Table 1](#), half of the studies (Holahan, 1974; Friedman, 1977; Mallar & Thornton, 1978; Pearson, 1988; Roberts & Camasso, 1991, both sites; Gerstein et al., 1994) assessed and quantified in monetary terms outcomes other than recidivism. Education, employment, health, social service use, and illicit substance use were the different kinds of outcomes monetized in these studies. In five of the studies (Friedman, 1977; Mallar & Thornton, 1978; Pearson, 1988; Roberts & Camasso, 1991, both sites), benefits from improvements in these outcomes exceeded benefits from reduced recidivism.

Four of the studies (Pearson, 1988; Gray & Olson, 1989; Courtright et al., 1997; Robertson et al., 2001) limited their measurement of crime-related benefits to the criminal justice system, whereas the remaining ten assessed both the criminal justice system and crime victim expenses. Financial costs to victims of crime can be divided into two main categories: direct or out-of-pocket (e.g., lost wages, medical expenses) and indirect (e.g., pain, suffering, lost quality of life, fear of future victimization), which may also include the risk of death. Among the ten studies that measured crime victim costs, these costs were mostly limited to direct expenses; only two of these studies also measured indirect crime victim costs (Farrington et al., 2002, both sites). To be fair to the authors, the majority acknowledged the difficulties involved in assessing and quantifying in monetary terms intangible costs to crime victims. These difficulties include the lack of existing estimates of the intangible costs to victims of crime, which first appeared in the published literature in Cohen (1988; for more recent reports, see Cohen, 1998; Cohen et al., 2004), and the doubts of many researchers about the validity of these costs and the underlying theory used in their calculation (Zimring & Hawkins, 1995, p. 138).

The importance of assessing and quantifying intangible costs to crime victims in cost-benefit analyses was illustrated in Cohen's (1988) reanalysis of Austin's (1986; see [Table 1](#)) cost-benefit calculations. For example, Cohen estimated that the average rape cost \$51,058 (in 1985 dollars), made up of three main components: direct losses, \$4,617; pain, suffering, and fear of injury, \$43,561; and risk of death, \$2,880. Adding the pain and suffering cost component to Austin's (1986) estimates of the direct losses incurred by crime victims, while maintaining the other costs, increased the total costs of the program to approximately \$110 million (Cohen, 1988, p. 550), a six-fold increase. This resulted in a reversal of the cost-benefit findings, from producing a dividend on public expenditure (a benefit-cost ratio of 2.82:1) to a loss or an undesirable benefit-cost ratio of 0.45:1 (\$49 million divided by \$110 million).

This paper has purposely avoided concluding that one intervention was the most economically efficient. This was because of the small number of available studies, the varied methodological rigor of the evaluation designs (four studies employed simple before-after designs with no control group), and the varied sophistication and comprehensiveness of the cost-benefit analyses. Also, despite the wide range of interventions used by the 14 studies (e.g., intensive supervision with monitoring, pretrial diversion with counseling, supported employment), the coverage of correctional intervention modalities is far from complete (see Palmer, 1994; Lipsey & Wilson, 1998; MacKenzie, 2002).

Furthermore, two of the studies reviewed here (Austin, 1986; Gerstein et al., 1994) did not evaluate correctional treatment per se. Austin (1986) evaluated the decision to release offenders from prison prior to the expiration of the prison sentence. This may not be a correctional

intervention, but it does represent an alternative to incarceration that has received some attention then and of late (Butterfield, 2002). In the study by Gerstein et al. (1994) that evaluated alcohol and drug abuse prevention services throughout California, not all of the participating subjects were under the authority of the Department of Corrections at the time of treatment. These two studies were included partly because of the paucity of cost-benefit research on correctional treatment.

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Implications for Offender Reentry

If there is a cost-benefit argument to be made for correctional treatment in some (but not all) of its various modalities, as the above evidence seems to support, then the first question that needs to be asked is: Is this sufficient grounds for spending more on correctional treatment? Some will answer in the affirmative. Others will hasten to add that there are other considerations that do not neatly fit in the cost-benefit ledger. Indeed, while cost-benefit arguments may be persuasive, other matters may come to dominate, such as other government priorities of the day, other concerns of the public (as revealed in national polls), and institutional and political resistance to change. On the latter, supporters of punitive sentencing regimes and further limiting treatment resources for prisoners can marshal some rather strong evidence that shows that the three decades-long prison build-up has had a sizeable effect on national crime rates in recent years (Spelman, 2000a, 2000b; Levitt, 2004; Lynch & Sabol, 2004).

These other, non-economic considerations are by no means peculiar to the criminal justice system; they affect many other areas of government interest when it comes to decisions of whether or not to increase public expenditure. What a pro-prison position truly lacks, however, is evidence of robust costbenefit accounting that shows that prison provides value for money. (For one example of this, see Piehl and Dilulio, 1995.)

The next question that needs to be asked is: What are some of the cost-benefit arguments, aside from benefits exceeding costs, that can be made in favor of an increase in correctional treatment resources that may benefit offender reentry? Perhaps one of the most important cost-benefit arguments is that benefits from correctional treatment are not limited to a reduction in recidivism. As noted above, in some of the studies benefits from improvements in education, employment, health, social service use, and illicit substance use exceeded benefits from reduced recidivism. Although it is far from conclusive, this is an important finding because it suggests that correctional treatment programs have the potential to influence other important areas of an offender's life and produce, in some cases, substantial economic returns for publicly funded services such as health and welfare.

Another important cost-benefit argument that can be made in support of increasing treatment resources is that the benefits are realized in a relatively short period of time, typically within two years post-treatment and in some cases at the completion of treatment. This may be especially important for offenders returning to communities. The longer it takes them to find a job or housing or to get their life together in general, the greater risk for reoffending.

The short-term time frame in which correctional treatment benefits are realized may also have political significance. Obtaining funding for programs that have the potential to produce immediate benefits is far more appealing because of the short time horizons of politicians (Tonry & Farrington, 1995).

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Conclusion

Offender reentry programs are crucial in an effort to reduce recidivism rates. But it may be that what comes before this end stage—in the form of correctional treatment programs—is equally, if not more, important. From the cost-benefit studies reviewed here, it would seem that a case can be made for increasing treatment resources for offenders, and this may improve offenders'

chances for a successful return to the community.

Of course, the present concerns with offenders returning to the community are not limited to diminishing correctional treatment resources. So while this paper has focused solely on treatment resources, one could ask if it would also be worthwhile to provide more parole opportunities to offenders (thereby providing more incentives to participate in treatment), and more transitional aid, or some other means of assistance. One of the studies reviewed here (Mallar & Thornton, 1978) found that financial and job placement assistance for released offenders reduced theft crimes, increased employment, and reduced reliance on social services such as welfare. These improvements translated into substantial monetary benefits for society. It may turn out that a program of correctional treatment followed by transitional aid will produce multiplicative rather than additive benefits.

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Table 1

Summary of Correctional Treatment Programs

Author, Publication Date, and Location	Targeted Offending Behavior	Treatment Setting	Duration and Primary Type of Intervention	Follow-up ^a and Treatment Effects ^b	Evaluation Design	Benefits Measured and Benefit-Cost Ratio ^c
Holahan (1974), Washington, DC	Property offending in general	Community	3 months; pretrial diversion with counseling, job training, remedial education	12 months; police arrests +	Before-after, experimental-control	Crime victim expenses (direct), CJS, employment earnings; 2.36:1
Friedman (1977), New York City	Criminal offending in general	Community	8 months (average); employment	16 months (average); police arrests +, social service use +, employment +, health -, education -	Randomized experiment	Crime victim expenses (direct), CJS, employment earnings, social service use, public goods and services; 1.13:1
Mallar & Thornton (1978), Baltimore, MD	Theft crimes	Community	12 months; financial and job placement assistance for released prisoners	Immediate outcome; police arrests +, employment +, social service use +	Randomized experiment	Crime victim expenses (direct), CJS, employment earnings, social service use; 4.02:1 (lower bound) 53.73:1 (upper bound)
Haynes & Larsen (1984), Gray & Olson (1989), Maricopa County, AZ	Burglary	Community, institution	n.a.; multiple services, deterrence, incapacitation, rehabilitation	n.a.; n.a.	Before-after (no C)	CJS; Probation = 1.70:1 Prison = 0.24:1 Jail = 0.17:1
Austin (1986), IL	Criminal offending in general	Community	n.a.; early release from prison	2.5 years; police arrests +	Before-after, experimental-control	Crime victim expenses (direct), CJS; 2.82:1
Pearson (1988), Pearson & Harper (1990), NJ	Nonviolent offending in general	Community, institution	18 months (average); employment, intensive supervision, incapacitation	n.a.; convictions +, institution time +	Before-after, experimental-control	CJS, community service work, employment earnings; 1.48:1
Prentky & Burgess	Child molestation	Institution (maximum)	5.1 years (median); rehabilitation ^d	5 and 25 years; victim-involved	Before-after, experimental-	Crime victim expenses

(1990, 1992), MA		security)		sexual offenses (15 charges) +	control (retrospectively chosen C)	(direct), CJS; 1.16:1
Roberts & Camasso (1991), Springfield, MO	Delinquent activity in general and status offenses	Community	8 sessions (min.); family therapy	6 months; police arrests +, employment earnings (projected 5 years) +, social service use +	Before-after (no C)	Crime victim expenses (direct), CJS, social service use, employment earnings; 269.86:1
Roberts & Camasso (1991), Brewster, MA	Delinquent activity in general and status offenses	Community	n.a.; youth wilderness program (Homeward Bound-type program)	n.a.; police arrests +, employment earnings (projected 5 years) +, social service use +	Before-after, experimental-control	Crime victim expenses (direct), CJS, social service use, employment earnings; 124.81:1
Gerstein et al. (1994), CA	Criminal offending and substance abuse in general	Community, residential	2.8 months (mean); substance abuse treatment (4 modalities)	15 months (average); criminal activity +, substance abuse +, health +, social service use +, employment -	Before-after (no C)	Crime victim expenses (direct), CJS, employment earnings, public health care; 7.14:1
Courtright et al. (1997), county in western PA	Driving under the influence (DUI) of alcohol	Community	12 months; house arrest with electronic monitoring	Immediate outcome; police arrests for DUI +	Before-after (no C)	CJS, revenue (from supervision fees paid by offenders); 4.02:1
Robertson et al. (2001), Madison, Lowndes, and Forrest Counties, MS	Delinquent activity in general and status offenses	Community	6 months; T1=intensive supervision and monitoring (ISM), T2=intensive outpatient counseling with cognitive behavioral therapy (CB), C=regular probation or parole (RP)	12 months; T2 vs T1, C: significantly less mean expenditures; T1 vs C: slightly greater mean expenditures e	Before-after, experimental-control	CJS; CB=1.96:1, ISM=n.a., RP=n.a.
Farrington et al. (2002), Thorn Cross, England	Criminal offending in general	Institution (boot camp)	25 weeks; high intensity regime for young male offenders plus work or training placement on release	2 years; convictions +	Before-after, experimental-control with matching	Crime victim expenses (direct and indirect), CJS; 5.10:1
Farrington et al. (2002), Colchester, England	Criminal offending in general	Institution (boot camp)	26 weeks; military- style regime for young male offenders	2 years; convictions +	Before-after, experimental-control with matching	Crime victim expenses (direct and indirect), CJS;0.82:1

^a The period of time in which program effects were evaluated after the intervention had ended.

^b '0' = no treatment effects; '+' = desirable treatment effects; '-' = undesirable treatment effects.

^c Expressed as a ratio of benefits to costs in monetary units.

^d No information was provided on the type of rehabilitation used.

^e Expenditures were made up of court referrals and days of detention or police arrests and institution time, respectively. From the information presented by the authors it was not possible to say whether lower expenditures were a result of fewer arrests and/or less time spent in institutions. Conversely, it was not possible to say whether higher expenditures were a result of higher arrests and/or more time spent in institutions. Notes: CJS = criminal justice system (implies adult and/or juvenile); T = treatment group; C = control group; n.a. = not available.

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A Civic Engagement Model of Reentry: Involving Community Through Service and Restorative Justice ¹

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IN THE REENTRY process, the community is, at the same time, both a major stumbling block and a major resource. On the one hand, overall decline in community involvement and civic commitment has been identified as a general problem facing democratic societies (Putnam, 2000; Barber, 1992). In that regard, prospects for sustaining safe, productive and economically-viable civic life in communities confronted with thousands of persons returning from prison appear to be even more greatly diminished (Rose and Clear, 1998). One primary reason for this is the structural obstacles to productive citizenship faced by persons currently or formerly under correctional supervision.

Although widespread restriction of voting rights (Uggen and Manza, 2003) has recently captured public attention, this barrier is but one component of a broader array of institutional roadblocks facing persons convicted of felony offenses in the communities to which they will return. As Uggen et al. (2002) point out, both inmates and those under community supervision are denied or inhibited access to a variety of roles that bind most citizens to conventional society. Specifically, post-release adjustment is inhibited by restrictions on occupational licensing and employment opportunities, loss of parental rights, and prohibition from holding elective office or serving on juries—as well as other forms of formal and informal social stigma. Because personal and civic identity is largely determined by the relative strength of our ties to various social institutions, such restrictions greatly diminish the reintegrative capacity of persons formerly under correctional supervision. In turn, having substantial proportions of such disconnected individuals concentrated in certain areas greatly diminishes both the human and social capital of these environments. As the informal network that sustains a meaningful commitment to the common good (Bellah et al., 1991; Putnam, 2001), the relevance of social capital for public safety is found in its capacity to mobilize informal social control (Clear and Karp, 1999; Bazemore, 2001) and social support (Cullen, 1994).

Unfortunately, traditional policy and practice governing parole and other forms of reentry have been woefully inadequate in working to overcome these obstacles. Moreover, reentry protocols have been characterized by a "disconnect" between research/theory and community-oriented intervention. While theorists have identified informal control and social support as naturally occurring phenomena (e.g., Bursik and Grasmick, 1992; Sampson et al., 1997), models of how to revitalize, mobilize, or regenerate these critical features of neighborhood safety are lacking.

The general purpose of this paper is therefore to demonstrate the need for a broadbased theoretical and policy-focused effort directed toward strengthening the role of civic and community commitments in the reentry process. Drawing on civic reintegration literature, we propose a *civic engagement* intervention model that can be used to develop and test the impact of strategies that seek to strengthen commitments in a variety of citizenship domains associated with effective reentry. Civic engagement practice and policy based on such a model would be expected to:

- Weaken barriers to the development of prosocial identities for persons who have been under correctional supervision;
- Alter the community's image of such persons; and
- Mobilize community capacity to provide informal support and assistance.

Such practices should thereby promote desistance and successful reentry, as well as enhance the democratic qualities, social justice, and safety of communities.

Policy based on civic engagement theory features three primary practice dimensions: 1) decisionmaking based on restorative justice principles, 2) civic community service, and 3) voting enfranchisement and democratic participation. Elsewhere, we describe how voting and democratic participation might increase the likelihood of offender desistance and reintegration (Bazemore and Stinchcomb, 2003; see also Uggen et al., 2002; Uggen, 2003; Flanagan and Faison, 2001). In this article, we focus on the first two dimensions, restorative justice decisionmaking and civic community service. Three general bodies of literature that we draw upon for theoretical and empirical grounding are: interactionist/social psychological theories of identity transformation, life course research, and social disorganization/social capital perspectives on informal social control. These perspectives offer a logical basis for linking variables associated with each of the three practice dimensions to successful reentry, and suggest testable propositions focused on micro, middle-range, and community levels of analysis.

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Envisioning a Community Role in Reentry

Traditionally, parole reentry practice has been characterized by an insular, highly individualized focus on the needs and risks of offenders, with an accompanying intervention emphasis on either sanctions and surveillance, and/ or treatment and service. The conceptual limits of treatment as well as punishment approaches are in part due to the fact that both lack broader policy visions that would include a role for the community. Indeed, the prevailing offender-focused paradigm seems incapable of moving beyond the unidimensional involvement of professionals as the sole providers of intervention. With few exceptions (Byrne, 1989; Clear, Rose & Ryder, 2001; Maruna et al., 2004; Farrall, 2004), the field has failed to address the role of community *social capital* (Putnam, 2000) in offender reintegration. [2](#)

If community members and groups are to become involved in a productive way in the reentry process, they need to be effectively engaged and supported. Such community-focused intervention would seek to build first on naturally occurring processes by which the informal controls exercised through social relationships can be directed toward reform and desistance (Braithwaite, 1989; Bazemore, 2001). More formally, citizens and community groups could serve as primary agents of action in the community's response to returning offenders (McKnight, 1996; Maruna et al., 2004). As those most harmed by crime, victims in such a model would have a critical role in decisionmaking about reentry and would be viewed as resources in an effective

and just reentry process (Herman and Wasserman, 2001). Moreover, offenders would no longer be viewed as passive entities to be acted upon as the target of service and surveillance. They would instead be expected to become active in the reconstruction of their community image, hence, increasing the likelihood of reacceptance and reintegration (Maruna et al., 2002; Bazemore, 1998).

Generally, this new emphasis on reintegration draws the focus more explicitly on communities and their role in reentry. For example, Mears and Travis (2004) observe that criminal behavior is most effectively addressed by "tapping into the problem-solving capacities and resources" of the communities from which it emerges (p.14). Others have engaged community groups as a key factor in reentry and reintegration with specific reference to, for example, their role in human development and ethnic identity (Spencer and Jones-Walker, 2004). Moreover, while the traditional deficit focus on offender risks and needs remains dominant in much practice and policy discussion, a more strength-based perspective on offenders in the community context has begun to surface (see Saleebey, 2002; Maruna et al. 2001; Bazemore and Erbe, 2003).

Although these discussions have become increasingly sophisticated, for the most part, they have occurred in the absence of clear theoretical frameworks (for exceptions, see Maruna, 2002; Maruna et al., 2004). In addition, the disconnect with reentry policy can also be attributed in part to the absence of practice models grounded in such theories. Three bodies of literature provide a sound basis for a holistic policy focus on reentry and offer a way to conceptualize the community both as an agent of reintegration, and as a target of intervention. These are addressed below, along with two intervention approaches that operationalize these theoretical models.

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Grounding Policy and Practice in Theory

First, at the micro (or social-psychological) level, interactionist theories have focused attention on the formation of deviant identities through labeling and related processes that create stigma (Erikson, 1964, Lofland 1969). More recently, *identity transformation* research has explored how self-images of offenders as law-abiding citizens are shaped in a similar way to their identities as deviants—through social interaction with others in new, prosocial rather than deviant roles (Maruna, 2001; see Uggens et al., 2003). Lawbreakers can change their *public* image from liability to asset through positive actions aimed at making amends for the harm their actions have caused to victims and communities. Specific strategies for changing their public image include efforts to make productive accomplishments visible to community members.

Second, at the mid-range level, *life course research* has documented the importance of informal social control and support, as well as conventional commitments to formal roles (family, work, etc.) in the transition from criminal activity to law-abiding lifestyles (Sampson and Laub, 1993; Elliott, 1994). Life course research underscores the dynamic—rather than fixed—nature of commitment to crime and delinquency (Piquero, et al., 2002; 2004; Warr, 1998; Sampson et al., 2004). Related literature on resilient youth who—despite exposure to adversity and risk and often independent of formal intervention—grow up to become productive, well-adjusted citizens similarly highlights the role of informal, sustained connections with positive adults (Werner, 1999; Rutter, 1996). Applications for reentry would include identifying and mobilizing informal controls and supports, as well as attending to work, family, education, civic experience, and competency development in order to promote commitment to conventional lifestyles.

The third body of literature relevant to reentry is the *community level* research that emphasizes the differential capacity of communities to develop shared norms and values, and build relationships of trust and reciprocity as *social capital* (Putnam, 2000). Such social capital provides the basis for *collective efficacy*, or the willingness and capacity of community members to intervene effectively in response to crime, conflict and disorder (Sampson, Roedenbush, and Earls, 1997; Morenoff et al., 2001). From this perspective, reintegration practice would strengthen or develop trusting relationships and networks of shared values, revitalizing the community's capacity for informal social control and support (Maruna et al., 2004; Farrall,

2004).

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From Theory to Practice and Policy

Given the potential of these theoretical models for expanding and improving offender reintegration, the challenge becomes how to put them into operation most effectively. Two highly promising practices involve civic community service and restorative justice. Civic service embraces activities that strengthen bonds between ex-offenders and their community. Unlike traditional community service judicially ordered as punishment, civic service is more likely to be focused on projects designed to meet community needs, build community capacity, and repair the harm caused by crime to affected communities (Bazemore and Maloney, 1994; Bazemore et al., 2003).

Restorative justice practice encompasses a range of processes that likewise focus on repairing the damage caused by crime. Designed to engage victims, offenders and the community in nonadversarial responses to crime, such approaches can take many forms, including family group conferencing, peacemaking circles and neighborhood boards. These decisionmaking interventions have potential for enhancing the civic participation and prosocial behavior of those under criminal justice supervision by strengthening social ties, building democratic involvement (Pranis, 2001; Braithwaite, 1999), improving community capacity to mobilize social support and control networks (Bazemore, Karp and Schiff, 2003), and changing the image (public and personal) of those under correctional supervision (Braithwaite and Parker, 1999; Bazemore, 2001; see Uggens et al. 2003).

The goal is ultimately to repair harm and transform roles and relationships through a community-focused justice process in which professionals serve as facilitators (Van Ness and Strong, 1997). A restorative community justice model therefore explicitly considers crime as a collective problem whose solution requires maximum engagement of communities, victims, and offenders in its resolution (Bazemore and Schiff, 2001; Clear and Karp, 1999). Building toward the integration of theory with the practice of civic service and restorative justice, we next explore the three underlying theoretical frameworks in greater detail (i.e, identity transformation, life course research, and community social capital), with particular emphasis on their relevance to reintegration.

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Identity Transformation and Reintegration

Identity transformation enables offenders to reconstruct prosocial identities through interaction with others. By taking on roles in the family, the workplace, and the community, ex-offenders can practice identities and positive behaviors consistent with these new images. This model also embraces the potential for changing one's *public image* by moving away from the principle of entitlement to the principle of social exchange (Levrant et al., 1999, p. 19). Through this interactionist perspective lawbreakers give back to those they have harmed as a form of "earned redemption" that is integral to their reacceptance by the community (Bazemore, 1998; Maruna, 2001). In addition to providing both concrete and symbolic repayment for damages, service may also promote a cognitive change in selfimage consistent with a pro-social identity, as well as an opportunity to demonstrate competency and trustworthiness.

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Civic Service and Identity Transformation

Public Identity, Reciprocity and "Earned Redemption": Building Community Trust Through Service

A crucial element in successful reentry is the willingness of the community to accept the

releasee's return, and a key determinant of such willingness may be a sense that the offender has acknowledged the harm of his actions to others and has made appropriate amends.

Lawbreakers returning to their home communities are perceived by most residents as having engaged in violations that would require significant compensatory effort to counterbalance. The norm of reciprocity dictates that they repair the damage caused and restore the community trust that has been violated. Despite the perception that serving a sentence "pays a debt to society," doing time does nothing to address the damage caused to others or the need to establish trustworthy relations. Hence, while the retributive model of accountability requires that harm be done to the offender in order to balance the harm caused to others (Von Hirsch, 1976), the exchange theory concept of reciprocity (see Molm and Cook, 1995; Gouldner, 1960) suggests that only by taking responsibility for making things right with victims and victimized communities can offenders change either the *community's image* of them or their perceptions of themselves.

According to the theory of "earned redemption" (Maloney, 1998; Bazemore, 1998), community acceptance requires a concrete demonstration that the individual acknowledges the damage caused and is doing something to make things right. This positive affirmation of responsibility and the willingness to make amends to the community through visible, voluntary civic service can be a fundamental step in changing one's public image from liability to asset, thereby earning one's way back into the "good graces" of the community.

Personal Identity: Changing Self-Image Through Civic Service

Theories of reciprocity such as earned redemption may help to account for a change in the service participant's *public* image. But they do not address how persons currently or formerly under correctional supervision may undergo a change in *self-image*. In that regard, research indicates that it is constructing a new identity as a person with something to contribute that distinguishes those who "go straight" from those who do not (Maruna, 2001). A key aspect of this new identity is a sense of oneself as someone who helps others through service, demonstrating an unselfish commitment to promoting the next generation—manifested through parenting, teaching, mentoring, and generating benefits for others (McAdams and de St. Aubin, 1998, cited in Maruna, 2001, p.99). Helping others becomes a vehicle for both ensuring one's own recovery and recasting one's identity as a person who "makes good" by *doing good*. As one incarcerated person who later made a successful transition to community life described his experience helping the less fortunate: "We took so much out of the community, [but] now we're putting something back in" (Maruna, 2001, p.122).

Some inmates express skepticism or distaste for the idea of "giving back" to the community that cast them out. But others find the service experience a meaningful avenue for personal growth (Uggen et al., 2003). Because they also promote self-esteem and dignity in ways that are generally not feasible through either treatment or punishment, such civic service projects may also lead to a change in self-image and related behavior, regardless of the community response.

Like peer involvement in AA or NA, the general premise is that it is better to *give* help than to receive it (Pearl and Riessman, 1965; see Maruna et al., 2003). This is especially true when such assistance enables the service provider to empathize with others in need or to understand how their actions contribute to public well-being (Batson, 1994; Schneider, 1991; Bazemore and Erbe, 2003). Research indicates (Uggen and Janikula 1999) that voluntary service as a young person is negatively related to future crime, and is also *positively* related to employment, family formation, and other indicators of stability. In addition, service may create the opportunity for mentoring and apprenticeships, which provide social support and a bond to conventional groups. Thus, interactionist theory provides the basis for an experiential model of identity transformation.

This model views active involvement in meaningful civic roles as fundamental to both cognitive change in the service provider *and* change in community attitudes about such individuals. It is based on the logic that lawbreakers are more inclined to move away from criminal activity when they can practice new identities in productive roles (Uggen et al., 2003), exhibiting both

competency and trustworthiness during interaction with other community members—who, in turn, form a more favorable impression of them in their new pro-social role (Trice and Roman, 1970), thereby enhancing the likelihood of successful reintegration.

Restorative Justice Decisionmaking Practice and Interactionist Intervention

The assumption behind civic service and other reparative obligations is that lawbreakers who credibly attempt to make amends to the satisfaction of victims and community members essentially "earn their redemption." Thus, they are more likely to gain support and acceptance than those who do not, and will therefore be less likely to reoffend (see Schneider, 1986; 2002; Butts and Snyder, 1990). On the other hand, restorative justice conferencing provides a means to ensure that community members (including crime victims and the families and supporters of both victim and offender) play a key role in determining the nature of reentry plans and activities.

In order to best assure such positive outcomes, restorative justice conferencing is explicitly designed to provide for community, victim, and family input into a workable agreement to repair harm to victims and victimized communities. To the extent that the process accomplishes this, it is more likely to result in a complete and meaningful reparative activity that promotes change in the image of current or former correctional clients. Such direct engagement between victim and offender also reinforces the salience of social exchange and the meaning of earned redemption. Research thus far suggests that the face-to-face dialogue typical of restorative conferencing is an effective way to develop reparative agreements, and may actually increase the likelihood of compliance with these agreements (Umbreit, 2002).

Public Image, Conferencing, and Social Support

Seeing the offender in person in a restorative encounter is often the key to increasing victim and community support, or at least reducing resistance to reintegration. Restorative conferences also provide an opportunity for community members to hear apologies, as well as suggestions from the offender about ways to make amends (Braithwaite and Mugford, 1994; Bazemore and Umbreit, 2001). Finally, to the extent that conferences give the community primary input into reparation agreements, support for reintegration is enhanced. In contrast to court procedures, the conferencing process encourages offenders to accept responsibility for the crime. This therefore increases the likelihood that they will fulfill obligations to make amends. To the extent that such processes increase offender empathy for the victim, they also have important positive implications for future offender behavior. In fact, research on restorative justice conferencing has isolated empathy and remorse as key variables in the prediction of re-offending (Hennessey and Daly, 2003; Maxwell and Morris, 1999; 2001). Hence, the ability of restorative conferencing to enhance empathy is the key to its capacity to create a new identity for offenders.

Being willing to assume a new role as someone who takes responsibility for his/her actions begins a shift in the public identity of the lawbreaker. This "active accountability" (Braithwaite and Roche, 2001) is enhanced in the conference setting when offenders are asked what should be done to meet their obligation to the victim and the community. The experience of contributing to behavioral and reparative agreements and making shared commitments is itself viewed as important in identity change for persons who have been viewed as unreliable and less than trustworthy (Claussen, 1999). Moreover, this "strengthsbased" perspective (rather than deficit assumption) implies that the offender is capable of helping others. Such implications subsequently create a set of expectations that the offender is capable of meeting those obligations, actively making amends, and ultimately making positive contributions to the community.

Self Image, Conferencing and Reintegrative Shame: Respectful Disapproval

Like civic service, the conferencing process may change the outlook of the offender from that of an outcast to a person of worth who has something positive to contribute to others (Maruna, 2002). Restorative encounters also reinforce this new role and self-image when they allow for an affirmation of support for the offender within the context of a respectful disapproval of the

offensive behavior (Braithwaite Mugford, 1994).

Most offenders have already been subjected to the practice of "shaming" associated with retributive justice (Kahan, 1996). While such shaming is not an ingredient of restorative justice, from a "reintegrative" perspective (Braithwaite, 1989; Braithwaite and Mugford, 1994), shame is a natural, healthy emotion that may motivate us to either positive or negative actions (Nathanson, 1992). Expressing respectful disapproval through denunciation of *behavior* (not the offender) by friends and family (rather than judges or other justice officials) can decrease the likelihood of recidivism—to the extent that the offender is concerned about loss of status and affection, rather than the threat of punishment (McDonald and Moore 2001). In essence, the identity of the lawbreaker as an individual and a valued member of the community is separated from disapproval of his or her illicit actions.

A number of restorative justice advocates have expressed concerns about the negative implications of "shaming" (Toews-Shenk and Zehr, 2001) and have given more emphasis to the role of social support (see Cullen, 1994) and the importance of a firm presentation of how the offender's behavior has affected others. For example, Braithwaite and Roche (2001) observe:

The testimony of the victims and the apologies (when they occur, as they often do) are sufficient to accomplish the necessary shaming of the evil of violence. But there can *never be enough* citizens active in the *reintegration* part of reintegrative shaming (p.72, emphasis ours).

Unlike retributive shaming, the purpose of reintegrative shaming is not to cast out, but rather, to encircle within. Intervention theory based on empathetic engagement, provides a source of the "collective resolve" to support offenders in the difficult task of stopping or reducing the harmful behavior (Braithwaite, 2001, p. 230). The experience of reintegrative shame, when it occurs through the essential act of denouncing the offense and confronting the offender, actually begins with empathy and "the experience of love as a key ingredient" (Braithwaite, 2001, p.228).

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Reintegration and Life Course Intervention

Findings in the life course literature confirm the vital role of informal social controls that create a "social bond" to conventional community. Informal social controls are distinguished by the *source* of controls, as well as the *nature of their impact* on individuals at risk of involvement in crime. Hunter (1985), for example, suggests that close family and extended family are the sources of "private controls," whereas neighborhood groups are the source of more "parochial controls." Additionally, the impact of such controls may be experienced in different ways at different points in an individual's life course.

Regarding the impact of informal controls, prosocial roles in work, education, family, and civic involvement that promote commitments to conformity (Hirschi, 1969) first provide a major source of "instrumental controls." Such instrumental connections provide practical sources of resistance against involvement in crime, to the extent that such involvement is viewed as placing job, family, and future career prospects at risk. Second, "affective controls" and related supportive systems are based on emotional attachments to family, peers, faith communities and similar foundations. Such affective sources of resistance to deviance are less practical in nature, but nevertheless quite significant. Indeed, the dominant variable in predicting successful transitions to adulthood (and by implication, criminal desistance) is the continued presence of strongly supportive pro-social adults in the lives of these otherwise at-risk youths (Benson, 1997; Werner, 1986).

Civic Service and Life Course Theor

Life course research would also suggest that these social controls and supportive networks (Cullen, 1994) may play an important role at subsequent points in the life cycle (Piquero et al., 2002). Such affective connections may be viewed as a form of *individual social capital*,

essentially those informal relationships that protect persons from harm even under adverse circumstances (Hagan et al., 2002).

From the life course perspective, intervention for reentry is also strength-based and relationship-focused (Saleebey, 1997; Bazemore, Nissen & Dooley, 1998), rather than risk-based (control-oriented) or need-focused (Maruna et al., 2002). Hence, a civic engagement model should benefit from opportunities for formerly incarcerated persons to "demonstrate their value and potential, as well as experience success in supportive and leadership roles" (Maruna et al., 2002).

To the extent that civic service may provide these same connections, controls, and/or pathways to other commitments (e.g., to family, work, faith communities), the life course perspective could also promote successful adjustment and greater likelihood of desisting from criminal behavior for former correctional clients. As described earlier, civic service experience may accomplish this in two ways: 1) by developing participants' public image through increasing skills as human capital, and 2) by creating opportunities for the development of more affective connections associated with social support.

Restorative Justice Conferencing, Reentry and Life Course Intervention

Reentry practice has been based on the assumption that enough treatment and remediation inside, coupled with follow-up services and opportunities for education and employment outside, will be sufficient for effective reintegration. A historical disregard for the "community variable" in the reentry equation has, as previously suggested, limited creative input into reentry planning, provided little or no information to citizens about what the offender has done to prepare for return, and failed to build upon what could be strong sources of guidance or support for the offender's sustainable reintegration.

Reentry conferences, known in some jurisdictions as citizen circles (Rhine et al., 2001), provide an opportunity for essential communication between returning residents and the various home communities that will ultimately facilitate their reintegration. The root causes contributing to the releasee's involvement in crime are addressed, offender accountability is affirmed, and linkages are established with those in the community who have a direct stake in the outcome:

The process itself is based on negotiation and consensus-building between the offender and circle members. The circles embrace local citizens, support systems, community agencies, the corrections department and the offender in decision-making and case management related to rehabilitation and reentry. Circle members offer a powerful forum for citizens to communicate their expectations for successful reentry. They also help offenders recognize the harm their behavior has caused and develop a viable plan of action to promote responsible citizenship. Most importantly, the circle helps offenders understand that acceptance back into the community requires the fulfillment of certain obligations and commitments (Rhine et al., 2003, pp. 53-54).

The dialogue generated by this process makes community members aware of the offender's prior and current efforts to make amends, and of his reentry intentions. Such conferences ideally begin upon the offender's admission to confinement, and will likely include primarily family and close supporters along with key institutional staff members, and crime victims, if possible. Later meetings with other members of the offender's home community may begin within a month or more of release. Reentry conferencing at this transition stage seeks to mobilize both the emotional and practical support, as well as the informal control, that offenders will require *from persons other than paid professionals* if they are to make the successful transition to prosocial community lifestyles.

As part of a restorative justice pilot program at the Minnesota Department of Corrections' Redwing facility for juvenile offenders, for example, residents already comfortable with restorative dialogue inside the facility were accompanied by staff members to their home community to begin the challenging experience of meeting with victims, families, and others in a

conference setting. In addition to allowing for apologies and dialogue, a primary goal was to develop a reparative behavioral agreement and a support group that included roles for community members and encouraged follow-up meetings as needed. Beyond the specifics related to individual offenders, the broader mission pursued by this pilot program was micro-level community building (Bazemore and Schiff, forthcoming).

Conferencing and Relationship-Building in the Lifecourse

Restorative justice conferencing, viewed in terms of life course theories, can develop new roles for incarcerated individuals as persons of value who are able to establish competencies and trustworthiness as human capital. These individuals must also accrue "personal social capital" (Hagan and McArthy, 2002) that provides affective social support and guardianship. Consistent with life course theories, restorative justice conferencing addresses compatible social support and social control objectives through a focus on building and/or rebuilding relationships.

In fact, it could be argued that rebuilding relationships, or building stronger prosocial relationships, should be a primary goal of *any* criminal justice intervention (Pranis and Bazemore, 2001). Frequently discussed in restorative justice literature as an important objective of the restorative conferencing process (Braithwaite and Mugford, 1994; Toews-Shenk and Zehr, 2001; Bazemore, 2001), relationshipbuilding can occur in the conferencing setting simply by a participant initiating an informal connection between an offender or victim and another conference participant. In addition, others who may *need to be* connected as resource persons are strategically identified and brought to the table.

The task of rebuilding or building new relationships in the conferencing process and its aftermath requires critical examination of the extent to which the process can mobilize social support and make necessary connections between offenders, victims, and their supporters (Braithwaite and Mugford, 1994; see Bazemore, 2001). Community members may function as natural helpers, and the groups they represent may also provide both affective and instrumental informal support, as well as guardianship and reinforcement of law-abiding behavior (Bazemore, Nissen and Dooley, 2001). As "community guides" (Mcknight, 1995), they act as bridge and buffer between the offender and the community by smoothing the way for the development of additional connections between the offender, law-abiding citizens, and legitimate institutions (Sullivan, 1989; Maruna, 2001). Such connections may provide them with a legitimate identity and a "link" to conventional community-based commitments and opportunities (Polk and Kobrin, 1972; Bazemore, Nissen & Dooley, 2000), as well as responsibilities and obligations (Cullen, 1994, 543).

Community Conferencing, Human Capital, Personal Social Capital and Prosocial Lifestyles

It is increasingly common in some correctional facilities to offer opportunities for victim-offender dialogue at the request of crime victims when the offender is willing (Umbreit, 2001; Wilkinson, 2000). Regardless of whether such dialogue is a component of the offender's reintegration plan, restorative conferencing focused on reentry generally goes beyond the victim-offender relationship. Participants in circles and conferencing not only include the victim, the offender, their families and other intimates, but also neighbors and community members.

While some advocates of traditional models of family group conferencing (e.g., McDonald et al., 1996) have objected that including those without a direct connection to the victim and offender may dilute the emotional quality of the conference, others offer their own reintegrative rationales for expanding membership to include community members. As the director of a community conferencing program explains:

We are hoping for one outcome—that the offender will recognize them [neighborhood participants in a conference whom they may not know] as offering a broader connection to the community· they get a certain (different) kind of feedback from this: "look how many people care about me." In the beginning, [in choosing participants] we stuck to those impacted directly, but learned how

valuable it was to include who have some distance from the offender and bring a different perspective (Bazemore & Erbe, 2003).

Prosocial adult community members working as volunteers or unpaid staff members represent the "voice of the larger community." If they are willing to engage with offenders and families in a supportive way, they can help build trust, mutual respect, growth and commitment. Relationships developed or strengthened in conferences can also offer emotional support and guidance and can have an important impact on the offender and victim. Moreover, while the family, extended family, and other intimate acquaintances bring certain emotional and other affective resources (Morris and Maxwell, 2001), community members may bring job connections, educational support, and other forms of practical assistance (see Karp, 1999). In some community conferences or circles, for example, it is not uncommon for facilitators to invite employers, educators, directors of support groups, and other resource persons who can offer concrete assistance.

Relationship-building for both affective and instrumental support may occur organically. Such cases are common when bonds are formed between young offenders and victims, as in the case of a victim-offender dialogue program, where an agreement for restitution was altered at the request of the victim:

The victim offered to hire the offender if [the agreement was] completed. Afterward, he said if the offender pays him back \$800 and goes to college, he would pay that money to the college for his books. [We] see the victim and the offender sharing phone numbers to stay in touch. We had a case in which the victim and offender developed such a close relationship that the victim would say come over and have a cup of coffee and tell us how things are going. (Schiff & Bazemore, 2003)

This example is not uncommon in juvenile justice conferences in which an adult victim develops some empathy and, as in this case, affection for a juvenile offender. In addition to the implicit bonding, there is the potential for an instrumental relationship based on the opportunity for employment.

For better or worse, formerly incarcerated persons will impact their communities. In a reciprocal relationship between released inmates and the community, persons formerly incarcerated may enhance community welfare through service as productive citizens, while the community provides support, guidance, and guardianship, strengthening social ties and facilitating successful reintegration. In fact, it has been this very lack of postrelease "aftercare" that has been targeted as a primary cause of the generally dismal results of boot camp evaluations. Of course, communities differ significantly in their capacity to mobilize informal social control and provide the necessary social support to make community members successful (Sampson, 1999; Sampson, Raudenbush and Earls, 1997). The apparent absence of communal attachments in some neighborhoods and the decline in informal control suggests the need for a community-building agenda.

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Reintegration and Community Capacity Building

Civic Service and Community Building

If "community building" means enhancing the quality of life and common good, then appropriate service should include work that promotes repair and redemption, changes personal and public identities of participants, provides assistance to those in need, or improves either physical structure or the natural environment. While *all* service may in some way contribute to the common good, *community building service* uniquely seeks to impact the collective capacity for self-sufficiency and self-governance. As [Figure 1](#) suggests, such an impact is in part dependent upon the level of stakeholder input and involvement in such projects.

The highest level of service that might be achieved would therefore be service in which former offenders work side by-side in key leadership roles with other community members to plan and execute tasks that build collective efficacy. Examples of such tasks include building safer parks; redesigning neighborhood common areas to reduce fear and victimization; teaching conflict resolution and peacemaking skills in schools; mediating interracial conflicts; planning and implementing voter registration drives; building domestic violence "safe houses"; organizing support groups for victims and perpetrators of family violence; mentoring and providing positive guardianship for youth at risk; promoting and participating in informal neighborhood restorative processes; leading anti-drug initiatives; facilitating community discussion groups about drugs, guns, or police profiling; and organizing victim support groups through churches or other local groups (Bazemore & Maloney, 1994; Maruna et al., 2002; Bazemore et al., 2003).

There is nothing particularly new about these ideas. What is different, however, is the vision of collective efficacy directed toward the community empowerment essential for developing a better quality of life. Specifically, service to build community should be designed to strengthen or build new relationships, break down social distance, connect those currently or previously under correctional supervision with supportive persons, and develop interactive networks and collective capacity for informal social control. Essentially, if those released from correctional facilities are consistently involved in community-building service, community organization is more likely to be enhanced. To the extent that volunteer work produces a public good, it benefits participants and non-participants alike (Coleman, 1990). The crime-reductive potential of civic service is therefore even greater in the aggregate than in the sum of the individual effects on participants. (Uggen and Janikula, 1999, p. 356)

Developing Social Control and Support Networks Through Restorative Justice Conferencing

Defining informal social control and support as capacity to prevent and control crime, reentry intervention must be targeted toward developing or strengthening trust, a sense of shared values (Putnam, 2001), and collective efficacy (Rose and Clear, 1998). Here restorative justice seeks to build informal social control at the community level by strengthening *networks* of relationships, and specifically developing the capacity of community groups and "mediating institutions" (Bellah et al., 1993) such as schools, workplaces, and churches to exercise such control (Bazemore, Karp and Schiff, 1993).

While restorative decisionmaking processes arguably offer the greatest benefits to individual victim and offender (Zehr, 1991; Umbreit, 1999), some advocates have noted that these practices also provide forums for dialogue around community norms and values that can strengthen trust, reciprocity, and informal support. These forums also have a great deal of potential for building citizen and neighborhood capacity for effective action (Hudson, et al., 1996; Braithwaite, 1989; 2002). Participants in these processes and members of communities where these practices are common thus have opportunities to *practice* and master skills of conflict resolution, apology, community guardianship, and mutual support.

The restorative principle of maximizing victim, offender and community input into decisions related to the response to crime ultimately promotes collective ownership of responsibility for conflict resolution, public safety and peacemaking through self-regulatory practices. As a result, communitybuilding often begins at the micro level with relationship-building, and then extends outward to networks, instrumental communities and mediating institutions (Bellah et al., 1993) such as schools, neighborhood organizations, residential facilities, and at the most macro level, entire neighborhoods (Bazemore, Karp and Schiff, 2004).

Restorative Conferencing: Building Relationships and Community Capacity

Often restorative practitioners use the conference dialogue process to repair or rebuild relationships between victim, offender and the community that have been weakened by crime, or to strengthen, or develop new, prosocial relationships (Bazemore, 1999). At the collective level, *relationship building* is often a prerequisite to identifying and clarifying shared norms and values, developing trust, defining collective responsibilities, setting tolerance limits for behavior,

and establishing informal social control (Rose and Clear, 1998; Sampson, 2001). Two primary ways in which relationships are fostered and/or strengthened by participation in restorative decisionmaking forums are: 1) a reduction in social distance; and 2) norm affirmation and values clarification.

Restorative practices are distinct from traditional court processing because they do not promote separation of parties or adversarial relations. Thus, ideally, victims, offenders, their supporters, and community volunteers are brought together to collectively resolve the situation in a way that both satisfies and meets the needs of these stakeholders. Establishing a common ground of community membership helps to create trust among strangers and between offenders and victims. As a police lieutenant who coordinates restorative conferences puts it: "on a case-by-case basis, lots of people come in here who live close by, but do not know each other. In the conference, [they] get to know each other well" (Bazemore, Karp & Schiff, 2004, p 15). Stereotyping is often diminished as parties come face to face, and a leveling effect and blurring of roles (Pranis, 2001) may also bring about a transformation in social relationships from oppositional to cooperative.

Breaking down social distance in this way will not always be sufficient to create community support for offenders and their families. But when it does, it may also provide a context for informal social control and support (Cullen, 1994), as offenders appreciate the act that concern is being offered by persons not paid to care about them (Pranis, 2001). The process may also build additional connections as social capital that links the private controls of families with the parochial control of neighborhood groups (Hunter, 1985; see Bazemore, 2001).

Conferences may also build or strengthen relationships, and eventually *networks* of relationships, by helping participants develop a collective understanding about what behaviors are "off limits." Norm affirmation in conferences may also lead to a more general values clarification, when groups identify and reinforce commitments to a core of shared beliefs, while also noting important diversity of opinion (Pranis, 2001).

Conferencing as an intervention may therefore provide a window for values clarification that facilitates relationship building by increasing trust and group support. These relationships then, in turn, become the social capital that provides the basis for later efficacious action around a common cause.

Restorative Practice, Skill Building, and Collective Efficacy

Collective efficacy can be broadly defined as the expected *behavioral* outcome associated with social capital, i.e., the extent to which citizens are willing and able to intervene to prevent and/or respond effectively to harmful behavior. Neighborhoods high in collective efficacy are characterized as living environments in which members feel capable of resolving most conflicts, socializing neighborhood children, mobilizing government and other resources when needed, and promoting democratic participation in community life (Sampson, Raudenbush, and Earls, 1977).

This *skill development* dimension of community building is defined as creating citizen competence in presenting and controlling crime. Collective efficacy is increased when community members and groups gain skills in: exercising 1) informal social and 2) collective action.

Conferences create a space in which community members may feel more comfortable expressing disapproval of harmful behavior in a respectful way (Bazemore, 2000), commending prosocial behavior, and providing support. Community building occurs in the program context through expanding networks of relationships to offer social support and provide guardianship and control. Thus, participants begin to realize that other people are concerned about them.

In the micro setting of the restorative conference, the capacity for collective action becomes apparent when community members take shared responsibility for the process and outcomes. As one conferencing facilitator put it:

·if they are treating me like I'm another community person, then that is really good·.Everyone (then) has a direct role in the process. It is really happening when the offender acts like any other community member. Then the process has been a success·. (Bazemore, Karp & Schiff 2004)

Competency in collective action also becomes apparent when community volunteers in restorative conferences and followup discussions begin to analyze underlying causes of community level problems. When they address these through social action, they may then engage untapped public resources and services on behalf of underserved populations, or even foster changes in institutional practices or public policy. As one volunteer described the experience, such advocacy is "primarily about getting beyond the cases to recognize some broader patterns going on in the way the community is dealing with its young people." It is also about developing what Putman called "bridging social capital," for example, leveraging government resources to support community members as well as to provide a link between families, their neighborhood institutions, public control and supportive resources (Putman, 2000).

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Summary

In this article, we have outlined a civic engagement model of reentry practice grounded in three bodies of research and theoretical literature. Each is concerned respectively with a different level of analysis—from social-psychological, to middle-range, to the social-ecological level. Yet, identity transformation, life course and social disorganization/social capital perspectives share a common focus on the role of communities and community members in the reintegration process. Moreover, each body of research and theory emphasizes informal rather than system-based influences on reentry. Patterns in reintegration processes revealed by these studies place the reentry debate into perspective by drawing attention to the role of naturalistic supports and controls, opportunities for transforming role identities, and the general role of community entities in the reintegration process. Each perspective also has clear implications for criminal justice intervention aimed at moving beyond a narrow focus on the risks and needs of individual offenders.

Two practice and policy dimensions were presented as examples of interventions that operationalize theoretical principles drawn from each of the three theoretical literatures. First, civic community service was discussed, based on the idea of lawbreakers giving back to their communities in ways that help others, strengthen community, and build commitment to the common good. The practice has implications for changing self and public identity, developing relationships of social control and support that encourage prosocial behavior, and building social capital and collective efficacy. Second, restorative justice conferencing practice was discussed as an intervention focus with similar possibilities for achieving an impact on identity, on informal support and control, and on community capacity.

Civic engagement as a theory of intervention is by no means limited to civic service and restorative justice. However, these practices in particular suggest compatible and mutually enhancing protocols for reentry planning that would seek to coordinate both service and restorative justice intervention dimensions at each of the three theoretical levels of analysis considered in this paper as part of a holistic policy guiding intervention.

Confronting Challenges to Effective Reentry

The greatest obstacles to implementing such an approach, however, may not come under the categories of empirical, theoretical, or practical viability but rather concern broader issues of the dominant normative theory of justice that continues to place limits on effective policy development. The most formidable challenges to effective reentry are indeed the many restrictions on employment, parental rights, voting rights and other forms of exclusion and social stigma faced by returning offenders. Given their lack of crime control value (and possible criminogenic impact), such restrictions can be justified only by the view that they represent

additional punishments that are somehow "deserved"—though such a retributive justice policy and philosophy appears to have reached even beyond the bounds of what some might label "just punishment" (von Hirsch, 1976).

We suggest that a critique of current retributive policy and practice may well be a starting point for the development of more just and more effective approaches to reentry. Based on a different normative theory of justice that acknowledges that the debt owed by offenders to their victims and victimized communities is not best met by inflicting harm on the offender, restorative justice principles are therefore highly compatible with both civic service and removal of voting and other restrictions on those who have served their time. Moreover, restorative practices encourage lawbreakers to "make good by doing good" (Maruna et al., 2001) as a means of earning their redemption in a way that helps others and builds community (Bazemore et al., 2003). Consistent with the causal theories relevant to reentry presented in this paper, restorative practice focuses on changing public identity through repairing harm as well as personal identity changes that may result from a restorative community service experience. Additionally, the restorative justice focus on rebuilding relationships through conferences has important implications for informal social control and social support, as well as for building social capital at the community level by strengthening relationships and networks of relationships (Bazemore, 2001).

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Conclusion

Ultimately, in a theoretically grounded restorative justice framework, democratic participation, civic service, and informal social control and support should be mutually reinforcing elements. For example, enfranchisement and democratic participation would make possible a variety of gateways to prosocial connections. Civic service, along with restorative processes that engage communities in decisionmaking, social control, and support may, in turn, increase prospects for public acceptance of felon enfranchisement and an overall change in the public image of persons under correctional supervision. In that regard, that successful reintegration is not just a matter of whether the offender is prepared to return to the community. It is also a matter of whether the community is prepared to meet the returning offender.

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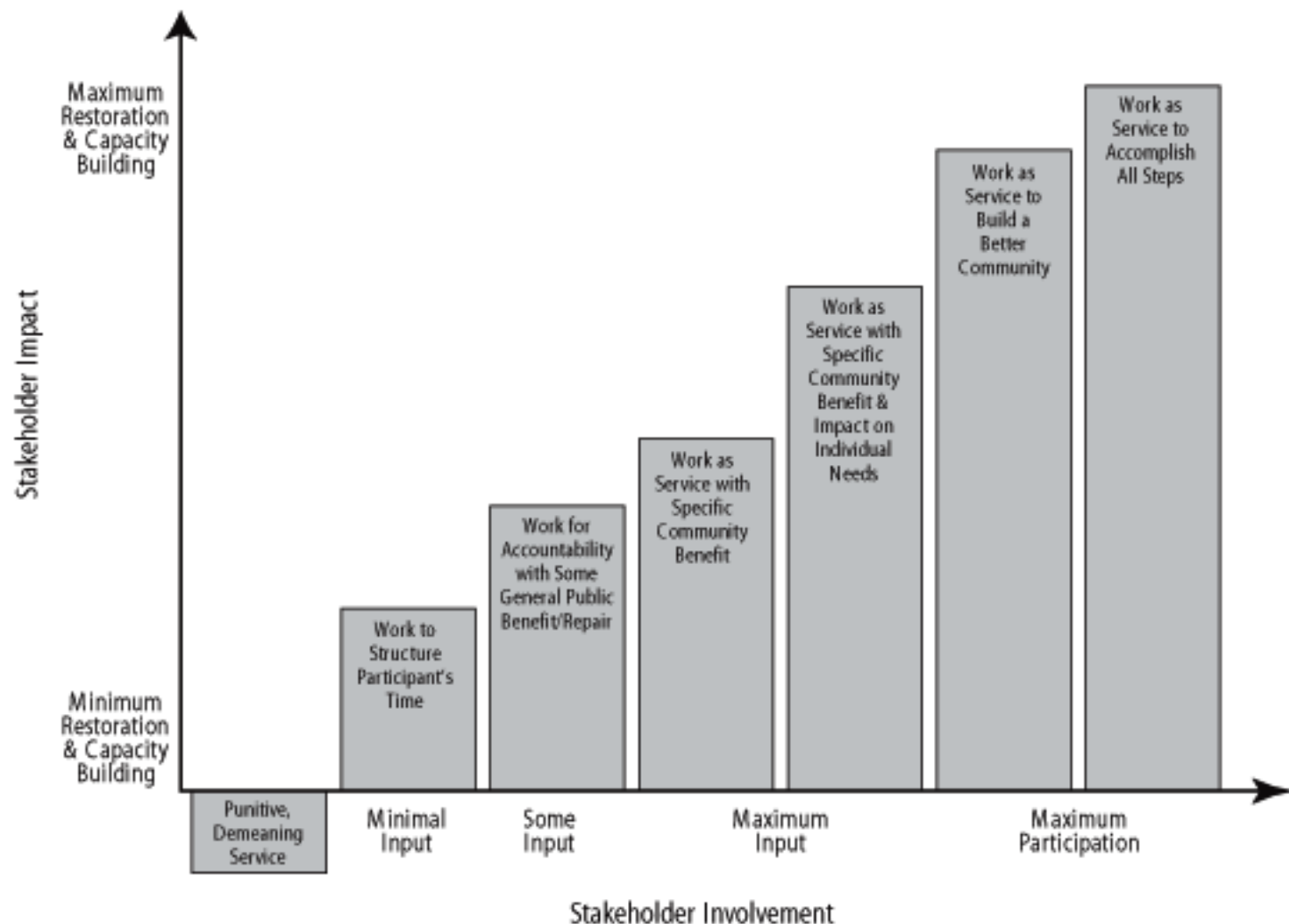
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Figure 1:

A Continuum of Community Work Service Based on Differential Levels of Stakeholder Involvement and Impact



Improving Offender Success and Public Safety Through System Reform: The Transition from Prison to Community Initiative

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IN RECENT YEARS policy makers have passed "get tough" sentencing laws that increased the frequency and length of prison terms. In the late 1980s and early 1990s, 49 states passed or expanded mandatory minimum sentencing laws covering a variety of drug offenses and violent crimes. Most states enacted "truth-in-sentencing" laws that required violent offenders to serve a fixed portion (usually 85 percent) of their prison terms. Many states passed three-strike laws that mandated long prison terms without parole for habitual offenders. These policy changes increased prison populations sharply. In 1985 there were about 480,000 inmates in state and federal prisons. That rose to over 1,380,000 inmates by 2002.

By the mid-1990s, prison releases also began to increase, as growing numbers of inmates reached the end of their sentences or first eligibility for release on their enhanced prison terms. In 1997, over 600,000 offenders were released from state and federal prisons. "Get tough" sentencing policies did not end prison releases—instead, they caused a *deferred or impending* explosion in the number of releases. In some places the effects of these policies have not yet been fully felt—so that the number of releases will grow even more in the future.

As prison populations were growing, states' capacities to manage increased prison releases declined. Faced with revenue shortfalls, legislatures cut appropriations, causing corrections agencies to reduce programs, services, treatments, and staffing in both prisons and community supervision. Corrections and human services agencies increasingly competed for scarce resources, thus heightening barriers to collaboration. Sentencing reforms abolished some parole boards and narrowed the releasing discretion open to many of those that remained, so that fewer inmates left prison on parole, and instead served until the end of their prison terms. The percentage of prison releases who "maxed out," and returned to the community without either post-prison support or supervision increased from about 10 percent in 1987 to over 20 percent in 1999.

The size of parole caseloads increased, and, because supervision agencies increasingly emphasized surveillance, revocation rates rose. By the late 1990s, supervision violators accounted for two-thirds of all prison admissions in some states.

State and local human services agencies were caught in the same fiscal squeeze, and responded by cutting the services they provided, and by toughening eligibility requirements. Economic conditions in the mid-to-late 1990s inflated inner city housing markets, making it more difficult for poor persons to find affordable housing. Many states adopted policies to exclude selected offenders from public housing.

In summary, many more offenders were being released from prison and were getting less structured supervision, support, and services than in the past. Critics warned that the problem would worsen in the future. Ninetyseven percent of inmates would be released from prison at some point, and many would return to communities under conditions that increased the odds they would fail—many by committing new crimes that would expose the public to greater risk of harm.

A. Genesis of TPCI

In 2000 the National Institute of Corrections (NIC) issued a request for proposals to establish the Transition from Prison to Community Initiative (TPCI). NIC accepted a proposal by Abt Associates, a private research and consulting firm in Cambridge, Massachusetts, and entered into a cooperative agreement with Abt to develop the project. Abt and NIC spent about 15 months developing a model to guide states in their transition reforms, and in 2002 selected two states—Oregon and Missouri—as test sites. In 2003 NIC expanded TPCI to six other jurisdictions—Michigan, Indiana, North Dakota, Rhode Island, New York and Georgia. During implementation Abt teamed with the Center for Effective Public Policy, the Crime and Justice Institute, and Public Policy Associates, to provide support services to participating states. In the future, NIC will continue to support TPCI implementation in about eight sites (more may be added as initial states conclude development). NIC also will provide materials, tools, and resources that other states can use to guide their own transition reforms.

B. Development of the TPCI model

NIC and Abt decided to develop a TPCI model to guide participating states through transition reforms. The model would give officials a vision to help organize and focus their efforts, and would provide a framework around which to organize systemic reforms and evidence-based practices.

We recognized, however, that NIC could not "impose" its model on the field. Rather, state officials would need to embrace the model as their own. Hence, we asked 35 expert correctional practitioners and academicians to work with us over a 15-month period to define the TPCI model. About a dozen of these persons served on our project advisory board, and the rest worked on five working groups that drafted portions of the model. One or two members of the advisory board also served on each working group.

C. Premises underlying TPCI

From the outset, the expert practitioners who worked with NIC and Abt identified several important principles that shaped the TPCI. First, they believed that TPCI's goal should be to improve public safety by reducing the risk that released offenders would commit new crimes after they return to their communities. We expected to reduce recidivism by using empirically-based risk assessment instruments to identify offenders' dynamic risk factors that could be reduced by linking offenders to evidence-based treatments or interventions while they were in prison and on post-prison supervision.

Second, they believed that preparing offenders to successfully transition from prison to the community should be a central element of prisons' missions, co-equal in importance to operating secure, safe, and cost-effective facilities. Thus, implementing TPCI would mean modifying the mission of prisons.

Third, they believed that many agencies— corrections, human services, law enforcement, and community-based groups—would need to collaborate in order to improve transition. These agencies and organizations deal with common clients—before, during, and after those clients' passage through the correctional system—who have multiple problems that consume disproportionate shares of many agencies' resources. The agencies have a common interest in improved transition and can achieve mutual benefits and improved efficiencies from working together to improve the success of released offenders.

The following data show the extent to which corrections and human services agencies serve common clients. In 1997, 35 percent of the persons in the United States with active tuberculosis infections spent some time in a confinement facility—a rate 17 times higher than among the general population. In 1999, released offenders accounted for 100 percent of the increase in demand for homeless shelter capacity in Boston. Thirty-two percent of all persons with Hepatitis C were held for some time in a confinement facility in 1996, a rate 15 times higher than for the general population. If I am a public official whose mission is to protect public health or to reduce homelessness, I can do my job much more efficiently by targeting released offenders.

Fourth, they believed that agencies would need to change the way they do business and to improve their capacity to manage changes within their organizations if transition reforms were to be successfully instituted, maintained, and refined over time. Transition reforms would change agencies' core values, policies, procedures, and practices. Agencies' staffing needs would change, thus affecting recruitment, training, retention, and supervision patterns. The flow of information (within and between agencies) would change in order to better support planning, case planning, and management. Hence, the TPCI model emphasizes organizational development.

Finally, they believed that transition reforms should be built around evidencebased practices. Thanks to extensive program development and research over the past 25 years, tools were available to effectively reform transition. TPCI could achieve its objectives by applying existing tools, rather than inventing new ones.

D. The TPCI model

This section briefly describes core elements of the TPCI model. (For a link to the complete version of the model, go to www.tpci.us.) The TPCI model includes a graphic depiction of the process by which imprisoned offenders should be prepared for transition to the community. [Figure 1](#) shows the TPCI model. The first element is arrows (pointing from right to left) depicting the movement of convicted offenders through the criminal justice system, from sentencing through imprisonment, release from prison, post-prison supervision and services, discharge from supervision, post-supervision aftercare, and emerging as law-abiding citizens.

The second element (shown above these arrows) represents the different governmental agencies that are engaged with offenders as they flow through the criminal justice system. Human services agencies may be engaged with offenders during their movement throughout the criminal justice system. In fact, human services agencies very likely were engaged with offenders (and their families or siblings) before the crime that resulted in their current conviction and sentencing, and very likely will be engaged with the exoffenders (and their families or siblings) after they are discharged from supervision on their current sentence.

Prisons, by contrast, are engaged with offenders only from the time they are admitted to prison until their release. Releasing authorities may be engaged (in varying [Figure 1 The TPCI Model](#) degrees) at some point during offenders' prison confinement until their discharge from supervision, although the extent and timing of their involvement varies from state to state. Supervision agencies (in most states these are agencies that administer parole supervision) may be engaged with offenders from their preparation for release until their discharge from supervision.

Thus, the roles of agencies whose practices affect transition vary as offenders move through the criminal justice system, and the quality and content of offenders' engagement with these agencies shift over time. Offenders' problems, needs, and risks, however, move with them as they traverse the criminal justice system and as they move from stage to stage where agencies' roles, authorities, and activities shift.

The third element of the model is the phases of the transition process, beginning with an institutional phase, a reentry phase, and a community phase, shown below the arrows depicting offenders' flow through the system. The institutional phase begins with offenders' admission to prison, and continues until about six months before release. The reentry phase begins about six

months before and continues through about six months after their release from prison. The community phase begins about six months after release from prison and continues to and through successful offenders' discharge from supervision.

The fourth element of the model is the Transition Accountability Plan (TAP), which appears beneath (and which spans) the three phases. TAP uses data from assessments that identify offenders' dynamic risks, and targets selected groups of offenders for increased access to evidence-based interventions that should reduce or mitigate their dynamic risk factors, thereby increasing their odds for success in the community. For this approach to work, there must be *continuity* in programs, services and supervision as offenders move from point to point in criminal justice. TAP is a tool to provide continuity in interventions, programs and services as offenders move through the system and as different agencies become involved in or take the lead in the delivery of supervision, services or support.

Content of the TPCI model

This section will describe the elements of the TPCI model at key decision points in offenders' flow through prison, release, and community supervision. Some have noted that TPCI's principles and content could be applied more broadly—for example, in strengthening release preparation from jails (either for detained or sentenced offenders), or in the application of diversion or other community-based sanctions. NIC recognized these possibilities and would support efforts to enlarge the model to other settings. However, by law NIC is charged to work with convicted offenders, and has chosen to devote substantial effort and resources in the past to improve state correctional practices.

1. Assessment and Classification

The TPCI model begins when offenders enter prison. During assessment, officials will use empirically valid prediction instruments (which are normed for the offender population to whom they are applied) to identify individual offenders' static and dynamic risk factors. Static risk factors are predictors of future recidivism that do not change with time or with interventions. They include such things as the number and nature of prior criminal convictions, prior incarcerations, or prior probation or parole revocations.

Dynamic risk factors (also termed "criminogenic needs") are predictors of future recidivism that can be changed by means of interventions, treatments or services. Examples of dynamic risk factors include poor educational attainment, lack of job skills, cognitive dysfunction (criminal thinking errors), and poor family relationships.

The model also requires that offenders be reassessed periodically, in order to document changes in dynamic risk factors over time both while imprisoned and during community supervision.

2. Behavior and Programming

During this stage of the model, officials will develop a Transition Accountability Plan (TAP) for each offender that defines a specific set of interventions and programs that are intended to mitigate each offender's dynamic risk factors. TAPs will be completed soon after assessment results are available and will cover inmates' times in prison, in the community under post-prison supervision, and in the community after discharge from supervision. Representatives of field services and other human services agencies (state or local) that may provide interventions, services or supports will be involved in the development of TAPs for individual offenders.

In addition, the TAP will explicitly set forth behavioral expectations for each inmate, as well as consequences of both positive achievements and misconducts. This will give inmates clear, certain, and objective incentives and disincentives to influence their behavior while confined. TAP will also allow corrections officials to accurately estimate the level of resources needed at future points in time to fully implement TAPs, simply by summing the programmatic content of individual TAPs. This should give officials substantial lead-time to obtain or reallocate resources as needed.

3. Release Preparation

About six months before each offender is to be released from prison, officials will develop a reentry component of TAP, which will cover in detail critical reentry issues like housing, employment, continuation of treatment, interventions or services in the community, and specific conditions of release and supervision. TAP's reentry component will cover about a 12-month span—six months before and six months after release. Staff from community supervision, human services agencies, and community providers, as well as the offender's family and other community support persons, will be actively engaged in drafting the reentry component.

4. Release and responses to violations

The releasing authority will assign a tentative release date to each offender in the TPCI target population soon after their admission to prison (and before the offender's TAP is prepared). The releasing authority also will describe its expectations for the offender's behavior and accomplishments, as well as its general expectations for conditions of supervision when the offender is released.

The tentative release date is a benchmark to help both officials and offenders structure the content and timing of their TAPs. Knowing when an inmate is likely to be released, officials can work backwards to determine when the inmate would need to enter particular programs in order to complete them in time for release. Similarly, the tentative release date can help officials decide when inmates might need to transfer to a different institution in order to enter a program or to build family or community ties in preparation for release.

Paroling authorities could use existing (or develop new) releasing guidelines to define tentative release dates. In states without discretionary parole release, the tentative release dates might be calculated by subtracting any available credits (e.g., credits for pre-conviction confinement, good time, or program completion) from the imposed sentence. The tentative release date is not intended to establish a new or expanded liberty interest. It is, rather, an estimated date that is conditioned upon full and timely completion of the TAP and upon good conduct by the inmate.

Finally, the releasing authority will define risk-based policies to govern its responses to violations of release conditions. These policies will provide certain responses for all substantial violations, and will rely on a graduated array of responses, so that the severity of response can be proportional to the seriousness of the violation. In the aggregate, responses to violations should reduce the number of offenders returned to prison for technical violations, thereby freeing up confinement resources that can be reallocated to other uses.

5. Supervision and Services

Supervision agencies will use risk assessment tools to establish specific supervision levels and strategies and to define case-specific conditions. They should use valid and normed empirical risk assessments that contain both dynamic and static predictors. The TPCI model does not endorse any particular prediction instrument or require that a participating state use the same prediction instruments at different stages in offenders' flow through the correctional system. However, a common risk assessment instrument would have substantial advantages—such as creating a common understanding, common terminology, and uniform data elements in information systems across different stages of the system.

Human services agencies will coordinate delivery of needed programs and support. Supervision agencies will take the lead in ensuring continuity in completion of each offender's TAP, and will perform a case management function to track progress in the completion of each offender's TAP.

Community and neighborhood groups (including faith-based and victims' organizations) and local criminal justice agencies (such as law enforcement) will be engaged as required. Supervision agencies may take the lead in establishing place-based partnerships with these groups to foster collaboration in the delivery of case-level supervision, services, support, and

surveillance.

6. Discharge

Each jurisdiction should establish policies under which offenders who have successfully completed a reasonable period of supervision will be discharged. This will give offenders substantial incentives for compliance and positive achievement, and will lower the odds of future technical violations, as well as supervision caseloads.

7. Aftercare

After offenders have been discharged from supervision, human services agencies will continue to provide case management services to monitor remaining portions of their TAPs. Former offenders will have gained skills in recognizing their need for and their ability to access services, programs and benefits administered by human services agencies.

States should take affirmative steps to remove unreasonable legal barriers that interfere with former offenders' abilities to participate in and contribute to the social, economic, and civic lives of their communities after their discharge from supervision.

E. Implementation

In 2002 NIC selected two states—Oregon and Missouri—as initial test sites for the TPCI. Oregon had launched its own transition reforms before NIC began work on the TPCI. Oregon officials served on our Advisory Board and contributed important insights and direction to the TPCI development process. We selected Oregon as an initial site largely to continue to learn from their pioneering efforts.

Missouri, on the other hand, was starting its transition reforms afresh. We selected them to get practical experience with helping states start a new TPCI planning process.

In 2003 NIC asked state directors of corrections, parole, and community supervision to submit a joint letter expressing their interest in and readiness for becoming a TPCI site. Twenty-three states responded. After screening the letters, NIC asked eight states to submit formal applications in which they described strengths and weaknesses of their systems relative to the TPCI model, current opportunities for successful transition reforms, and the extent of support from key officials and agencies.

Abt and NIC screened applications (including telephone conversations and site visits) and in June 2003 NIC selected four new TPCI states—Michigan, Indiana, Rhode Island, and North Dakota. Late in 2003, additional funds became available and NIC returned to the pool of applicants and invited Georgia and New York to join TPCI in early 2004.

F. TPCI and Participating Sites

NIC articulated several themes to guide its interaction with participating sites. First, states should do the "heavy lifting." TPCI should result in changes in agencies' missions and practices and would require a high degree of collaboration across agencies on transition issues. Such changes must come from within. States should "own" their transition reforms. During their planning, each state would tailor the TPCI model to fit their environment. TPCI is not a "one-size-fits-all" reform.

Second, because NIC has limited resources to devote to TPCI, NIC provides targeted strategic assistance. NIC provides a site coordinator to each state (selected in agreement with state officials). The site coordinator is either a project staff member or a senior-consultant who is (a) skilled in strategic planning and multi-agency collaboration, and (b) expert on the TPCI model. Each state designates a person as their contact who leads their TPCI reform efforts. The site coordinator provides strategic advice to the state contact to help them plan all stages of the reform initiative. Site coordinators also help state contacts to identify topics on which expert

technical assistance is needed and to secure that assistance from NIC or other funding sources. NIC recognizes that it might take two to four years of diligent and concentrated work for states to bring their systems into line with the TPCI model. Hence, we sign on with participating sites for the long haul.

Third, sites should implement the entire TPCI model, not just parts of it. At the same time, each state enters the TPCI with different strengths and weaknesses relative to the model, and with different opportunities (based on available laws, resources, customs, personnel) for change. Hence, each state develops its unique plan for reforming their transition process. In the end, however, all states will move their transition practices closer to that contained in the TPCI model.

Finally, NIC provides generalized information and assistance to states interested in reforming their transition practices. In late 2003, Abt started the *Reentry Blog* and the *TPCI Review*, and is currently developing a web-based inventory of relevant resources and materials. To access the *Reentry Blog* and *TPCI Review*, go to www.tpci.us.

G. States' Challenges in Implementing TPCI

States face three particular challenges in implementing TPCI. First, they must initiate, manage, and sustain collaboration among multiple state and local agencies. Second, they plan, implement and manage substantial changes in the way they do business in a time of very scarce public resources. Third, they must share case-level information that is maintained in different agencies' separate (and sometimes incompatible) management information systems.

a. Achieving and managing collaboration

Participating states need to achieve a high level of collaboration among corrections, parole, community supervision, human services and law enforcement agencies around transition issues and problems. For most, such collaboration is a new, difficult, and challenging exercise. While most agencies cooperate with other agencies, collaboration is very different. In collaboration, agencies exchange information, alter activities, share resources and enhance the capacity of other agencies in order to achieve mutual benefits and common purposes. Collaboration is hard to achieve. The agencies exist within separate bureaucratic boundaries, have separate constituencies, seek to achieve by varying core values, and compete for limited public resources. They are more likely to view themselves as adversaries than allies.

The essential task for TPCI is to create a structure within which these agencies can realize and define common purposes, and discover and articulate the mutual benefits to be gained from sharing information, altering activities, and reallocating resources to reform transition.

NIC required that correctional officials who head prisons, parole release, and postprison supervision take the lead in initiating TPCI. In addition to working together on TPCI reforms, these officials agreed to obtain 1) endorsements from political leaders and 2) commitments from key stakeholders in other human services and criminal justice agencies to participate in project planning. The list of stakeholders varied somewhat from state to state, but included leaders of agencies whose missions were affected by released offenders, or who were in a position to block transition reforms by withholding support or resources. In most states, governors played a key role in launching TPCI by endorsing the reform and by assuring that other executive-branch agencies were actively engaged. Governors in Michigan and Indiana addressed attendees at kickoff meetings and gave ringing endorsements of the forthcoming planning process. In Michigan, the governor's criminal justice policy advisor served as chairperson of their TPCI policy team.

Each state developed a structure within which their TPCI planning proceeded. While these varied somewhat, they had certain features in common. Each state named a site contact—a single individual with whom the NIC project staff and site coordinator worked. The site contact led each state's planning and implementation effort.

Each state established a transition policy team that consisted of the directors of executive branch stakeholder agencies—e.g., the commissioners of corrections, mental health, education, workforce development, welfare, etc. The policy team appointed and empowered subordinate staff within their respective agencies to work on other TPCI workgroups and committees. The policy team met relatively infrequently (e.g., once every three months) to be briefed on progress and problems, and to review and act upon products that steering committees and work groups developed.

Each state established a steering committee, whose members represented all stakeholder agencies. Typically, steering committee members were high-level officials in their respective agencies (such as deputy commissioners and assistant directors). The steering committee served two functions. First, it oversaw and coordinated the efforts of numerous working groups, and second, it produced an overall transition improvement plan. Steering committees typically met once or twice a month.

Most states also established a number of working groups, each of which focused intensively on a narrow range of issues and problems. Typically, a member of the steering committee served on each working group (to ensure communication and avoid redundancy and conflict for groups working on related problems). Working groups consisted of persons from different partnering agencies and typically represented mid- and line-level positions within their respective agencies. Working groups met more frequently—typically once every week or two.

Michigan also created an advisory council, which consisted of over 100 representatives of community-based agencies, service providers, and advocacy groups. Advisory council members can attend any meetings of steering committees or working groups. In addition, TPCI officials appointed selected advisory council members to serve on specific working groups.

These structures divided the work among many smaller groups, and broadened the number of staff in stakeholder agencies who had input into planning the reforms. They also allowed the steering committee to coordinate the efforts of working groups and to resolve conflicts among groups working on related topics.

Each state followed a structured process to initiate their TPCI planning process. Site coordinators conferred with states' contact persons to plan the start up. At the outset each state conducted a system-mapping exercise, in which they compared their existing transition practices with those prescribed by the TPCI model, and noted areas of congruence and dissonance. State staff also collected available data to document the flow of offenders through their system, noting numbers, characteristics, durations, etc. at each major decision point in the TPCI model. This initial system mapping typically was done by and was based on data readily available to corrections staff.

The site contact and site coordinator conferred to identify persons who should be on the policy teams and steering committees. Afterwards, they began planning the state's kickoff meeting.

The kickoff meeting was designed to give participants a common understanding of their existing transition practices and a preliminary understanding of their state's strengths and weaknesses relative to the TPCI model. In addition, the kickoff meeting allowed participants to begin formulating a common vision to guide their transition reforms and to establish preliminary priorities to address in next phases of the effort. The NIC provided an outside expert to facilitate the kickoff meetings.

Kickoff meetings usually lasted two days and attendees usually included the policy team and steering committee members. At the outset, leaders welcomed attendees, and policy team members expressed their initial hopes for and concerns about the initiative. NIC and Abt staff gave presentations on the TPCI model, and implementation efforts in initial states. DOC staff presented the results of the system mapping in order to give everyone a clear sense of the state's strengths and weaknesses relative to the TCPI model.

Kickoff meetings included exercises (usually done in breakout groups that reported back to the

full meeting) designed to reach agreement on initial priorities, and to provide information around which to structure working groups or committees. The kickoff meeting ended with an agreement to conclude work on structuring the state's transition planning process within two or three weeks.

b. Dealing with resource shortfalls

During the 15 months in which NIC, Abt, and advisors designed the TPCI model, state revenues began falling precipitously. There were spirited debates among advisors about whether TPCI could be implemented in the face of plunging appropriations for corrections and human services. Skeptics noted that the TPCI model required that inmates have increased access to interventions that would reduce or mitigate their dynamic risk factors, and that might be impossible to achieve as agency budgets became even more austere.

In the end, most advisors agreed that the best time to institute fundamental changes within agencies is when their resources are tight. If the state's revenues were plentiful and appropriations were generous, agencies would be more likely to layer transition reforms upon "business as usual." And if revenues and appropriations fell in the future, agencies would be more likely to preserve business as usual and jettison the reforms. Indeed, states that applied for TPCI usually noted that due to severe revenue shortfalls, agencies were being directed by policy makers to find new and more efficient ways to operate, and they saw their austere fiscal situations as an opportunity to achieve basic reforms in mission and functions.

In order to increase offenders' access to interventions, TPCI states have to 1) target offenders for interventions, and 2) reallocate resources. TPCI project staff and consultants advise participating states to "triage" their inmate population. Officials might exclude two groups of offenders from enhanced treatment: 1) extremely high-risk offenders or those diagnosed as psychopaths; and 2) low-risk offenders. Indeed, for the highest-risk categories, the appropriate TPCI strategy would be intensive surveillance, with quick, certain, and severe responses to violations related to public safety. This would leave a target group of moderate to higher risk offenders for increased treatment and interventions. This targeting process is consistent with evidence-based practices, which indicate that high-risk psychopaths do not respond to most treatment, and low-risk offenders are *more likely* to recidivate after intensive treatment.

Officials could analyze offenders in this middle range target population to identify the most prevalent dynamic risk factors that are strongly associated with recidivism within that subset of the inmate population. They could then decide to address the three or four top dynamic risk factors present in individual offenders. By doing a case-level inventory of these top dynamic risk factors, officials could determine the aggregate intervention capacity they would need at any future point in time.

Armed with this information, they could make plans to re-deploy existing resources to achieve that capacity or, if necessary, develop a long-term strategy to secure additional resources to build that capacity.

c. Information Sharing

States also face substantial problems with information sharing. Partnering agencies typically operate different management information systems, often created at different times, with different operating systems and different computer languages. In addition, human services, corrections, and law enforcement agencies usually are subject to laws or regulations that make some information confidential. These agencies may have erected substantial internal policies over the years—fueled by conflict with the very agencies with whom TPCI now urges collaboration—that severely limit information sharing.

It is critically important that partnering agencies share information in order to support case management, performance monitoring, and performance-based management of transition policies and reforms. TPCI expects states to use case management to implement offenders' transition accountability plans. Case management requires multiple agencies to share information about offenders. Likewise, performance-monitoring and performance-based management require

sharing elements of data across agencies about released offenders who are receiving support, services, or supervision in the community. If agencies share that information by transferring paper files, the process will be slow, expensive, and incomplete. If they share that information electronically, it will more likely be timely, inexpensive and more complete.

Fortunately, new tools have been developed recently that make it far easier and cheaper to share information elements that are maintained by different agencies in separate management information systems. TPCI states find that the limits of existing confidentiality laws are generally fairly narrow. If offenders consent to the information sharing, confidentiality strictures can be avoided. In short, the key to information sharing is to generate the political will among leaders of partnering agencies. When agencies recognize the mutual benefits that they will gain from information sharing, it is relatively easy to develop the political will. For example, by enhancing information flow to implement case management for offenders, partnering agencies will have achieved the capacity to improve case management for all clients those agencies serve.

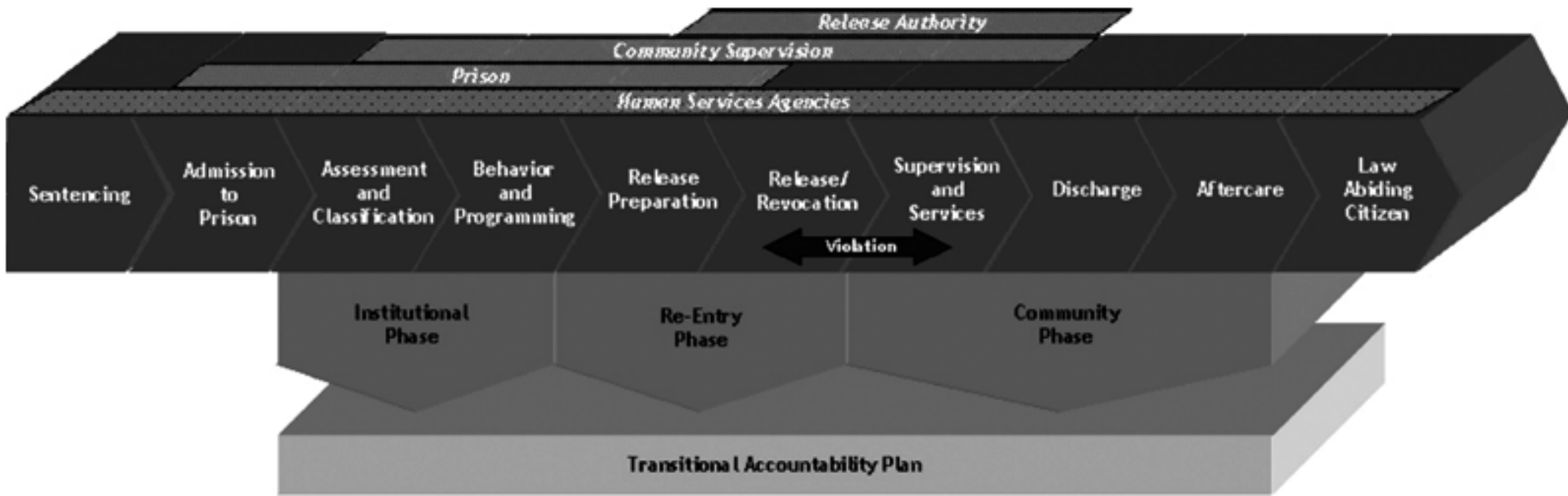
States recognize when they enter the TPCI that they are embarking on a difficult and long-term endeavor. But they also are aware of the potential benefits—improved public safety, more efficient use of limited resources, improved capacity of released offenders to become assets rather than liabilities to their communities and families, and close collaboration with fellow human services, criminal justice and community agencies and organizations. Some of the TPCI states are in midcourse of TPCI implementation; most are just beginning. All will institute performancebased management of their reforms, so information about TPCI's operation effects should begin to emerge in the next year or two.

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FIGURE 1
The TPCI Model



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The Offender and Reentry: Supporting Active Participation in Reintegration*

* All questions should be directed to Dr. Faye S. Taxman. This paper is based on a previous paper that was supported by the National Institute of Justice.

[References](#)

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RECENT ATTENTION TO the reentry issue, or the transition of the offender from prison to the community, has focused on providing services to the offender. The reentry movement has been premised on the notion that a transition process is needed that addresses both the survival needs (e.g. food, housing, employment) and skill-based services (e.g. treatment, literacy, job training, and so on) to thwart the recycling of offenders from prison to the community and back to prison. Addressing both survival and skillbased services is considered essential to securing reintegration in light of the traditional issues that offenders confront once entering the community, such as insufficient services, societal barriers to employment, and housing (see Taxman, Byrne, & Young, 2003; Petersilia, 2003), limitations on civil liberties, and negative peer and community associations. The current genre of reentry initiatives—the Serious and Violent Offender Reentry Initiative (SVORI), Transition from Prison to the Community Initiative (TPCI), Reentry Partnership Initiative (RPI), reentry drug courts, Weed and Seed—all approach the reentry process from the service acquisition model. Each relies on a similar framework to organize governmental, private, and community resources for the needy offender. Once they are available, the offender will then take advantage of these accessible services.

Under this model, the role of the offender is to be the recipient of the services that others (namely, authoritarian government agencies such as correctional and/or judicial agencies) deem necessary. The model is premised on governmental agencies organizing an array of services that they believe are important for the offender to attain a crime-free lifestyle.

Yet, the model fails to acknowledge two reoccurring issues: 1) many offenders, even when they are court-ordered for treatment services, do not attend treatment services; and 2) in the era of intermediate sanctions (early 1990s) nearly a third of offenders elected jail and/or prison over community-based treatment-type intervention services (e.g. boot camps, day reporting programs, drug courts, intensive supervision, etc.). An even more apparent lesson learned over the last decade and a half is that many offenders, placed in scenarios that have increasing conditions and requirements, demonstrate an increased risk of technical violation that adds to the prisonrecycling problem. Yet to be addressed in the current discussion of the contemporary reentry issues is the role of the offender in the reentry process. Reentry is perceived as a three-stage process that

Taxman and colleagues (2003) outlined and others have concurred with: institutional (at least six months before release), structured reentry (six months before release and 30 days after release), and integration (31-plus days after release). There are two different models for how offenders are to be part of the process—as active participants or as active recipients. Most of the contemporary models rely on an active recipient model, in which the offender receives the services that are decided upon by others (or as a result of some objective or semi-objective assessment protocol). Yet, another model could alter the reentry landscape and reinforce the offender's sense of accountability and responsibility for actions taken during the reintegration process. This is the active participant model, where the offender is part of the decisionmaking process for examining the risk, needs, and community factors that affect his or her involvement in criminal behavior, and then uses the information to strategically address his/her own criminogenic needs. This paper discusses the active participant model as a different premise for reentry.

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The Offender as an Inmate

During incarceration, prison officials limit the decisions that offenders are allowed to make. Part of the punishment associated with imprisonment is the loss of civil liberties and restrictions on the freedoms of an individual. Goffman (1957 as published in 2003), for example, describes the prison as the total institution, where every aspect of a person's life is controlled and where individual needs are subsumed under those of the correctional institution. The correctional institution is challenged with the details of managing large numbers of people and therefore the movement of individuals is defined in terms of managing blocks of people. Individual inmates make few decisions regarding their daily activities, and the institution controls the decisions. Donald Clemmer (1958 as published in 2003) extends the argument to describe how the offender takes on the values and mores held within the prison walls (the process of prisonization), internalizing the new rules, expectations, and roles that are expected of inmates. Inmates are expected to be followers and make few decisions of their own.

These attributes of prison may have other unintended consequences for the offender's ability to assume responsibility for his/her own behavior, to be held accountable for his/her actions, and to participate in activities that are seen as state (authoritarian)-driven even if they are presumably intended to "help" the offender. The prison environment to a large extent positions the inmate to be dependent on the institution. The mores of the prison define whether some types of services are considered acceptable and whether attention to criminogenic needs should be addressed. Much has been written about how the prison environment tends to undermine treatment or rehabilitation efforts. Thus, a major challenge is that the very nature of prisons is counter to the stated goals of reentry. The goal of reentry is to improve public safety by providing offenders with services that are perceived to reduce the risk of recidivism and to improve integration into the community. Prisons do not encourage, and in many cases, overtly discourage offenders from making decisions that affect their wellbeing in prison and/or in the community. For example, participating in prison-based programs is a decision that offenders might be able to make, but often this decision is based on the offender's ability to be screened, the location of the program (whether it exists in the prison that the offender is assigned to or not), and the potential interference of the program with other activities such as recreational time and work-related responsibilities. The offender returning to the community is therefore conditioned to deal with short-term needs instead of long-term goals. The prison experience reinforces a model in which the offender responds to the issues defined by authority instead of using an empowerment model where the offender identifies his/her own needs or issues and then pursues them. Offenders in the reentry phase therefore must be given the "permission" and responsibility to be more in control of their destiny.

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The Demands of Reentry

The punitive-oriented correctional system releases offenders back into the community with a little more than they came into prison with (usually a bus ticket and some pocket change). The preparation usually involves the completion of a form identifying where the offender expects to reside and the likely place of employment. Offenders are expected to make as many arrangements as they can from prison, with most issues left up to the offender after returning to the community. While the current approach makes the offender accountable for transition in reentry and stabilization in the community, it is built on three basic assumptions: 1) the offender can return to his/her place of residence with ease; 2) the offender can make meaningful arrangements in prison; and 3) the offender can make the transition from dependency (having all decisions and movements controlled by the prison environment) to independence instantaneously (overnight). Yet, the prison experience defines the offender, and often positions the offender to be reactive. When returning to the community, where there are fewer restrictions, the offender's defiance is generally directed toward not being "controlled" by the state.

In many ways, the last 30 years have not advanced our efforts towards offender reintegration into the community. While little progress has been made toward understanding the *prison*^a-*community* pathways for the offender, many steps have been added to the process of becoming a member of the community. And, even more important, new restrictions in the employment and housing arena have made it more difficult for offenders to stabilize in the community since new barriers limit the prospects of offenders to be employed and to live in a crime- and substance abuse-free environment. Maruno (2000), in his new book, *Making Good: How Ex-Convicts Reform and Rebuild Their Lives*, presents some of the issues related to transition from the sociological and psychological perspective of the offenders. As noted by many, part of the dilemma is the societal expectation that the offender will reform instantaneously, and that the offender will lead a life that society will consider lawabiding. This assumption does not take into consideration a process of change or the different pathways that offenders climb through to become part of society. Maruno notes that instead of thinking about "going straight and being crooked," society would be better to consider reintegration as "going curved" or "straight enough" (Maruno, 2000:43).

The reentry process can be perceived from a behavioral health management perspective that supports a curvilinear trans-theoretical process. Prochanskia and DiClemente (1992), in their seminal work on how people change, present a five-step process that Taxman and colleagues have found useful in considering the steps that offenders must go through for successful reintegration. Part of the model begins with the offender growing more aware of the detractors that often inhibit success in the reintegration. The reintegration process involves making connections without falling into the same old traps of the past.

[Table 1](#) presents a conceptual framework that is based on the offender becoming an active participant in the reentry. Three major themes are critical to the offender assuming responsibility for his/her actions: self-awareness, self-diagnosis, and self-management. The model builds on the offender's decisionmaking skills and enhances these skills as the offender progresses through the reentry process. It also sets benchmarks for the offender's accomplishment during each of the stages of reentry. Applied to the process of reentry, the stages of change must comport with the offender being proactive in understanding his or her various needs in the transition and stabilization periods. The model can also provide the framework for adapting to the environment and making life decisions about residence, peers, and relationships that affect stability in the community. Ultimately, the goal is to ensure that addressing those unmet needs of the offender that affect community safety will maximize public safety.

The premise behind this model is that the offender is largely responsible for his/her own actions. This model thus requires changes in the prison environment and the conditions of release that allow the offender to be more in charge of his or her actions.

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Five-Step Offender Active Participant Model

Several different models exist that are focused on empowerment as a form of strengthening the offender's (or disenfranchised individual's) commitment to new goals. The current interest in reentry is not just an exercise; it is a commitment to public safety through the successful reintegration of the offender into the community. Essentially this means that the goal is for the offender to subscribe to the mainstream goals and to pursue a crime-free (and substance abuse-free) lifestyle. The goal of reentry is therefore for the offender to be in a position to make decisions that support the ultimate goals of public safety. Empowerment is therefore an important and necessary component of the process, since most of the change literature will attest to the reality that offender change is only going to be successful when the offender has internalized the goals and objectives. External controls (e.g., conditions of release, mandates, etc.) are likely to assist the process but will not sustain the internalization. The offender must be committed to this change and pursue it.

Step 1: Message to the Offender. Reentry or the successful integration of the offender into mainstream society requires a clear message to the offender on personal responsibilities. Stated simply, even during the punishment phase of incarceration one of the key messages to the offender must be that the offender controls his/her own destiny. Therefore, it is critically important that the offender have options so that he or she can learn to make decisions that are in his/her own interest. These decisions must be made during each of the stages of incarceration but also about the types of survival and skillbased services that offenders desire to ease their transition back into society as contributing and responsible members of society.

As part of the reentry process, many agencies are focusing on using objective risk and needs instruments to guide the types of services that would be of value to the offender to reduce his/her propensity to commit crimes. The use of standardized risk and need tools is well-recognized in the correctional arena as a means to obtain objective information to guide program placement. Part of the process of assessment should include sharing information from the assessment with the offender. This is a critical component to the offender becoming more aware of his/her own behavior—the assessment tool can begin the process of helping to increase the offender's knowledge about his/her own behavior and then begin a dialogue to consider action that may address these criminogenic features. Too often correctional and/or treatment staff conduct the assessment and then never review the results with the offender. (And as noted by many, often the correctional and/or treatment staff fails to use the assessment to drive program decisions.) In this model, the goal is to have the offender involved in reviewing "objective" information about his/her behaviors and contributors to these behaviors, and then use this information to develop an action plan.

The message to the offender needs to underscore that the plan is actually the offender's plan. Again, the state-centered approach of a plan that is developed without the offender, but which the offender is expected to abide by, has not been successful in many arenas (e.g., treatment, probation, parole, etc.). The plan should have distinct, time-delimited goals, so that the offender is sequencing steps towards reintegration into the community. The plan should address some of the deficits, employment-based skills, and treatment interventions for an array of social needs (e.g. substance abuse, employment, mental health, etc.). Further ties to the community, especially some of the offender's social network of non-criminal peers and support network, will help to integrate the offender into the community.

[Table 2](#) illustrates the principles of successful reentry for offenders that Taxman and her colleagues developed based on a review of the treatment, correctional, and social support literature. To reduce the risk of recidivism, components of this list should be staged into the offender plan. The offender should become aware of those features of the plan addressing criminogenic risk factors. One of the most important issues is that the plan—which the offender should develop with the assistance of correctional and/or treatment staff—should stage in some of the features. During different phases of the reentry process, different components become more or less important. But it is important for the offender and the person assisting with the planning to discuss these components and how they can be phased in. Two rules of thumb are: 1) the offender should define the issues that are most important to him/her; and 2) the plan should never have more than three components (Taxman, Bello, & Shepardson, 2004). Too many

components often result in unsuccessful action, since it is unlikely that the offender can successfully address a long laundry list.

Step 2: Institutional Treatment (from incarceration to 90 days before release). Many offenders lack basic skills to be contributing members of society and many offenders are not necessarily committed to a crime-free lifestyle. Prisons present the offender with a large percent of idle time, which can be more effectively used by providing necessary educational, vocational, and clinical intervention services. The challenge of offering services within the prison setting is well documented (Farabee, et al. 1999; Taxman & Bouffard, 2000), but research tends to support the value of prison-based programming, especially with the continued provision of services in the community (Simpson, Wexler, & Inciardi, 1999).

During the institutional phase, the key to programming is twofold: to assist the offender to determine reintegration goals and to link the programming to transitional planning. The process should assist the offender in learning some skills of self-diagnosis and self-awareness of the behavioral patterns that affect the offender's involvement in criminal behavior. One key component that is important to achieve during incarceration is the motivation to change, so that the offender will be prepared to return to the community with a mindset to seek a crime-free lifestyle. Some correctional departments focus on case management principles of getting the offender to identify resources in the community but do not prepare the offender psychologically for taking advantage of these resources. Others merely tap into scarce correctional resources, such as existing drug treatment and educational programs. Regardless, the offender needs to be involved in making decisions about where he/she is in the change process, and to begin to identify reintegration goals.

One key question is whether corrections should provide the services or whether community-based agencies should be responsible for the services. The answer depends on the nature of the intervention as well as on the location of the prison facility. The closer the facility is to the community, the more advantages accrue if the provider can begin to work with the offender prior to release. However, prior studies of continuum processes have shown that the success of this technique depends upon whether or not the provider focuses on transitioning the offender from one programming to another, and reduces some of the intake processes that occur. That is, no programming strategy is foolproof if the correctional institutions and providers do not agree on systemic processes that reduce the barriers for offenders and meet their psychosocial needs (Taxman & Bouffard, 2000).

Step 3: Institutional/PreRelease (from 90 days before release to release day). In the prerelease stage the offender begins planning for his or her transition into the community. Most important for the offender to address are the housing and employment plans, since these concern basic survival needs. The offender should take an active participant role by assessing housing and employment issues and then beginning to make plans. Many correctional departments have started to develop procedures for offenders to obtain necessary identification, such as a driver's license, social security card, Medicare coverage, etc., that will ease reintegration into the community. Priority should be given to the concerns of offenders that generally fall into the categories of survival needs—a place to live, a place to work, food on the table, and people to love. The attention to these basic details will soothe the concerns of offenders. But, it is equally necessary to alert the offender to changes that have taken place in the community since his or her incarceration. For example, some local police departments are alerting offenders about changes in policing, including greater collaboration with correctional and community entities, that have occurred during the offender's incarceration. The police department also reports to the offender that police officers are well aware of who has returned to the community, thus reducing the anonymity of the offender. Alerting the offender to these and other socio-political changes helps the adjustment process.

Step 4: Post Release (from release day to 30 days). What issues take precedence at the post-release phase depends on the emphasis during the pre-release phase and the offender's analysis of his/her own adjustment.

In the active participant model, the early stages of release should focus on the offender's perception of adjustment in the community and a reassessment of criminogenic factors. That is, it is critical to have the offender begin to assess the degree to which he or she is vulnerable to involvement in criminal behavior. If the reentry process has a pre-release phase that develops a reasonable plan for the offender, then the purpose of the post release phase should be to stabilize the offender by making sure that more attention is paid to quality of life issues. If there is no pre-release phase, then the focus of the post release plan should be on securing and stabilizing the offender in the basic survival areas of home, work, and extracurricular activities. More attention will need to be paid to the offender's survival needs and determining how these impact the offender's ability to maintain a crime-free lifestyle.

Step 5: Integration (from 30 days after release for up to two years). Maintenance and crisis management defines the integration phase, during which the emphasis should rest on incremental advancements in the offender's life. As an active participant, the offender should be involved in adjusting the plan based on his/her own experiences in the community. The focus should be on addressing some of the survival skills that will stabilize the offender in the community. The goal during reintegration is to strengthen the resolve of the offender to be crime- and drugfree. Attachments to community members are important components during this phase. This is the time when the offender is relearning to be a citizen, instead of being under the thumb of the correctional system. It is here that more freedoms and fewer restrictions are needed to assist the offender in assuming his or her role in the community. While this is a gradual process, the active participant model must recognize that reintegration is best described not as "going straight" but going to a "straight curve." Involvement in the community should assist with some of these different paths that the offender will have to navigate.

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Conclusion

The transition from prison to community is complex, intertwined with balancing the needs of society with the needs of the individual offender. Society at large is concerned with safety first and foremost. People look towards public agencies to ensure that the returning offenders are "safe" and will not commit violent acts in their communities. The immense concerns about safety emerge from the past two decades, in which decay and blight were heightened by criminal activities of drug dealers and random acts of violence committed by offenders under parole supervision.

While the needs of society to protect itself are evident, the returning offender is ensnared in a web of social, economic, and psychological needs. Part of the dilemma is how best to engage the offender in the reentry process, and the process that supports the offender to be accountable for his/her own behavior. The nature of prisons and prisonization dilutes the offender's sense of responsibility. Part of successful reentry lies in ensuring that the offender's role is defined as a critical component of the reentry process. In fact, it is important for reentry to occur in a manner that empowers the offender to be a productive citizen contributing to the community. Efforts to dictate to the offender will only reinforce his or her failure to become a part of the community. The reentry process must be directed toward ensuring that the offender assumes responsibility and control for his/ her own behavior. The success of reentry will be measured by the offender's integration into the community and his or her assumption of more responsibility for prosocial, crime-free lifestyle.

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Table 1

Building Components to Promote Public Safety			
Reentry Stage	Stages of Change	Constructs	Offender's Needs
Institutional	Precontemplation	Beginning to consider that a noncriminal lifestyle is possible	Motivate the offender to change his behavior; define own needs to correct
Institutional/ Pre-Release	Contemplation	Offender begins to contemplate changes in his lifestyle	Offender defines areas that are likely to be threat to public safety such as housing, support network, employment
Pre-Release/ Post Release	Action	Offender lays out a plan to make changes in different components	Certain areas (e.g., employment, leisure activities, family, etc.) have been defined as contributors to negative behaviors; focus on mediators to these factors
Post Release Reintegration	Maintenance	Offender establishes plan to stabilize the situation	Establish a noncriminal network to support the prosocial lifestyle through financial independence

Table 2

Applying Research Findings to Principles for Reentry Programming

- **Emphasize informal social controls.** Family, peer, and other informal community networks and supports have more direct and lasting effects on offender behavior than formal government and service agencies, such as law enforcement, corrections, and treatment programs.
- **Ensure sufficient duration of the intervention.** Behavior change is a long process that requires a minimum of 12 to 24 months with different stages and steps. By intervening initially in prison and continuing in the community, reentry initiatives provide the duration needed to assist the offender in learning new behaviors.
- **Provide sufficient dosage of the intervention.** Intensity and frequency are important to assist the offender in making critical decisions that affect the likelihood of success. Intervention units should be matched to offenders' risks and needs, and their readiness for change. Often, intensive interventions are more effective when they are preceded by treatment focused on building offender motivation and advancing their readiness for change. Intensive services should be followed by support services provided during stabilization and maintenance periods to reinforce treatment messages.
- **Provide comprehensive, integrated, and flexible services designed to address the psychosocial needs of the offender.** The services must address the myriad of need and risk factors that affect long-term success. Offenders typically present diverse deficits and strengths, and programs are effective when they can meet the multiple needs of individuals. Valid assessment tools should be used to prioritize needs, and services must be integrated so there are not competing demands and expectations placed on offenders.
- **Ensure continuity in behavior-change interventions.** Interventions, either in prison or in the community, should build upon each other. Incompatible clinical approaches or inconsistent messages to offenders must be avoided. The most effective prison-based programs are continued in the community with aftercare programming.
- **Provide clear communication of offender responsibility and expectations.** Offender accountability and responsibility are critical. Sanction and incentive systems must ensure that the offender understands expectations and rules, and the offender should take part in the process of developing these accountability standards. A behavioral contract is an effective tool for conveying these expectations and consequences for non-compliance. Accountability systems must include reinforcements for positive behaviors to ensure lasting outcomes.

Taxman, Young, & Bryne, 2004.

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Instituting a "Reentry" Focus in the Federal Probation System

[Endnotes](#)

*By Timothy P. Cadigan
Administrative Office of the U.S. Courts*

THE COMMONLY USED terminology "federal probation system" suggests a rather genial world of supervising white collar and other non-violent offenders who for the most part have not served terms of incarceration prior to their community supervision. While such was the case 20 years ago, that mental picture is no longer accurate and in fact undervalues the majority of community corrections work performed by United States probation officers. The shortcomings of that description become obvious when you look at some of the significant changes in the population of federal offenders in recent decades.

I. The Changing Federal Offender

The federal probation system receives the vast majority of offenders released from federal prison under supervised release, and these offenders pose more problems and are more difficult to supervise. In addition, federal prosecutions in recent decades for drug offenses have been increasing and most court orders in drug-related offenses include requirements for urine surveillance and treatment whether the offender has a substance abuse history or not. Finally, surveys of inmates show substantial increases in drug use and a need for drug treatment by federal offenders. All of these indicators suggest our population looks very different than it did 10 to 15 years ago.

The General Accounting Office (GAO) studied and compared offenders received for federal supervision from 1990 through 1996. That analysis found several trends that indicate a changing federal community corrections population. The total population of federal offenders under community supervision rose 10 percent during fiscal years 1990 through 1996. The most notable change in the mix of this population occurred in the percentage of offenders serving a term of community supervision following a prison term. Specifically, the probation population decreased by 35 percent, while those on postprison supervision—i.e. parole and supervised release—rose 94 percent. The increase in the postprison supervision population is entirely due to the large increase in the number of offenders on supervised release.

During fiscal years 1991 through 1995, the number of offenders sentenced with serious criminal histories grew at a significantly greater rate than did those with less serious criminal histories. Further, available data suggest that inmates released from BOP prisons in fiscal years 1997 through 2001 may include greater numbers of higher-risk offenders than did the population released through 1996. [1](#) The available data also tells the story that the federal offender is changing and is likely to continue to change, as is demonstrated by the [Table 1](#).

The Bureau of Justice Statistics (BJS) published a special report on substance abuse and

treatment among prisoners. On the federal side that research compared survey responses from 1991 with inmate responses obtained in 1997. The survey describes federal offenders of today as being significantly more involved in drug and alcohol abuse than their counterparts in 1991. Probably the most startling finding is that 4 in 5 federal prisoners may be characterized as drug- or alcohol-involved offenders.

The following are some examples of survey results. Forty-five percent of federal offenders used drugs in the month prior to their offense in 1997, while only 32 percent had in 1991. Similarly, alcohol/drug use at the time of the offense went from 24 to 34 percent over the same six years. Despite the increased abuse of alcohol and drugs, only one in four federal inmates had ever received treatment for substance abuse and only one in ten had been treated since their admission. ² Therefore, the federal probation system will continue to receive offenders with significant drug and alcohol problems, the majority of whom have received no treatment while incarcerated.

All of this data indicates that the federal offender is changing significantly and is likely to continue to change in the years ahead. Specifically, current offenders are more likely to have been in prison, have substantially more serious criminal records, and are more likely to be drug-involved offenders. All of these factors contribute to making them a higher risk on community supervision and more likely to require more services than prior federal offenders have required. Given the significant changes the population has undergone, it has become apparent that supervision policies and procedures have to change.

II. Implementing a New Supervision Methodology

In response to such changes, the Administrative Office of the United States Courts (AOUSC) in its role of staff support for the Judicial Conference, with the approval and endorsement of the Judicial Conference, implemented its new supervision policy in March 2003. The new policy, which took more than three years to develop, was the product of a working group of supervisors, deputy chiefs, and chiefs and embodied the latest research and philosophy of community corrections supervision. *The Supervision of Federal Offenders*, Monograph 109 was first published in June 1991 and last revised in 1993. The most recent revision seeks to further promote the basic premise of the original monograph: Effective and purposeful supervision based on individual assessment of each case. The following summary from the monograph highlights those changes:

Foremost the revised monograph defines the role of probation officers as community corrections professionals charged with implementing supervision sentences and protecting the public by reducing the risk and recurrence of crime and maximizing the success of the offender during the period of supervision and beyond. In service of these outcomes, there is more emphasis on reentry of prisoners to the community, the importance of initial and ongoing assessment to set objectives and determine the appropriate level of supervision at each phase of each case; and the need for a blending of controlling and correctional strategies to manage any identified risks. This revision also introduces an objectives-based planning process featuring the professional collaboration of officers, supervisors and office specialists. ³

Probably the most significant procedural difference introduced by the revision lies in the supervision planning process. Under the old methodology, an officer would develop a supervision plan largely on his or her own and submit it, along with the case file, to the supervisor for review and comment. The new methodology stresses interaction between the various players (officer, supervisor, and treatment specialist) in the development of the plan. In the jargon of federal probation officers, "staffing the case," both during the initial planning process and throughout the revision of supervision plans for the life of the case, should be the key to ensuring that an appropriate supervision plan is developed, implemented and monitored for all federal offenders.

The other major area of refocus concerns the accurate assessment of the risks and risk-related needs and strengths of the offender. While these topics were covered in the prior monograph, the latest revision focuses intently on them and provides the officer with more specific and detailed guidance in this area. The basic assessment device in the federal system is the Risk Prediction Index (RPI). The RPI was developed by the Federal Judicial Center (FJC) and is designed to estimate the likelihood that an offender will recidivate or otherwise be revoked during supervision. The model was developed using federal offender data and has been shown to be a strong predictor in re-validation studies over the years. Offenders with scores of 0 and 1 are considered low risk and likely to succeed on supervision, while offenders with scores of 8 and 9 are significantly less likely to succeed.

While the RPI is the initial assessment device, the officer should continue to reassess and re-evaluate the needs of the offender throughout the supervision period. The Monograph provides detailed instructions for assessing criminal patterns or violence, substance abuse, mental health, physical health, family issues and third-party risk. Once the risks have been assessed and identified, an appropriate strategy to mitigate that risk should be implemented by the officer and the risk and strategy should be re-evaluated at subsequent intervals. Finally, supervision strategies should only address identified risks—if there are no risks, there should be no strategy. Even when a particular condition has been applied by a judicial officer, if the risk assessment does not bear out that condition, the officer should communicate that to the judicial officer with a recommendation that the condition be removed should the judicial officer concur.

III. The "Reentry" Component of Monograph 109

One of the significant changes in the new monograph was the incorporation, for the first time in the federal system, of concepts and practices that have come to be known as "reentry" in the literature. For those without a strong background in the general concepts of reentry, an excellent primer on the topic is Joan Petersilia's *When Prisoners Come Home: Parole and Prisoner Reentry*. In that work she defines the problems from recent sentencing policy which create the need for reentry policy.

It is clear that prisoner reentry is not just about the greater number of prisoners returning home, although that certainly challenges parole authorities to provide more services with fewer resources. But this chapter has revealed that the average inmate coming home will have served a longer prison sentence than in the past, be more disconnected from family and friends, have a higher prevalence of substance abuse and mental illness, and be less educated and employable than those in prior prison release cohorts. Each of these factors is known to predict recidivism, yet few of these needs are addressed while the inmate is in prison or on parole. [4](#)

While Ms. Petersilia was not specifically discussing the federal system, she might as well have been. The issues she cites and potential solutions she identifies have direct application in the federal system.

The basic premise of the federal reentry initiative is that, beginning no more than 120 days and no fewer than 30 days prior to the offender's release from prison, the officer should begin the supervision planning process. That process should be completed with the adoption of the supervision plan no more than 30 days after release from prison. If the officer does not receive proper notification of the pending release, the timeframe is extended to 60 days after release from prison. The planning process should include review of case documents and background information, offender interview(s), on-site examination of home and work plans, interviews of collateral sources (significant other, employer, substance abuse counselor, etc.) and related activities. The officer has three primary goals at this prerelease stage: 1) maximize opportunities for safe release; 2) implement a well-constructed supervision plan at the earliest possible time; and 3) promote continuity of services.

For obvious reasons the interaction and coordination between the Bureau of Prisons personnel—specifically the community corrections manager (CCM)—and the probation officer is crucial.

The CCM is responsible for working with the offender in the development of the release plan. Other key documents with which the CCM should provide the officer are: final BOP progress report, sentencing computation sheet (including good time credits if any) and any paperwork relevant to transitional treatment needs.

Given the importance of this transition period, particularly the need for accurate and electronic information exchange, the AOUSC and BOP have been working closely for the past year or so to define and develop the electronic infrastructure necessary for seamless electronic data exchange. Because they are different agencies, and in fact are located in different branches of the federal government, complications and obstacles arise that must be overcome to make this rapid data exchange a reality in all supervised release cases. While significant progress has been made, significant issues remain. Until that infrastructure is in place, the data exchange continues to be a manual process that is redundant and inefficient.

One example of the progress made between the two agencies is the monthly rosters of offenders released in the past 30 days and to be released in the next 60 days. The primary goal of these electronic rosters is to insure that cases don't "fall through the cracks," specifically, that all cases released by BOP with supervision to follow are picked up for that supervision by the appropriate probation office. The BOP releases between 4,500 and 5,000 offenders monthly to the federal probation system. The lists document each case to be released and include identifiers for the sentencing and supervision districts. In processing these rosters it became obvious that the largest categories of offenders released who did not subsequently appear for supervision were in two groups: those with an Immigration and Customs Enforcement (ICE) detainer and those with criminal detainer filed by a local, state or federal criminal justice agency. The AOUSC is currently working with ICE and the Federal Bureau of Investigations National Crime Information Center (NCIC) to automatically and electronically provide officers with feedback on those detainees. This will enable officers to focus on offenders who have actually been released, knowing that those with detainees remain in custody and that notification will be provided once they are released.

An issue that continues to be problematic is halfway house placement. The BOP contracts for halfway house placement and the provisions of those contracts generally prohibit acceptance of offenders most in need of "transition" from prison to community via the halfway house. Some examples include offenders with mental health problems, histories of violence, and prior sexual assaults. While it is easy to understand that private contractors would not want to take the risks associated with these cases, it is also obvious that these groups of offenders truly need to be re-integrated slowly. However, under current policy they cannot be placed in most halfway houses and ultimately go directly from prison to the community. Therefore, BOP and AOUSC staff need to develop comprehensive "reentry" plans for these offenders.

Toward that goal, various mental health professionals in both agencies have been meeting to develop systems to ease the transition for mental health offenders. Many officers can tell the nightmare story of the serious mentally ill offender who shows up at the office 4 p.m. Friday without medication. While these cases are rare, they do happen. The following initiatives have been identified to eliminate their occurrence: [5](#)

- Establishing pre-release procedures designed to increase the continuity of care for inmates—including sex offenders—with chronic medical and mental health conditions.
- Revising the discharge medication policy to include up to 60 days of medications for released inmates and releasing to probation officers BOP Medication Form 351, which includes information such as the type of diagnosis and types of medications and dosages.

Regardless of the offender group, these kinds of transitional issues can be addressed and solved when the organizations on both sides of the transition agree on the priority and on at least potential solutions.

IV. "Reentry" Implementation Issues

Having developed the appropriate policies to incorporate the concepts of "reentry" into the federal system, the planners had to turn their attention to successfully implementing those policies. Much of that process is obvious and won't be covered here, including training and the general rallying of the troops necessary to make such a significant cultural change in a tradition-bound organization like the federal probation system. Several issues in the implementation process do seem to warrant more in-depth attention. First was the decision to provide probation offices with "statistical credit" for the work. Second, there was an attempt to implement the new monograph in conjunction with new software designed to make the implementation easier. Finally, the implementation employed a point of contact (POC) methodology that proved highly effective.

The federal probation system, like many community corrections systems, is a numbers-based organization. It is powered and funded by various caseload counts (i.e., number of supervision cases, number of presentence reports), which are then plugged into a formula that generates positions and funding. Therefore, to insure that the prerelease investigation and planning essential to the federal reentry initiative is performed, it was incorporated into the funding formula. Essentially, this insures that offices are funded for performing this work, which insures it is performed. Had this funding not been provided, nationwide implementation would have taken years rather than months. In the past this type of funding would have been provided in subsequent years but not initially. By funding it initially, the AOUSC "put its money where its mouth is," communicating to district offices the importance of this initiative to our supervision function.

The AOUSC attempted another bold move in conjunction with implementing Monograph 109. This was ultimately unsuccessful; however, the concept is sound and should be followed in future policy changes. Specifically, the original goal was to introduce the policy change (Revised Monograph 109) simultaneously with the necessary training and modified case management software (PACTSECM) that supported the new policy and made compliance with its new tasks and requirements easier for officers to complete. The software development schedule grew longer and ultimately the goal of simultaneous release was not achieved. Perhaps with improved planning and coordination the goal can be achieved with future policy changes. The software, due for release shortly, automates the case planning process, reducing for officers the administrative burden of implementing the new monograph.

V. "Reentry" Outcome, Assessment and Feedback

Having designed and implemented the federal reentry program within the broader context of revamped supervision policy for all offenders, the AOUSC now turns its attention to developing and implementing an outcome, assessment and feedback program for the reentry program. The first step, already accomplished, was the formation of a workgroup consisting of academics (with specializations in designing outcome systems) and federal practitioners. Currently we are developing a statement of work to obtain contract assistance with developing the outcome system. The goal is to implement an outcome measurement methodology that will utilize the PACTSECM system for data collection. The idea is that where possible the necessary data would "fall out" from administrative processes of supervision. In addition, where possible we would electronically obtain the information. Examples of this include obtaining arrest record information electronically from NCIC. Obviously not every piece of necessary data will be obtained in these methodologies, but by focusing data collection on these principles we can vastly reduce the type of information that must be directly entered solely for the outcome system.

By relying on field experts and the available literature, the AOUSC has developed and implemented an effective reentry program. By monitoring the results of the designed program and making appropriate adjustments based on those results, we will be well positioned to handle the ever increasing influx of offenders returning to the community from a period of incarceration. Working together with the BOP we should be able to increase public safety and the quality of life for federal offenders returning to the community.

[Endnotes](#)

The articles and reviews that appear in *Federal Probation* express the points of view of the persons who wrote them and not necessarily the points of view of the agencies and organizations with which these persons are affiliated. Moreover, *Federal Probation's* publication of the articles and review is not to be taken as an endorsement of the material by the editors, the Administrative Office of the U.S. Courts, or the Federal Probation and Pretrial Services System.

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Table 1

Trends in Imposition of Supervised Release Fiscal Years 1994–2004

	1994	1996	1998	2000	2002	2004
Total Number of Cases Under Supervision	89,103	88,966	93,737	100,395	108,792	116,900
Total Number of Probation Cases	41,300	33,902	32,594	31,607	31,272	31,300
Percent of Probation Cases	46.4%	38.1%	34.8%	31.5%	28.7%	26.8%
Total Number of Supervised Release/Parole Cases	44,374	52,843	59,502	67,505	76,203	84,800
Percent of Supervised Release Cases	49.8%	59.4%	63.5%	67.2%	70.0%	72.5%

SOURCES: 1994–2002: AOUSC. Statistics Division, 1994–2004 E Tables.
2004: AOUSC. Statistics Division, Budget Projection.

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The Emerging Role of Information Technology in Prison Reentry Initiatives

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April Pattavina
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THE CHALLENGE OF REINTEGRATING incarcerated individuals back into society has recently become a major concern among criminal justice policy makers. Although prisoner reentry is not a new criminal justice issue, its importance is exacerbated by recent correctional policies that have resulted in incarcerating large numbers of persons for significant periods of time, the release of prisoners who have not received treatment, and the failure to provide adequate services and surveillance in the communities after release (Petersilia, 2001, Travis, Solomon & Waul, 2001).

The "new" reentry perspective emphasizes a holistic approach to offender reintegration. The approach is broad-based, including consideration of the circumstances facing prisoners as they prepare to leave prison, their ultimate return to society, and the impact of release on families, victims and the communities in which they live. Current reentry models are grounded in a comprehensive theoretical framework that often draws upon restorative justice ideals, social disorganization theory, and specific treatment modalities that emphasize the importance of the individual and community for successful outcomes (see, e.g. Petersilia, this volume).

To fully support individuals released from prisons, reentry initiatives call for a reorientation of how incarcerated individuals are treated that spans the criminal justice system and involves prison, treatment programs, the police and the community. Under this model, agencies share the responsibility for the successful integration of offenders back into the community. Participating agencies collaborate with each other and with offenders (or clients) in ways that serve to monitor progress. Byrne, Taxman & Young (2001) describe this process of reentry using a systems perspective, where the focus is not on one agency, but on sharing roles and responsibilities that best support individuals as they progress through the various stages of reentry.

Such a comprehensive view of offender treatment, surveillance, services, and control presents formidable challenges. One collaborative challenge is the need to make informed decisions about offenders using data from agencies responsible for offender reintegration. Advances in information technology (IT) over the past few decades have made it easier for criminal justice

agencies to collect, process, analyze, and share information.

More importantly, the information that is maintained in computer systems can be used to provide decision-making support for reentry programs. Most criminal justice agencies are using some form of IT to manage information. IT can be used to promote effective planning, management and evaluation of reentry initiatives in ways that address the individual, agency and community levels. To highlight the role that IT can play in the reentry process, this article will: 1) consider the information needs of reentry initiatives; 2) examine the current state of information technology as it pertains to each need; and 3) describe the opportunities and current challenges of IT for reentry.

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The New Technology of Reentry

[Table 1](#) summarizes the potential of information technology to support reentry decision making, particularly through monitoring offender progress in prison and the community. The discussion of IT support for reentry will start from a statement of goals and objectives and move toward the specifics of how IT can support realization of these goals and objectives through performancebased measurement. Performance-based measurement involves quantifying organizational indicators that can be used to gauge how well an organization is meeting its goals (Wright, 2003).

There are three goals of reentry initiatives. The first is to maximize offender (client) readiness for release from prison. Second is to maintain individual success in the community once the offender is released. The third goal is to protect and support the community to which this person returns. Each of these goals has a different objective and therefore different information needs. Some of the more specific questions to consider at this point include: What information is needed? Is it currently collected? How is it collected and shared? How can it be used to the support the program?

At the individual level, the objectives for in-prison reentry goals are treatment and surveillance. To some extent the information technology needs of treatment providers in prison and in the communities are similar. Both need classification and treatment information about individuals on a program-specific basis. Records management systems (RMS) should include classification information on those participating in reentry programs along with indicators of program involvement. A recent national review conducted by the National Insititute of Corrections found that management information systems for intake and classification were being used by correctional facilities in some states (Hardyman, Austin & Peyton, 2004). The authors of that report also emphasized the need for increased data sharing among intake facilities, courts and other correctional agencies, as well as linked management information systems that would allow for more accurate and up to date assessments.

Those responsible for administering treatment programs should also be responsible for automated record keeping. The users of this information (and therefore those needing access to it) would be case managers and parole and probation officers who must monitor the progress of offenders through treatment. The opportunities presented by this information include the development of performance measures of individual treatment, such as participation, completion, and other progress indicators. These indicators would also be available at the agency level to determine program-level performance measures, such as completion and participation rates.

Offender treatment that takes place in the community has additional information needs. Once offenders are out of prison, programs and services that may be needed (such as those that deal with employment, housing, etc.) are available in the community at large. Case managers, parole or probation officers need to identify where these services are and determine the availability of these programs to service their clients. These data sources may also be used to identify services available for victims. Many phone directories and yellow pages are now computerized and have search capabilities based on business classifications that include social services. Program

inventory databases may also be developed especially for this purpose. Moreover, many of these data sources can also be mapped using Geographic Information System (GIS) software.

The opportunities presented by these program inventory sources include more efficient planning for offenders as well as the increased capacity to determine service or program needs for a particular area. This approach was used in research by Harris, Huenke & O'Connell (1998). They used GIS software to map the proximity of recently released inmates to social services, including unemployment offices, mental health services, and substance abuse treatment centers. They found that offenders living in rural areas had limited access to these facilities and the information was used to justify the need for drug rehabilitation services for offenders as they reintegrate into their communities.

An example of a sophisticated integrated offender case management system is the University of Maryland High Intensity Drug Trafficking Area Automated Tracking System (HATS). HATS is an automated information system that is used by the Maryland Division of Probation and Parole, drug courts, community-based treatment programs, and other agencies serving offenders in Maryland. This system integrates data from many sources relating to offender treatment and supervision. Information on offenders is available regarding intake, referrals and appointments, program inventory, offender confidentiality and releases, supervision, graduated sanctions and treatment tracking (Taxman & Sherman, 1998).

Community supervision and surveillance are additional objectives for ensuring individual success in the community. Knowledge of offender compliance with release conditions is essential for anticipating recidivism risk. Violations of release conditions and any imposed sanctions would be useful performance measures. To meet the surveillance objective, electronic tracking devices such as electronic monitoring equipment or global positioning systems can be used for continuous geo-based monitoring of offenders in the community. The performance measures that can be generated from such systems include violations of space or mobility restrictions.

The impact of incarceration and reentry on the community has been well documented in the literature (Rose & Clear, 2003, Cadora, 2003, Clear, Rose, Waring & Sculley, 2003). It can be argued that this research has been instrumental in helping to promote the philosophy underlying current reentry initiatives. Community safety is always an important objective of any crime control strategy and reentry is no exception. To promote community safety, the police are being asked to contribute to the reentry process by offering support in the form of crime control. In many jurisdictions, departments inform patrol officers about offenders being released in their communities and this intelligence can be used by police to help monitor offenders and inform parole/probation about an offender's involvement in criminal activity.

This is a central feature of the Lowell, Massachusetts reentry program (Byrne & Hummer, this volume). The crime analysis unit in the Lowell Police Department is responsible for creating these profiles. Crime analysis units, which are largely responsible for data-driven identification of crime patterns, are well suited to provide this information. These research units are typically found in large, urban police departments.

The information used to create offender profiles may include photos, fingerprints and other biometric information, behavioral histories, supervision plans, etc. Physical descriptors such as photos or fingerprints may be available in local, state and federal databases such as Automated Fingerprint Identification Systems (AFIS). Criminal history information may be available from state and federal criminal history databases. To monitor potential criminal activity in the community, many police departments maintain records management information systems (RMS) that include arrests and incidents that can be routinely searched. The discovery of an arrest or investigation involving an offender can be forwarded to a probation or parole officer in a timely manner. In addition, offender progress in treatment can be mandated by treatment providers and any change in offender participation/progress could potentially be "shared" with local police as well as community supervision personnel.

The support of the communities to which offenders return is the second community level reentry

objective. The information needed to assess the health of communities includes measures of social and economic conditions and crime. These measures may include but are not limited to crime rates, incarceration rates, employment, public assistance and family support, and public expenditures. For example, Eric Cadora (2003) used computer mapping to demonstrate the geographic relationship between rates of incarcerated individuals and those receiving public aid (2003). This information can be used to provide community based assessments of reentry initiatives.

Some programs that gather this type of neighborhood based information are already in place. One example is the National Neighborhood Indicators Project (NNIP). Funded by the Annie E. Casey and Rockefeller Foundations, The NNIP goal is to provide operational and development support to projects in major cities that merge agency data from many sources to create neighborhood-level social and economic indicator databases (Kingsley & Petit 2000; Pattavina, Pierce & Saiz, 2000).

These "ready made" neighborhood indicator databases, developed at universities and research organizations, are available in many cities. They are very useful for area-based analysis because they are comprehensive in content and cover communities for entire cities over long periods of time. Moreover, neither the police nor any other participating criminal justice agency is solely responsible for the considerable effort needed to build and maintain and distribute such databases. This model is currently serving as the basis for the Urban Institute's Reentry Mapping Network project, which will examine neighborhood-level data on incarceration, community supervision, and indicators of community social and economic well-being to support reentry programs (The Urban Institute, 2003).

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Information Technology, Decision-Making and Reentry

There is little doubt that an infrastructure of information gathering can significantly support reentry operations. The purpose of the previous discussion was to provide a general overview of information technology available for reentry in terms of information needs and what IT support currently exists to support those needs. Based on the summary of IT described earlier in this article, it appears that a variety of information technologies are available to support reentry.

Of course, simply identifying relevant information needs and technology available provides only part of the reentry decision support picture. Those with experience in building information technology capacity in any criminal justice agency understand that it is not enough to put the technology in place, although that alone can be a considerable feat. It is also necessary to incorporate this new technology into day-to-day decision making, problem analysis and strategic planning initiatives. The technical aspects of making the hardware and software IT components work could in itself be the subject of a lengthy publication, the details of which lie beyond the scope of this article. There are, however, organizational and policy issues that are appropriate for discussion because of their relevance to making the most of information technology for reentry programs.

Organizational Challenges

The first issue involves building and maintaining the commitment to develop IT capacity. Organizational support is crucial at this stage. Support efforts may include the steady funding for IT projects and updates, the direct involvement of agency personnel in building IT capacity and the support for IT skill development among the staff. If there is no organizational commitment to IT development, it is unlikely that changes in work processes that would maximize the use of IT for internal (information gathering and processing) and external functions (information sharing and indicator measures) will be successfully implemented.

A parallel issue involves organizational culture and resistance to change. Reentry initiatives call for the reconsideration of the roles and responsibilities of participating agencies in dealing with

offenders. This approach may challenge the cultural embeddedness of existing organizational functions of the police and corrections. Participating agencies may simply adapt information technology to support current functions rather than to support new or evolving ones (Manning, in press).

This concern has echoed in other agencies as well. In a meeting summary of the National Institute of Justice Mapping in Corrections Resource Group Meeting, a major factor impeding the adoption and use of mapping technology was the reluctance of corrections personnel to change the ideology of corrections from institution- or "fortress"-based to a more community-based model willing to take advantage of mapping technologies (Crime Mapping Research Center, 1999).

Legal and Political Considerations

Next is the challenge of creating informationsharing protocols. Not only must IT be well designed to support internal functions of an agency, but in the case of reentry, it should also be flexible enough to support external functions such as information sharing. Such a capability is necessary to support the collaborative and evaluative aspects of reentry.

Agencies must buy in to the collaboration and perhaps even be willing to alter their approach to dealing with offenders. Collaboration sounds good in theory, but sustaining it over time is usually much more difficult (Sridharan & Gillespie, 2004).

Central issues of information sharing include who should have access to the information, how access should be supported and how the information will be used. These questions are technical, legal and political in nature. The technical aspects will depend upon the type of information systems maintained by each agency. In an integrated system, each participating agency would own its own data, but would share critical information with other agencies in one of several ways that might include sophisticated methods such as web-based technologies to access agency information, remote-access capabilities or other processes to transfer data from one agency to another.

Although fully integrated systems where all participating agencies have the technological capacity and organizational support to effectively collect, manage and share information for reentry functions do not currently exist, it is not too soon to address the issues that may affect their development and contemplate interim information-sharing solutions. These may not be the most technologically advanced options, but nonetheless promote the process of information sharing. For example, the establishment of information sharing protocols must take place against a backdrop of legal and political considerations. Federal and state legal restrictions govern the sharing and use of information for those involved in the criminal justice system. The intent of this legislation is to protect the privacy of individuals (see Snavelly et al., in press).

The political culture of information sharing among criminal justice agencies is not a popular topic for discussion among proponents of collaboration and information sharing because criminal justice agencies notoriously resist cooperative efforts. In their recent report, Byrne et al. (2001) emphasize leadership as one of three essential characteristics of a successful reentry program. They argue that there must be strong leadership within the organization and within the partnership. The leader(s) should serve as project director and should have the ability and authority to develop a programmatic strategy that transcends the boundaries of traditional organizations.

Performance Measurement and Evaluation Opportunities

The other two characteristics Byrne et al. identify as necessary for a successful reentry program are partnership and ownership. These characteristics relate directly to the third challenge of using IT for reentry, which is the establishment of performance measures. Indeed, strong leadership will depend on being informed about the progress of individuals as well as participating agencies in the collaboration. Informing this process should be performance measures that can be used for

decision-making. Partnerships can be created and strengthened with a collaborative approach to creating performance measures and determining how information from their agency will be shared, with whom and for what purposes.

All stakeholders, including community groups and victims, can partake in the process of determining desired outcomes, selecting meaningful outcome indicators, and developing data collection procedures. Wright (2003) refers to this type of collaboration across agencies as performance partnerships. This process can be used to determine responsibilities, ownership, and accountability for program planning and evaluation. The challenges would be the establishment of standards for determining individual and agency success (i.e., who gets to decide, what data should be collected, how performance measures should be calculated). Other issues include the development of informationsharing procedures.

The impact of reentry initiatives on the community will eventually be an important consideration as the politics of crime control come once again to focus on "what works" in community corrections. The success of agency collaborations along with their individual and collective roles in successfully reintegrating offenders will be judged by the evidence that demonstrates success or failure of this model. For comprehensive initiatives like reentry, program evaluation should measure indicators of success or failure across individual, program and community levels. Moreover, process evaluations are necessary to understand how the reentry process operates, if it works, and how it can be improved.

Information technology can support both process and outcome evaluations at individual, program and community levels. Performance measures that can be generated with the use of IT will help to promote accountability because they can be used to determine if public resources are being spent wisely (Wright, 2003). This is especially important in light of recent studies showing that the criminal justice system expenditures were high in communities with high rates of incarceration (Cadora, 2003). Moreover, the use of performance measures is consistent with the trend toward using evidence-based research to determine best practices in corrections (Sherman et al. 1998).

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IT Resources and Support for Reentry

This article has discussed the role that information technology can play in reentry programs. A growing network of IT support resources, designed to help those interested in building IT capacity, is available to the criminal justice community. During the past few decades, the financial resources devoted to IT development in criminal justice have been substantial (Davis & Jackson, in press). Many agencies have taken on the challenge of building IT capacity and have shared their experiences and lessons learned with the criminal justice community.

Such sharing has taken different forms. Agencies such as the National Law Enforcement Corrections Technology Center (NLECTC), sponsored by the National Institute of Justice (NIJ), have been created to provide technical support for technology development. IT acquisition and implementation guides have been published and made available through a technology publications archive supported by NIJ. Forums for discussing and sharing IT experiences across agencies have been organized. Courses that emphasize IT are being offered in criminal justice programs at colleges and universities. All of these support a growing commitment in the field to building IT capacity in innovative and useful ways that can be incorporated into reentry programs.

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Conclusion

Information technology will continue to advance the ability of criminal justice agencies to collect, manage and share information. If the necessary commitment and investments are made, then the efforts to build decisionmaking capacity into the reentry process at the individual,

agency, and community levels will be greatly enhanced. Accountability and performance measurement are becoming central to policy choices. In such a time, the ability to turn information into knowledge about the successes and failures of the criminal justice system will eventually be required for continued public confidence and investment in community based programming.

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Table 1

Information Technology and Decision Support for Reentry Initiatives

Goals	Objectives	Information Needs	IT Support	Performance Measures
Individual readiness for prison release	Treatment	Program specific progress & Classification	Prison-based RMS	Individual and program-based performance indicators (i.e., attendance, completion)
	Surveillance	Incident reports	Incident reporting system	Rule violations
Individual success in the community	Treatment	Program specific progress & Classification	Community Corrections RMS	Individual and program based performance indicators (i.e., attendance, completion)
		Program Inventory	Computerized phone and other service directories GIS software	Needs/Availability assessment of services for individuals and communities
	Supervision	Condition Compliance	Community Corrections RMS	Violation types/sanctions
	Surveillance	Monitoring capabilities	Electronic tracking devices (EM, GPS)	Violations of space/mobility restrictions
Community Safety	Control	Offender profiles	Local Police RMS Biometric systems (AFIS) Criminal History Systems	Arrests/incidents involving offenders
	Community support	Community based information	GIS software Statistical software	Community crime rates, Social capital indicators

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The Effects of Serious Mental Illness on Offender Reentry

[References](#)

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[Pathways into the Criminal Justice System](#)
[Mental Illness Among Parolees](#)
[Reentry Strategies for MIOs on Parole](#)
[Thresholds Program](#)
[Challenge of Monitoring MIOs](#)

FUNDAMENTAL CHANGES in mental health policies and laws have brought criminal justice professionals into contact with the seriously mentally ill at every stage of the justice process: police arrest people with serious mental illness (SMI) because few other options are readily available to handle their disruptive public behaviors; jail and prison administrators strain to attend to the care and safety of the mentally ill; judges grapple with limited sentencing alternatives for persons with SMI who fall outside of specific forensic categories (e.g., guilty but mentally ill); and probation and parole officers scramble to obtain scarce community services and treatments for people with SMI and to fit them into standard correctional programs or monitor them with traditional case management strategies. When mentally ill inmates are released from prison, their disorders complicate and disrupt their reentry into the community (Council of State Governments, 2002). This paper focuses on released inmates who are afflicted with SMIs such as schizophrenia, bipolar disorder, or major depression—chronic brain diseases that cause extreme distress and interfere with social and emotional adjustment (U.S. Department of Health and Human Services, 1999).

In this paper, we examine the factors that have led to increasing numbers of the mentally ill being processed through the criminal justice system. We review findings to estimate the prevalence of major psychiatric problems in the parolee population. We discuss the importance of implementing specialized case management strategies to respond more effectively to the needs of parolees with SMI. We describe a program, administered by Thresholds, that uses Assertive Community Treatment (ACT) to facilitate the reentry of mentally ill parolees in Illinois. Finally, we explore the common challenges of managing mentally ill offenders (MIOs) in the community.

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Pathways into the Criminal Justice System

More than 30 years ago, Abramson (1972) noted that more and more people with SMI were

being routed through the criminal justice system instead of through the mental health system. Since then, data have suggested that the mentally ill are arrested and incarcerated in numbers that surpass their representation in the general population and their tendencies to commit serious crimes or be arrested (Council of State Governments, 2002). In light of these data, mental health advocates and researchers have asserted that people who have been treated in mental health agencies and psychiatric hospitals are more frequently shunted into jails and prisons (Teplin, 1983).

People with SMI enter the criminal justice system and people involved in the criminal justice system enter the mental health system through a variety of pathways, including "crisis services, departments of social services, human services agencies, educational programs, families, and self-referrals" (Massaro, 2003, p. 2). For most MIOs, SMI complicates rather than causes their involvement in the criminal justice system (Draine, 2003). The disproportionately high numbers of people with SMI in correctional facilities are associated with the rising number of discharges from state hospitals, the passage of restrictive commitment laws, the splintering of treatment systems, the war on drugs, and the deployment of order-maintenance policing tactics (Lurigio & Swartz, 2000).

Deinstitutionalization. A fundamental change in mental health policy, known as deinstitutionalization, shifted the locus of care for patients with SMI from psychiatric hospitals to community mental health centers. This policy is the first major contributor to the processing of the mentally ill through the criminal justice system (Grob, 1991). After World War II, state mental hospitals nationwide began to release thousands of psychiatric patients to community-based facilities that were charged with providing follow-up treatment and services. This policy of deinstitutionalization substantially reduced the number of patients in state mental hospitals nationwide, from 559,000 in 1955 to 72,000 in 1994 (Center for Mental Health Services, 1994). The length of the average stay in psychiatric hospitals and the number of beds available also declined sharply (Kiesler, 1982).

The deinstitutionalization movement was fueled by media accounts of patient abuse, the development of effective medications to treat SMI, federal entitlement programs that paid for community-based mental health services and insurance coverage for inpatient psychiatric care in general hospitals (Sharfstein, 2000). Deinstitutionalization, however, was never properly implemented. Although the policy provided for appropriate outpatient treatment for a large percentage of the mentally ill, it often failed to care adequately for those who had limited financial resources or social support, especially those with the most severe and chronic mental disorders (Shadish, 1989).

The failed transition to community mental health care had the most tragic effects on patients who were least able to handle the basic tasks of daily life. Public psychiatric hospitals became treatment settings for the indigent. Their patients became younger because new medications obviated the need for extended periods of hospitalization. Before these medications were discovered, psychiatric patients could remain in the state hospital for decades and be released when they were elderly. New cost-saving measures in hospital policies shifted the costs of care from state budgets, which paid for hospitalization, to federal budgets, which paid for community mental health services. Unlike earlier generations of state mental patients, those who were hospitalized during and after the 1970s were more likely to have criminal histories, to be addicted to drugs and alcohol, and to tax the patience and resources of families and friends (Lurigio & Swartz, 2000).

Lack of affordable housing compounds the problems of people with SMI and interferes with the provision of mental health treatment. An estimated 20 to 25 percent of the adult homeless population is afflicted with an SMI (Council of State Governments, 1999). The mentally ill, therefore, began to resemble many criminals: poor, young, and estranged from the community (Steadman, Coccozza, & Melick, 1978). As the Council of State Governments (1999) noted, "without housing that is integrated with mental health, substance abuse, employment, and other services, many people with mental illness end up homeless, disconnected from community supports, and thus more likely to decompensate and become involved with the criminal justice

system" (p. 8).

Many persons with SMI also fall into the lap of the criminal justice system because of the dearth of mental health treatment and other community services (Grob, 1991). Moreover, links between the criminal justice and mental health systems have always been tenuous, and the mentally ill who move from one system to the other often fail to receive adequate treatment or services from either. As a result, their mental health deteriorates and they become both chronic arrestees and psychiatric patients (Lurigio & Lewis, 1987).

Legal restrictions. Reforms in mental health law have made it difficult to admit the mentally ill to psychiatric hospitals and constitutes the second major contributor to the influx of mentally ill persons into the criminal justice system (Torrey, 1997). Serious restrictions on the procedures and criteria for involuntary commitment sorely limit the use of psychiatric hospitalizations. Most state mental health codes require psychiatric hospital staff to adduce clear and convincing evidence that patients who are being involuntarily committed are either a danger to themselves or others, or are so severely debilitated by their illnesses that they are unable to care for themselves. In addition, mental health codes strengthened patients' rights to due process, according patients many of the constitutional protections granted to defendants in criminal court proceedings. Thus, only the most dangerous or profoundly mentally ill are ever hospitalized, resulting "in greatly increased numbers of mentally ill persons in the community who may commit criminal acts and enter the criminal justice system" (Lamb & Weinberger, 1998, p. 487).

Fragmented services. The third major factor in the increased presence of mentally ill persons in the criminal justice system is the compartmentalized nature of the mental health and other treatment systems (Laberge & Morin, 1995). The mental health system consists of fragmented services for predetermined subsets of patients. Most psychiatric programs, for example, are designed to treat "pure types" of clients, mentally ill or developmentally disabled, alcoholic or chemically dependent. By the same token, vast majorities of drug treatment staff are unwilling or unable to serve persons with mental disorders and frequently refuse to accept such clients. Furthermore, research has shown that offenders with cooccurring disorders are difficult to engage in treatment and are often resistant to efforts to treat their addiction to alcohol and illicit drugs (Drake, Rosenberg, & Mueser, 1996).

Abstinence from substance abuse is often a prerequisite for acceptance into mental health and drug treatment programs. Therefore, persons with co-occurring disorders, who constitute a large percentage of the mentally ill in the criminal justice system, might be deprived of services because they fail to meet stringent admission criteria (Abram & Teplin, 1991). In short, when persons with co-occurring disorders—most of them with SMI and substance abuse and dependence disorders—come to the attention of the police, officers have no choice but to arrest them, given the lack of available referrals within narrowly defined treatment systems (Brown, Ridgely, Pepper, Levine, & Rylewicz, 1989).

Drug enforcement. The fourth major factor associated with the pervasiveness of MIOs is the arrest and conviction of millions of persons for drug violations. The highly significant growth in the volume of drug arrests and convictions stems largely from the war on drugs. Offenders convicted of the use, sale, and possession of drugs constitute one of the fastest-growing subpopulations in the nation's prison and parole systems (Beck, 2000). A fairly large proportion of these incarcerated and parolees have co-occurring mental illnesses, adding to the number of MIOs in the nation's criminal justice system (Swartz & Lurigio, 1999).

Police tactics. The fifth major factor contributing to the processing of people with SMIs through the criminal justice system is the recent adoption of law enforcement strategies that emphasize quality-of-life issues and zero tolerance policies in response to public order offenses: loitering, aggressive panhandling, trespassing, disturbing the peace, and urinating in public. These strategies have netted large numbers of the mentally ill for publicly displaying the symptoms of untreated SMIs. The implementation of public-order policing tactics has outpaced the development of diversionary programs for persons with SMI (Ditton, 1999).

Mental Illness Among Parolees

To date, no studies have assessed the nature and extent of SMIs among parolees (Massaro, 2003). Research that has examined the incidence of mental illness among prisoners, however, can render reasonable estimates of the numbers of paroled MIOs. The vast majority (95 percent) of inmates are eventually released from prisons and 80 percent are placed on parole supervision (Hughes & Wilson, 2004). Hence, studies of these former inmates can be used to approximate the upper and lower limits of the parolee population with mental health problems.

According to Pinta (2000), data on the prevalence of SMIs among inmates are unreliable and have limited utility for prison mental health services planning, research, and policy. Studies of mental illness in the prison population have produced inconclusive results because of inconsistencies in how mental illness was defined and evaluated (Clear, Byrne, & Dvoskin, 1993). For example, prevalence estimates in prisons for schizophrenia range from 1.5 percent to 4.4 percent; for major depression, from 3.5 percent to 11.4 percent; and for bipolar disorder, from 0.7 percent to 3.9 percent. These estimates are significantly higher than those found in the general population (Robins & Reiger, 1991). Specifically, rates of SMI among prisoners are estimated to be 3 to 4 times higher than rates among the general population (Ditton, 1999).

The most-reliable studies of mental illness among state prisoners have found that 15 percent suffer from an SMI (Jemelka, Rahman, & Trupin, 1993). Pinta (1999) reviewed studies of current mental illness among state prisoners and also reported an average prevalence rate of 15 percent. Based on the 15 percent estimate, at midyear 2003, 183,225 inmates were suffering from an SMI (Harrison & Karberg, 2004). Similarly, if this estimate is accurate, at the end of 2002, a total of 37,657 parolees were suffering from an SMI (Glaze, 2003). In a national survey, parole agency administrators estimated that only 5 percent of parolees have a diagnosed mental illness and less than one-fourth of the administrators indicated that their agencies had special programs for mentally ill parolees (Boone, 1995).

Ditton (1999) conducted a nationwide survey of the prevalence of SMI among inmates of state prisons. She found that 16 percent of prisoners reported that they had an emotional or mental condition or had spent a night in a mental hospital. Based on Ditton's (1999) findings, 195,440 state prison inmates at midyear 2003 would have identified themselves as having a mental illness (Harrison & Karberg, 2004). Compared with the rest of the prison population, Ditton (1999) found that a higher percentage of mentally ill inmates were in prison for a violent crime and a lower percentage of mentally ill inmates were in prison for a drug offense. Ditton (1999) also found that mentally ill inmates were twice as likely as other inmates to report lifetime histories of physical and sexual abuse. They were also more likely to report homelessness in the twelve months before they were arrested for the crime that led to imprisonment. In addition, mentally ill inmates reported lengthier criminal histories than did inmates who were not mentally ill. Finally, Ditton (1999) reported that more than 60 percent of mentally ill inmates indicated that they received mental health services while incarcerated.

Despite inconsistencies in methodologies and measures, the above studies suggest that SMI is common among parolees. Research also suggests that the SMI is associated with other problems that increase the risk of parolee recidivism. Specialized reentry strategies are therefore needed to help released MIOs successfully re-enter the community. More and better-designed studies should be conducted to determine the mental health services needs of inmates before they enter and leave the prison system (Lurigio, 2001).

Reentry Strategies for MIOs on Parole

Discharge services. Effective reentry strategies for mentally ill parolees must begin with a comprehensive discharge plan that contains specific information on an inmate's needs for community-based treatment, employment, housing, and financial and social support. Prisoners

with mental illness can serve longer prison terms because of the absence of an approved parole-discharge plan that includes housing, psychiatric care, and substance abuse treatment services. The lack of services for mentally ill parolees is especially acute in rural areas where parole board members or releasing authorities have little confidence that local community resources are available for this troubled population (Council of State Governments, 2002).

Despite the well-documented importance of transitional services in achieving re-entry success (Faenza, 2003), more than one-third of correctional agencies provide no such supports for mentally ill inmates (Beck, 2001).

Little is known about the provision or quality of aftercare services for parolees with mental illness (Human Rights Watch, 2003). In *Wakefield vs. Thompson*, the federal appeals court considered whether a plaintiff's Eighth Amendment rights were violated when his doctor released him from prison without a prescription for psychotropic medication. The court ruled that the state

must provide an outgoing prisoner who is receiving and continues to require medication with a supply sufficient to ensure that he has that medication available during the period of time reasonably necessary to permit him to consult a doctor and obtain a new supply. A state's failure to provide medication sufficient to cover this transition period amounts to an abdication of its responsibility to provide medical care to those, who by reason of incarceration, are unable to provide for their own medical needs (*Wakefield vs. Thompson*).

The characteristics of mentally ill inmates often place them at higher risk of rearrest and reincarceration. For example, more than 80 percent of mentally ill inmates have criminal histories, including previous incarcerations and probation sentences (Beck, 2001). Parolees are at greatest risk for recidivism in the first few months following discharge. A study of prisoners with mental illness in Tennessee found that nearly 40 percent of those released from prison returned within 12 months (Human Rights Watch, 2003). Feder (1992) found that 64 percent of mentally ill inmates released from state prison were rearrested within 18 months of discharge and nearly half were rehospitalized during that period. Without discharge planning for transitional services, mentally ill parolees are likely to decompensate, commit new offenses, violate the conditions of release, and return to prison (Council of State Governments, 2002).

To be most effective, post-release services should be intensive and ongoing. Lovell, Gagliardi, and Peterson (2002) reported that 73 percent of mentally ill inmates released from Washington State prisons received social or mental health services. Nonetheless, few received clinically meaningful levels of care during the first year of release and the majority (70 percent) was rearrested for new charges or parole violations. Those who committed more serious crimes received fewer services and received services later than those who committed less serious crimes. Overall, mentally ill releasees tended to commit public-order crimes that were "more a reflection of a marginal urban existence than a violation of the basic rights of other citizens" (Lovell et al., 2002, p. 1296). State parole directors reported that the inadequacy of services for mentally ill releasees was the most formidable obstacle in their agencies' attempts to meet the special needs of this population. The absence of services for housing and substance abuse treatment was particularly problematic (Council of State Governments, 2002).

Parole conditions. Parole officers attempt to balance the monitoring and control of offenders, which is in the interest of public safety and the administration of justice, with the brokerage of social services, which is in the interest of offender rehabilitation and reintegration into the community. Parole supervision can be an excellent vehicle for delivering services to MIOs and can exercise the authority of the prison system to improve compliance with medication and other conditions of release, which should be enforceable, reasonable, and tailored to the risk and needs of parolees (Council of State Governments, 2002).

Numerous studies indicate that courtmandated drug treatment, using the leverage of the court and criminal justice systems, increases enrollment and participation in interventions and programs

and reduces criminal activity (Lurigio, 2002). These findings might also apply to the effects of involuntary or coerced mental health treatment (Colvin, Cullen, & Vander Ven, 2002). Research has demonstrated that involuntary treatment for MIOs can dramatically increase their compliance with medication and significantly reduce the likelihood of psychiatric and criminal recidivism (Heilbrun & Griffin, 1998; Lamb, Weinberger, & Gross, 1999). Correctional supervision "creates and maintains the boundaries and structures that [will allow MIOs] to focus on their recovery" (Massaro, 2003, p. 41). Draine (2003) suggests that coercion is most effective in reducing recidivism among MIOs when it is balanced with supportive services.

Case management. Reentry programs should take advantage of case management strategies that have proven successful in criminal justice, substance abuse, and mental health systems. Case management techniques can help parolees access multiple services in an overall treatment plan that integrates and coordinates care across different service domains. Case management techniques include enumerating goals and objectives that can be employed to evaluate program effectiveness, establishing and maintaining clients' eligibility for income-support payments through Supplemental Security Income or Social Security Disability Insurance, protecting clients' rights as citizens and members of the community, triaging clients' service needs, and advocating on clients' behalf for more and better services in all areas. In addition, case management techniques address the needs of MIOs for mental health treatment as well as the mandates of parole supervision and the availability of community-based services for substance abuse, housing, job training, employment, and medical conditions (Bemus, 1993). In short, case management builds a formal support network for mentally ill persons who lack an informal support network (Culter, Tatum, & Shore, 1987). Network support alleviates stress and offers "resources to cope with adversity through non-criminal means" (Colvin, Cullen, & Vander Ven, 2002, p. 24) and therefore, can serve as a crime-prevention tool (Draine, 2003).

In their study of interventions for offenders with co-occurring disorders, Peters and Hills (1997) found that criminal justice and treatment staffs rarely interact with each other. When these interactions occur, however, they increase both groups' awareness of potential service options and improve client outcomes in all areas of service provision. Hence, another key component of case management techniques is the ability to foster regular communication between parole officers and treatment providers. Such communications ensure that they will better understand and respect one another's goals and perspectives and that they will coordinate their activities when working with the same clients (Lamb, Weinberger, & Gross, 1999). Wolf and Diamond (1997) reported that clients involved in case management programs, which emphasized the cooperation of members of both the criminal justice and mental health systems, had significantly fewer arrests than clients who were involved in non-case management programs (Wolf, Diamond, & Helminiak, 1997).

Solomon (2003) observed that the results of studies of case management strategies for MIOs are mixed. For example, Solomon, Draine, and Marcus (2002) studied 250 adults with SMI who were on probation or parole supervision in a specialized psychiatric unit. Most of the sample was comprised of African American males, and half were on psychiatric medications. All had been diagnosed with an SMI. Solomon, et al. counted parole officers' contacts with clients. Solomon et al. (2002) found that participants who received psychiatric treatment were overall less likely to be reincarcerated for technical violations. However, they also found that those who received intensive case management services were six times more likely to be reincarcerated for such a violation. Solomon (2002) concluded that services that emphasize monitoring increase the risk of technical violations and incarcerations, whereas motivation to participate and actual participation in treatment diminish the likelihood of violations and incarcerations.

According to Lurigio (2001), technical violations of parole supervision can often be the result of clients' symptoms or the side effects of their medications—both of which can cause cognitive and memory impairments that reduce their ability to follow directions or keep appointments. He recommends the use of relapse prevention strategies or graduated sanctions to handle technical rule breaking and incarceration to prevent the commission of new crimes. In addition, Lurigio (2001) views technical violations as opportunities for preventive intervention. Technical violations can be the harbingers of more serious crimes and present occasions for redoubling

therapeutic interventions. Imprisonment should be a last-ditch response to technical parole violations.

Team approach. A specialized team approach should be adopted to manage MIOs on parole. Teams of parole officers, case managers, and treatment providers should collaborate in decisions regarding the selection, supervision, treatment, and continuity of care for MIOs after discharge from prison. The various strengths and expertise of the team members should be considered in defining the function of each team member. For example, parole officers would be responsible for monitoring and enforcing the conditions of release. Case managers would coordinate and broker the various services needed by mentally ill parolees. Treatment providers would deliver medications, counseling, and other medical interventions. To ensure continuity and consistency in implementing re-entry programs, the same criminal justice, case management, and treatment professionals should be assigned long-term to the same teams.

A team approach underscores the importance of coordinating decision-making and core case management activities. Each member of the team is familiar with the functions and responsibilities of the others. Case conferences provide a forum for selecting and tracking the progress of program participants. Similarly, any major decisions about the status of parolees are made with the input of all team members. Case conferences also involve continued discussions about the quality of the services that are being delivered by the participating treatment agencies. In addition, based on the results of drug treatment court studies, members of the team should be instrumental in monitoring MIOs' participation in treatment through an offenderspecific schedule of meaningful contacts with parole officers.

In summary, a team approach is a vehicle for sharing information about MIOs' participation in treatment and compliance with parole conditions, identifying crises in MIOs' lives and episodes of relapse and decompensation, developing positive and negative sanctions to shape MIOs' behaviors and to keep them on track for successful parole outcomes, updating case supervision plans, and maintaining open lines of communication among all team members (Peters & Hills, 1997). MIOs are typically afflicted with more than one disorder and have a broad range of services needs. Therefore, mental health services should be at the core of an array of social support services and other treatments. In particular, MIOs are highly likely to have comorbid psychiatric and substance use disorders. The combination of these illnesses places parolees at higher risk for failure in treatment, continued criminality, violent behaviors, and violations of parole conditions. The most effective strategies for managing parolees combine individualized case management strategies with long-term psychiatric treatment and habilitation services. Other services needs of parolees are housing, education, childcare, employment referrals, vocational training, and medical interventions for acute and chronic illnesses.

MOUs and cross training. Parole administrators should enter into formal agreements or memoranda of understanding (MOU) with mental health agencies and create opportunities for cross training among correctional staff and service providers (Council of State Governments, 2002). Community mental health providers are critical members of the team that is responsible for monitoring and serving MIOs. MOUs can enumerate provisions for procedures and processes such as obtaining releases of information, defining referral processes, and meeting federal and state requirements for client confidentiality (Massaro, 2003). The ultimate goal of MOUs is to construct lasting bridges between the mental health and correctional systems, leading to coordinated and continual care for MIOs.

Cross training involving parole officers and mental health care providers should be an important early component in relationship building. Parole officers are knowledgeable about legal issues and enforcement techniques. However, few of them have much background in the routine clinical evaluation and treatment of MIOs. Hence, to best institute a team approach for handling MIOs in the community, members of correctional agencies should be educated about the causes, diagnosis and treatment of mental illnesses. They should also be conversant in current diagnostic nomenclature and the latest advances in medications and other treatments for psychiatric disorders. For example, Council of State Governments (2001) recommended that:

Parole board members should have some familiarity with the nature and types of mental illness, and how these disorders can be diagnosed and treated. Training curricula should be developed and, depending on the jurisdiction, tailored for individuals appointed to serve as parole board members, both for new appointees as well as on an annual or ongoing basis for all members. (p. 160)

Few mental health and other social services providers have expertise in prison and parole operations. They should learn about criminal statutes and sentencing decisions; court operations and exigencies; and parole mandates, policies, and procedures. Parole staff can help mental health providers develop their skills for addressing the criminal behaviors of their clients. Finally, parole officers, case managers, and service providers should participate in trainings that will clarify their roles and responsibilities with MIOs and ensure that they understand the basic operations and guiding principles of parole supervision.

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Thresholds Program

The PAP program. Thresholds' Prison Aftercare Program (PAP) serves people with SMI—referred to as program clients or members—exiting Dwight and Dixon Correctional Facilities in the Illinois Department of Corrections. (Although parole was abolished in Illinois in 1978, people under mandatory supervised release from prison are still called "parolees" and the agents who monitor them are still called "parole officers.") Adapted from Thresholds' Jail Linkage Project, which serves people with SMI discharged from Cook County Jail (Chicago), the PAP is based on the Assertive Community Treatment (ACT) model. ACT has many advantages as a service model for criminal justice populations and is one of the most well-defined and wellresearched treatment models for people with SMI (Bond, Drake, Mueser, & Latiner, 2001). ACT is best conceptualized as a strategy for organizing and delivering intensive services. ACT uses multidisciplinary teams with small, shared caseloads and daily staff meetings to discuss individual clients and coordinate a comprehensive range of services. For people leaving jails and prisons, treatment noncompliance is a chronic problem that often results in relapses and rearrest, particularly during the critical 12- to 18- month post-release period. ACT is very effective in promoting compliance with treatment.

Using outreach techniques, ACT teams spend a lot of time visiting members in their homes or other community settings, rather than waiting for clients to "show up" for clinicbased services. To take a proactive role in crisis situations, the team is available 24-hours-a-day, 7-days-a-week. Typically, ACT services offer practical assistance with everyday needs, such as medication management, housing assistance, and money management (Phillips, et al. 2001). For parolees with SMI, these types of supportive services are essential for rebuilding a productive life in the community.

The PAP currently serves 12 clients. The program's director meets weekly with prison administrators in order to develop detailed discharge plans. After a referral is received from the prison, a PAP team member visits the prison to conduct the screening and intake process. The team focuses on inmates with the most serious histories of psychiatric hospitalizations, incarcerations, and arrests to ensure that this costly service is reaching parolees in direst need. Enrollment criteria include:

- History of repeated arrests and/or incarcerations
- History of repeated state psychiatric hospitalizations
- Low risk of violence in the community
- Diagnosis of severe mental illness (e.g., usually schizophrenia-spectrum illness or major affective disorder)
- An agreement to work with a Thresholds psychiatrist in finding an acceptable psychiatric medication regimen
- Willingness to live on the North Side of Chicago, where the team is based
- Eligibility for Supplemental Security Income

- Willingness to have Thresholds as Representative Payee
- Willingness to cooperate with Thresholds in the treatment planning process

Adaptations from ACT. The stated mission of Thresholds' PAP is to help parolees avoid rehospitalizations, reincarceration, and homelessness by providing a comprehensive array of supportive services. The program operates at a high level of intensity—exceeding the typical ACT contact standards—to meet the multiple needs of this population. The average program staff member has 6 clients, lower than the ACT ratio of 1:10. All services that are available during the week are also offered on weekends. All parolees served by the team have access to the team's on-call pager all day, every day, in case of crises or emergencies. During the week, staff meetings are held every morning and afternoon to keep team members apprised of each client's status and the events of that client's day.

Discharge planning and coordination before release from prison is an essential element of Thresholds' approach to prison aftercare. Prisoners with SMI are often released without proper supports in the community, triggering the downward cycle of relapse, rehospitalizations, reincarceration, and homelessness. Client engagement in community mental health treatment begins several weeks before release, with weekly contacts between the team and the client. These contacts help the team assess the needs of the client and help the client feel comfortable with the team and form the therapeutic relationship that is so important in mental health care. When properly notified, the team can join prison administrators in stipulating the conditions of release that will facilitate reentry, such as the requiring of representative payeeships, outpatient commitments, or other conditions reflecting the parolee's particular needs. This joint decision-making task is usually the beginning of an effective alliance between the prison and mental health systems for the benefit of the client.

Thresholds' PAP considers itself a conscientious resource for the parole authority, balancing client advocacy with public safety concerns. Parole officers have 24-hour access to the team's on-call pager for immediate problem solving. After the client's release from prison, a team member meets the person "at the gate" and brings him or her back to Chicago. As quickly as possible, the team members find appropriate, safe housing for the client and reapply for disability benefits. The team helps clients transport their belongings to their new homes, keep psychiatric, social services, and parole appointments, and negotiate the social services and the criminal justice bureaucracies.

The program takes advantage of representative payeeships and outpatient commitments to keep clients engaged in treatment. Representative payeeships in the PAP are a routine aspect of practice whereas other ACT programs are beginning to use them more sparingly. For the mentally ill parole population, representative payeeships can help former inmates maintain their housing, buy groceries, pay utility bills on time, and receive adequate healthcare. The team routinely uses evidence of representative payeeships to persuade reluctant landlords to rent apartments to clients with criminal and substance abuse histories.

Other key elements of Thresholds' program are medication management and education. Thresholds psychiatrists simplify medication regimens so that clients are more likely to master the schedule, comply with it, and benefit from it. Although vocational services are not provided directly by the PAP team, Thresholds offers a comprehensive psychiatric rehabilitation program including job preparation, job placement, and job support services. The PAP also creates opportunities for individuals to work in local businesses and group placements with rehabilitation supervision provided by Thresholds. For clients with criminal records, these placements can strengthen their employment credentials as they apply for competitive jobs in the community.

One of the most distinctive elements of the Thresholds model of aftercare is the continuation of services after a parolee is rearrested, reincarcerated, or rehospitalized. Once the parolee has become a service recipient, the team will follow that person indefinitely. The model's effectiveness is most apparent when a client is in crisis. Rather than closing the case when another service system assumes responsibility for the client or dismissing the client as a "failure," the team continues to visit the client in the jail, prison, or hospital in order to preserve

their relationship. The overarching philosophy of the model is to remain committed to the client—a philosophy that the most problematic clients challenge on a regular basis.

ACT effectiveness. Because ACT services are both intensive and expensive, they should be reserved for the most severely ill parolees with SMI, that is, those experiencing frequent hospitalizations or emergency room visits, incarcerations, homelessness, co-occurring substance use disorders, or poor compliance with traditional mental health treatment. When applied to this special population, ACT is an effective treatment, particularly in reducing hospitalizations and maintaining the clients in stable housing (Bond, Drake, Mueser, & Latimer, 2001; Mueser, Bond, Drake, & Resnick, 1998). Roughly half of controlled studies on ACT have shown favorable effects on employment when the team includes a vocational specialist (Mueser et al., 1998). Similarly, fidelity to the ACT model has also led to the remission of co-occurring substance use disorders in people with SMI (McHugo, Drake, Teague, & Xie, 1999). In addition to improving a number of key client outcomes, ACT is a cost-effective program for people with extensive and recurring hospitalizations, reducing hospitalization costs 58 percent more than less intensive case management services (Latimer, 1999).

An evaluation of Thresholds' Jail Linkage Program, which is similar to the PAP, found positive client outcomes and cost savings. Using simple pre-post measures on the first 30 clients to receive these ACT services, researchers reported an 85 percent reduction in state hospital days from the year prior to admission (2726 days), compared with the first year of ACT treatment (417 days). Assuming a daily hospital cost of \$500, this reduction produced a savings of approximately \$1,154,500 (less the cost of community-based services). Using the same evaluation methods, the Thresholds ACT program also demonstrated an 83 percent reduction in jail days (3619 pre-treatment vs. 632 days post-treatment). Assuming a daily jail cost of \$70, this reduction saved the county jail approximately \$209,000 (Lurigio, Fallon, & Dincin, 2000). The Thresholds PAP expects to produce similar positive outcomes for people with SMI exiting Illinois prisons.

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Challenge of Monitoring MIOs

The criminal justice system must be prepared to handle MIOs at every step, from broadening the range of alternatives to incarceration, to allowing greater access to mental health services for recently released inmates. The criminal justice system must likewise be prepared to balance MIOs' needs for treatment with mandates to protect public safety. In addition, community-based treatment providers must be prepared to serve MIOs in local mental health systems—many of which have few or no resources to serve additional clients (Council of State Governments, 2002). Despite the high incidence of SMIs among offender populations, current services in most communities are earmarked for people who are judged not guilty by reason of insanity (NGRI) or for MIOs who are charged with misdemeanors and processed through specialized mental health courts. Sweeping system changes are needed to respond effectively to the vast numbers of other MIOs who are appearing in criminal justice and mental health systems across the country (Council of State Governments, 2002).

The cost of not caring properly for MIOs is high. Untreated MIOs are more likely to return to the criminal justice system through repeated arrests and incarcerations. They are also more likely to be admitted and readmitted to psychiatric hospitals. Moreover, without effective treatment, MIOs pose considerable threats to public safety, especially when they have histories of comorbid substance abuse or dependence disorders (Lurigio & Lewis, 1987; Lurigio & Swartz, 2000).

The transition of MIOs from prisons and into communities challenges the staff in the correctional and mental health fields because of numerous obstacles, including cultural and language barriers and the lack of coordination between mental health and criminal justice agencies. Services for MIOs are largely inadequate, especially in terms of providing coordinated or continuing care. Moreover, gaps in psychiatric services are common within and among criminal justice agencies (Massaro, 2003). Although they share many clients, criminal justice and mental health system

staffs rarely exchange information about the MIOs that they monitor or treat (Lurigio & Swartz, 2000).

Laberge and Morin (1995) observed that many MIOs have problems taking responsibility for their illnesses or their criminal activities or are reluctant to admit their need for treatment. They can be resistant to engaging in therapeutic relationships, have trouble remembering to take their medications or keeping their medical appointments, and are difficult to place in stable or affordable housing. As a result, mental health professionals are likely to regard MIOs as unwelcome or undesirable clients. Described as "resistant to treatment, dangerous, seriously substance abusing, and sociopathic," MIOs can intimidate community treatment providers (Lamb & Weinberger, 1998). Mental health and criminal justice staffs frequently have divergent views regarding MIOs' treatment needs and have different levels of tolerance for MIOs' behaviors that might pose risks to the community (Peters & Hills, 1997). Therefore, an approach that considers the different perspectives and concerns of criminal justice and mental health professionals will result in more effective and coordinated programs and services for MIOs. This is the approach that will facilitate the reentry of MIOs into their communities (Clear, Byrne, & Dvoskin, 1993).

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Targeting for Reentry: Inclusion/Exclusion Criteria Across Eight Model Programs

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ACCORDING TO A recent Bureau of Justice Statistics (BJS) review of reentry trends in the United States, there were 1,440,655 prisoners under the jurisdiction of federal or state correctional authorities at year-end 2002 (Hughes and Wilson, 2003). During the year, there was a constant flow of offenders both into prison (close to 600,000 individuals) and out of prison (again, about 600,000). Offenders *entering* prison were either newly sentenced offenders (60 percent) or parole/other conditional release violators (40 percent). Offenders *leaving* state prison included drug offenders (33 percent), violent offenders (25 percent), property offenders (31 percent), and public order offenders (10 percent). About one in five of these reentry offenders were released unconditionally; the remaining offenders were placed under parole supervision. Overall, it is projected that 67 percent of these releasees will likely be rearrested and 40 percent will likely be returned to prison within three years of their release date, based on a recent BJS study (Langon and Levin, 2002). Clearly, a subgroup of the federal and state prison population appears to have integrated periods of incarceration into their lifestyle and life choices. The constant movement of these offenders into and out of prison has negative consequences not only for offenders but also for the community at large, including victims, family members, and community residents. What can and should the corrections systems do to "target" these offenders for specialized services and controls to improve reintegration into the community?

In the following article, we examine the offender targeting issue in detail, utilizing data gathered from our review of eight model Reentry Partnership Initiative Programs [1](#) (see Taxman, Young, Byrne, Holsinger & Anspach, 2003 for an overview of research methodology). We begin by describing the changing patterns of federal and state prison admissions and releases. We then examine the target population criteria used in the eight model RPI programs and discuss the unique challenges presented by different offender groups, including repeat offenders, mentally ill offenders, sex offenders, and drug offenders. We conclude by identifying the relevant classification, treatment, and control issues that decision makers will have to address as they design and implement their own reentry processes for targeted offenders and/or communities.

1. Reentry Trends: Changing Patterns of Prison Admission and Release

The number of prisoners under state and federal jurisdictions has increased dramatically over the past eight decades. In 1925, there were 91,669 state and federal prisoners and the rate of incarceration was only 79 per 100,000 of the resident population. By the end of 2000, the number of incarcerated offenders rose to 1,321,137, which translates into a rate of incarceration

of 478 per 100,000 residents. The change in the correctional landscape followed the shift in sentencing philosophy from rehabilitation to incapacitation, which grew out of frustration with offenders who refuse to change, the failure of rehabilitative programs to reduce recidivism, and the need to punish offenders for their misdeeds. Paradoxically, the incapacitation approach has resulted in more institution-based punishment for offenders, but less community-based control of the returning home population.

Offenders are released from prison either conditionally or unconditionally. For the three out of four offenders released from prison conditionally in 1999, a supervised, mandatory release mechanism was used for 50.6 percent, some form of discretionary release via parole was used for 36.1 percent, and probation/other supervision was used for 13.3 percent. The remaining prison releasees —representing almost a quarter of the total release population (109,896—22.2 percent of all releasees) were sent back to the community "unconditionally," with no involvement of the state or federal government in overseeing their return to the community. That is, some type of supervised release (e.g., probation, parole, etc.) was not part of the reentry process. In the vast majority of these unconditional release cases (95 percent), the offender was released from prison due to an expiration of sentence.

Any discussion of the impact of our returning prison population on community safety must begin by recognizing the fundamental changes in release policy in this country over the past decade. Supervised mandatory release is now the most commonly used release mechanism by state prison systems, while the vast majority of federal offenders are released upon expiration of their sentence. Focusing for a moment on regional variations in release policy, we find that prison systems in the Midwest (35.4 percent of all releasees) and Western states (77.2 percent of all releasees) are more likely to rely on the supervised mandatory release mechanism than on either expiration of sentence or discretionary parole release. In the Northeast, the pattern is noticeably different: discretionary parole release is the most common release mechanism in these states (60 percent of all releases). This was also the pattern found in Southern states, although there is clearly a lower rate of discretionary parole releasees (33 percent of all releasees) and more use of expiration of sentences (30 percent of all releasees) and/or supervised mandatory releasees (22 percent of all releasees) in this region.

Despite the growing trend toward the use of mandatory release mechanisms and away from discretionary parole release, we should emphasize that several states (21 in 1997) do not use this release mechanism at all. Six of them (Maine, Massachusetts, Ohio, Delaware, Florida, and Nevada) relied more often on expiration of sentence than on any other release option and in four of these states, supervised mandatory release was not available. Due to changes in parole practices, parole boards are reluctant to release offenders early. The growing trend is for more offenders to be released with either minimal time under community supervision, or without any community supervision condition at all. While some scholars observe that many offenders are better off without community supervision, due to the problem of technical violations and recycling of offenders from prison to community to prison (Austin, 2001), others observe that more supervision is required to manage the reintegration process and to reduce the potential harm that offenders released from prison and jail present to the community (Petersilia, 2000; Taxman, et al., 2002). More research is needed in this area to determine the degree and level of supervised release (if any) that is useful to maximize community safety, but it certainly appears that changes in sentencing policies and release practices have likely had negative consequences for offenders and the communities to which they return.

Since many states have opted *not* to develop policies and procedures to allow supervised mandatory release, it is likely that more and more offenders will be "maxing-out" of prison in these jurisdictions. Do these offenders pose a greater threat to community safety than either the parole or mandatory release population? A recent study by the Bureau of Justice Statistics found that mandatory parolees are less likely to successfully complete parole than discretionary parolee discharges (Hughes, Wilson, & Beck, 2001). While we do not know the answer to the question about the relative effectiveness of different release mechanisms, it is important to continue to monitor this issue.

We do know that offenders are now serving a greater proportion of their sentences in prison and regardless of the *method* of release, they are returning to the community with the same problems (e.g., lack of skills to obtain employment, substance abuse problems, family problems, individual mental health and physical health problems, repeat offending behavior, etc.) that they had when they were first incarcerated (Maruna and Immarigeon, 2004). In addition, some offenders are returning to the community with *new* mental health, physical health, and personal (criminogenic) problems, due to such factors as negative institutional culture (Bottoms, 1998; Sparks, Bottoms and Hay, 1996), increased incarceration period (Austin, 2001), the spread of communicable diseases in prison (Rand, 2003), and isolation from the community (Maruna, 2004). While they were incarcerated, the communities they used to reside in may have improved (due to such factors as community mobilization and betterment activities, a better economy, community policing, etc.) or they may have deteriorated (due to economic downturns, increased gang activities, the spread of infectious disease, etc.). In either case, the community prisoner's return may be to quite a different community from the one they left. The longer offenders remain in prison, the more likely that there will be changes in family, peer associations, and neighborhood dynamics needing to be addressed during reintegration. All of these changes complicate reintegration, but they must be considered when designing and implementing offender reentry programs. As Gottfredson and Taylor (1986) demonstrated almost two decades ago, these person-environment interactions likely hold the key to understanding (and changing) the behavior of offenders released from prison.

2. Offender Targeting for Reentry: An Overview of Current Practices

The Office of Justice Programs (OJP), in conjunction with a wide range of federal agencies involved in offender reentry directly or indirectly, has recently allocated 100 million dollars to help fund reentry initiatives in every state and U.S. territory, including Puerto Rico and Virgin Islands. Beginning in 2002, 68 separate reentry programs have been designed, developed, and implemented, targeting a diverse group of juvenile and adult offenders. However, a recent BJS review of reentry trends revealed that in 2001, nearly half of all state prison releases were from the following five states: New York, California, Illinois, Texas, and Florida. [Table 1](#) provides an overview of the OJP programs in these five states, focusing on program size, location, and initial targeting criteria. It appears from our preliminary review of these programs that the OJP initiative will likely include only a *fraction* of these states' releasees, which makes the decision on whom to include and whom to exclude even more critical. Unfortunately, a detailed review of the initial development of the OJP reentry initiative has not been completed, although the Urban Institute has been selected to conduct the initial evaluation of this program. [2](#) In the interim, we are left to sort through a large number of program descriptions (see OJP's web site for state-specific descriptions of reentry initiatives) and a small number of case studies and process evaluations. [3](#) Despite this evaluation research shortfall, it certainly appears that governors, legislators, and corrections administrators are jumping quickly onto the reentry bandwagon. The question we focus on in this article is straightforward: who (and where) should we target for reentry? To answer this question, we have examined the targeting criteria developed in eight model reentry partnership initiatives (RPI) programs identified by the office of Justice Programs and recently included in a detailed multisite process evaluation conducted by the University of Maryland's Bureau of Governmental Research (for an overview, see Taxman, et al., 2003). It is our view that the targeting issues identified in the following review of the eight RPI programs⁴ will be applicable to 68 new reentry initiatives currently in development across the United States. In general, the reentry programs we reviewed can be described as including three separate reentry phases: 1) the institutional phase, 2) the structured reentry phase, and 3) the community reintegration phase. However, considerable variation not only in the design, but also in the duration of each of these reentry phases appears to be related—in large part—to the specific targeting decisions made by program developers at each site. In the following section, we highlight the impact of offense, offender, and area-specific targeting decisions on each phase of reentry.

A. Targeting and the Institutional Phase of Reentry

Our review of RPI programs found considerable variation in what actually constitutes the

"institutional" phase of offender reentry. In one jurisdiction (Burlington, Vermont), offenders were identified and selected to participate in the reentry program upon *entrance* to prison, during the initial prison classification process. In the remaining jurisdictions, identification of potential reentry participants occurred several months prior to the inmates expected *release* date (6 months to 1 year). Obviously, this basic decision has important ramifications for both the offender and the institution, particularly when participation in specific prison-based treatment programs is a feature of the reentry program. Regardless of when this phase of reentry began, it appears that inmates participating in the RPI programs we reviewed had access to programs and services not available to other inmates at these facilities. In this respect, treatment availability, access, and perhaps even quality represent important advantages linked to participation in the reentry programs we reviewed.

In the *institutional* phase of the reentry process, offenders who meet the RPI site's target population criteria are initially identified and contacted about possible participation in the reentry program. For offenders being released unconditionally, program participation is voluntary; however, conditional releasees may be required to participate as a condition of parole. Program developers at prospective RPI sites are faced with several difficult decisions regarding initial offender targeting. First, due to program size restrictions, RPI model programs at the sites we reviewed targeted specific release *locations* for reentry. Second, only a subgroup of all offenders to be released to these locations is usually targeted for potential reentry participation. Third, targeting may vary not only by location and offense type but also by the method of release (i.e., conditional vs. unconditional). And finally, program participation may be restricted to offenders who are at a certain level of institutional control (e.g., medium security), due to size limitations and/or institutional control concerns.

Regardless of exactly how the final group of RPI program participants is selected, the institutional phase is expected to include a range of offender programming options designed to prepare offenders for resuming their lives in the community. These program options would likely include education, vocational training, life skills, and of course, individual/group counseling. In three sites, the emphasis was on providing motivational readiness for treatment, in order to prepare the offender to make significant lifestyle changes as they return to the community. As we have noted in a separate report (see Taxman, et al., 2003), we maintain that reentry programs should be oriented toward preparing inmates for return to the community from the outset of their institutional stay. However, only one of the eight RPI models we visited (Burlington, VT) began the institutional phase during the first several months of an offender's incarceration. A much more common approach is to begin the institutional phase of the reentry program several months before the offender's targeted release date, but prior to the pre-release phase. In fact, several of the RPI programs we reviewed had the institutional phase folded into the structured reentry phase, making it difficult to determine where one phase ended and the next began.

B. Targeting and Structured Reentry

Structured reentry is the catchphrase for perhaps the most critical step in the offender's reentry process. During structured reentry, the offender must make the transition from institutional to community control. In the programs we reviewed, structured reentry began approximately 1 to 3 months prior to the offender's targeted release date and continued through the end of the offender's first month back in the community. It consisted of two distinct but interrelated stages (the in-prison and in-community stages), which were designed to offer a seamless system of transition from prison to community.

The structured reentry process requires coordination and collaboration between and among several distinct "partners" in the reentry process, including the offender, victim, community, treatment providers, police, and institutional and community corrections. As we have already observed regarding the *institutional* phase, "structured reentry" will likely be a different experience for offenders released conditionally than for those offenders (about 20 percent of all releasees nationally) released unconditionally. However, the components of structured reentry likely will require the development of a plan for each returning offender targeted for participation, focusing on such basic issues as: 1) continuity of treatment, as offenders move

from institutional to community treatment providers and address longstanding criminogenic factors (e.g., substance abuse, mental illness, repeat offending, etc.); 2) housing options; 3) employment opportunities; 4) family needs and services; and 5) victim/community concerns (e.g., safety, restitution, public health, reparation).

Some jurisdictions (i.e., Florida, Maryland, and Nevada) found it advantageous to move offenders closer to their release location during their last few months in prison to facilitate the community reintegration process. In theory, locating the offender closer to home should help him or her to renew family ties, obtain employment and secure appropriate housing and treatment. We suspect that these kinds of community linkages may actually be more important for offenders released unconditionally, without the specific forms of community treatment, supervision and control associated with the typical offender *conditional* release plan. For both conditional and unconditional releasees participating in a reentry program, it appears that some form of offender movement may be needed during the structured reentry phase, particularly if participation in a specific treatment program is a component of the reentry program and linkages need to be established to ensure provision/ continuity of treatment.

C. Targeting and Community Reintegration

Phase III of the reentry programs we reviewed is referred to as the *community reintegration* phase. For many offenders leaving prison, the initial period of adjustment (i.e., the first one or two weeks after release) is actually *less* difficult than the subsequent period of community reintegration (see, e.g. Taxman, Young, and Byrne, 2003). There are a variety of possible explanations for this phenomenon. First, keep in mind that essentially two groups of offenders are being released from prison: conditional and unconditional releasees. While both groups of offenders are offered similar support services (e.g., employment assistance, housing assistance, health care and treatment), conditional releasees are monitored by community supervision agents who have the power to revoke their parole if they refuse this "assistance." With the notable exception of sex offender registration, no such controls can be invoked for the unconditional releasee population, although the RPI initiative has pioneered the use of a number of informal social controls to induce offenders to fully participate in the reentry program. These informal social controls include the use of guardians and advocates in the community, who are available to assist the offender with reintegration, helping the offender make linkages with services, employers, and community groups (such as faith-based, self-help groups, etc.). The relationship that develops between guardians and returning offenders may have a positive influence on program participation and compliance.

It is certainly possible that after an initial period of compliance and participation, offenders from *both* groups will begin to return to earlier behavior patterns, such as gang participation or drug/alcohol abuse. For offenders under conditional release status, the use of behavioral contracts with clearly defined rewards and sanctions may reduce the number of offenders who backslide in this way. However, successful reentry programs must develop alternative mechanisms for fostering compliance among offenders released from prison unconditionally. For example, one site we visited proposed making "housing" assistance available to offenders actively participating in the reentry program. Stated simply, an offender may be released *unconditionally* from prison, but his or her participation in the reentry program is conditional on compliance with the program's rules and regulations (such as no drugs or alcohol, curfews, participation in treatment, etc.). If an offender wants to live in housing provided by the RPI, then he or she will continue to participate in treatment, remain employed, etc. In one RPI model we reviewed, housing is provided for up to 90 days. However, the program allows the offender to live in transitional housing for an additional 90 to 370 days for a minimal fee as the offender becomes stabilized in the community. For many offenders, housing may represent a more effective inducement than the threat of other sanctions (Taxman, Young, and Byrne, 2003).

3. Variations in Targeting Criteria for Reentry

Any discussion of offender reentry must begin by recognizing that urban areas, often with high concentrations of minorities, are "home" to the vast majority of returning inmates in the United

States. Approximately 600,000 prison inmates returned to the community in 2002 alone (Hughes and Wilson, 2003); over half of these returning offenders were from five states (California, Florida, Illinois, New York, and Texas). To many observers, the answer to the question "whom should we target for reentry?" is straightforward: all releasees from our state and federal prison system, regardless of location, release status, conviction offense type, and/or criminal history. However, an examination of the target population criteria used to select offenders in the eight model RPI programs we reviewed presents a more pragmatic, stakes-oriented view of the targeting issue: do not place "high stakes" offenders (such as sex offenders) into a *new* reentry program.

This approach clearly fits the cardinal rule of correctional practice: inaugurate new initiatives by focusing on offenders who are likely to be compliant and less likely to create public outcry. The "low-risk/low-stakes" approach is promoted as a means to build community and stakeholder support for new concepts with the expectation that, if the innovation is successful, then corrections officials will expand the target population. In fact, many criminologists continue to argue that we are likely to see the largest reductions in offender recidivism when we target the highest-risk groups of offenders for program participation (Taxman, 2002). However, program developers may be less interested in recidivism reduction and more interested in the level of re-offending by program participants. When viewed in this light, the question becomes: how much recidivism is one willing (or able) to tolerate among offenders targeted for reentry?

[Table 2](#) presents the results of our multisite review of target population criteria. Four of the eight programs we examined place offense restrictions on offenders considered for participation in the jurisdiction's new reentry program. All programs with offense restrictions specifically excluded sex offenders, utilizing information from both the offender's incarceration (or instant) offense and the offender's criminal history to identify ineligible offenders. In addition to restrictions on sex offenders, one jurisdiction places restriction on violent offenders, while another does not allow offenders who have ever committed a crime against children to participate. Another criterion used by staff at two sites was the psychological health of the offender. Offenders with a history of mental illness/ psychological disorders are excluded from participation at these reentry sites. According to a recent review by Liebling (1999 as cited in Petersilia, 2000), approximately 1 out of 5 prison inmates report having a mental illness (see also Lurigio, et al., *this volume*). Given the overlap among violent offenders, sex offenders, and mentally ill offenders, it appears that some RPI program developers used a multiple, offender/offense-based scheme to cast as wide a net as possible over the pool of multiple-problem offenders to exclude from the reentry programming.

We should emphasize that these ineligible offenders will still return to the community upon release, but they will do so without the specific support and control offered through the RPI effort at the eight sites we reviewed. Since a significant number of the unconditional release population who are "maxing out" of prison are sex or violent offenders, it appears that the very group of offenders raising the most community concern tends to receive the lowest level of correctional supervision and support. The paradox inherent in this decision is that it is precisely the group of offenders being excluded from reentry programs that would most likely benefit from participation in the programs, and that may present some of the greater public safety risks. Recent evaluation findings continue to demonstrate that larger gains in reducing recidivism are likely to occur with high-risk offenders who have a greater likelihood of committing new offenses (Andrews & Bonta, 1996; Taxman, 1998). As the RPI program grows and evolves, it is likely that many of the sites will expand the offender pool to include "high stakes" offenders. Three of the eight sites we visited understood this issue well enough to place no offense restrictions on reentry offenders for their specialized initiatives. In these jurisdictions, the key criterion was location. Reentry program developers reserve the reentry initiative to offenders returning to specific neighborhoods, regardless of their prior offense history, seriousness of current offense, or special needs (e.g., substance abusers, mentally ill).

4. Offender-specific Reentry Strategies: What Works, with Whom, and Why

As part of developing the RPI initiative, each jurisdiction had to consider the state of knowledge

about the reintegration "challenges" posed by a wide range of institutionalized offenders. Decisions made about whom (and where) to "target" for specialized reentry programming will affect the structure and purpose of the RPI model being developed. As we have reported here earlier and in separate reviews (see Taxman, et al., 2003) high risk offenders, particularly sex offenders (however the pool is defined) have been excluded from participating in five of the eight model reentry programs we reviewed. Of course, sex offenders and other excluded offenders in these jurisdictions are still returning to the community, either on conditional or unconditional release status; they simply do not have access to the model programs, staff, services, and support that are being designed to maximize public safety. While such offensebased exclusion criteria may make sense to policy makers and program developers, they may actually make reintegration more difficult for "excluded" offenders.

What do we currently know about different types of offenders who will be returning to the community from our state and federal prison systems? The national statistics do not illustrate the tremendous variation in characteristics of offenders that occur by state and region. For program planners and developers, it is critical to examine state-specific (as well as region-specific) information about the characteristics of institutionalized offenders, and to design and implement reentry programs that are appropriate to the particular target population (offense type, offender type, demographic profile) and target area (e.g. urban, rural) included in the reentry initiative. In the following section we describe the unique reentry challenges presented by four groups of offenders: sex offenders, repeat offenders, substance abusing offenders, and mentally ill offenders. Although our focus is on *offenders*, we recognize that *communities* also will vary (e.g. tolerance, support, resources) in ways that will affect the offender reentry process.

A. Sex Offenders. What is a sex offender? To many observers, the answer is obvious: anyone convicted of a sex-related crime. In 1997, for example, there were 1,046,705 offenders in our state prison system: 2.6 percent of these incarcerated offenders were convicted of rape, while another 6 percent were convicted of some other form of sexual assault. By comparison, only a fraction of the federal prison population (8 percent of 88,018 federal prisoners) would be classified as sex offenders. Many offenders currently in prison for other crimes have a criminal history that includes at least one sex offense conviction as an adult, and an unknown number of our state prison population have a juvenile record for sex offending. Taken together, approximately one in five offenders returning from state prison facilities to the community each year could be categorized as sex offenders. The sex offender category consists of a variety of behaviors that include, but are not limited to rapists, child molesters or pedophiles, exposures and other sexual deviancy. These groups of offenders pose a major classification, treatment, and control dilemma for public and community safety officials attempting to address the offender reentry issue. The different types of behavior imply different levels of treatment and control that are needed to address public safety issues (CSOM, 2001).

It needs to be pointed out that, as a group, sex offenders have comparatively lower recidivism rates than either drug or property offenders. However, *untreated* sex offenders have re-offense rates that are twice as high as sex offenders who receive some form of treatment (see e.g., Alexander, 1999). Given these research findings, it is critical that RPI program developers think creatively about how to increase the treatment participation rates for sex offenders during all three of the reentry program's treatment phases. In those programs that exclude sex offenders, efforts will need to be made to explain the rationale for exclusion to residents of targeted communities. It is to be hoped that program developers in these jurisdictions will have more to fall back on than transfer mechanisms (via sexually dangerous offenders statutes) and sex offender registration.

B. Repeat Offenders. Repeat offenders are those offenders who have a history of criminal behavior, including offenses that affect the quality of life of the communities. Nearly 60 percent of the federal prisoners and 83 percent of the state prisoners have at least one prior criminal conviction (Beck & Harrison, 2001). The classification issues for repeat offenders present enormous challenges to reentry planners. The repeat offender has violated the norms of the community, whether for a serious (e.g., murder, rape, robbery, assault, etc.) or minor (e.g., public disorder, etc.) offense. When viewed in the broader context of criminal "careers" (or crimes in

the life course), an offender's current offense tends to be rather misleading, because it does not detail the offender's criminal history or the pattern of criminal behavior. [see [table 3](#)] For example, more offenders are in prison for public disorder offenses (up 114 percent in ten years), but their incarceration is more likely due to their criminal history than to the nature of the instant offense. Lynch and Sabol (2001) note that offenders in prison for violent offenses often have mental health and personal/behavioral issues that are not addressed in traditional prison treatment programs. For this reason, they are more likely to have behaviors that will carry over into the community. As a recent nationwide review of prison classification systems demonstrated (Hardyman et al., 2004), few prisons have a classification system that adequately assesses the offender's criminogenic risk and need factors; therefore leaving reentry planners without a good understanding of the psychosocial functioning of the offender at the time of release from prison. Further, the complexity of criminal "careers" typologies generally (and offender crime trajectories in particular) underscores the need to identify subgroups of offenders at different stages in their criminal careers.

A related category is the churners, or offenders that are in the prison-parole-prison cycle due to technical violations or new arrests while on supervision. As reported by Lynch and Sabol (2001), 36 percent of the prison releases in 1998 were prisoners who were released from a subsequent prison term on an original sentence. In other words, they had been in prison and released and then returned to prison for "mishaps" in the community. These repeat offenders present public safety challenges because they have already been unsuccessful in their reintegration; for these offenders, reentry applies equally to prison and community, which suggests the need to rethink our approach to this group of releasees.

C. Substance Abusers/Drug Offenders. Most correctional administrators readily recognize that most offenders are substance abusers, with national surveys noting that 80 percent of the state prisoners and 70 percent of the federal prisoners self-reported past drug and/ or alcohol use (Mumbo, 1999) and 16 percent reported committing the current crime to obtain funds for illicit drugs. A 1997 study of prisoners used the CAGE, a standard protocol in the field of alcohol assessment, finding that 24 percent of the offenders are alcohol dependent. The study did not use techniques to estimate the drug dependent population. However, as part of the Arrestee Drug Abuse Monitoring (ADAM), researchers found that nearly 80 percent of the offenders report past drug and/or alcohol use and 51 to 79 percent of the arrestees (with a median of 65 percent) have positive urinalysis at the time of the arrest for marijuana, cocaine/crack, heroin and opiates, methamphetamines, phencyclidine (PCP), and benzodiazepines. Using the DSM IV criteria to define drug dependency, 38 percent of the offenders were found to be dependent and in need of treatment. Actually, approximately half of the positive offenders (34 percent of all offenders) were considered heavy drug users based on the commonly accepted criteria of using drugs for at least 13 (Taylor, et al., 2001). Findings from ADAM indicate the offenders are not homogenous in their use patterns and in fact there is tremendous variation in their use of illicit substances. Marijuana, in most regions, continues to be the drug of choice. While offenders tend to test positive for one drug, behaviorally the dependent user tends to use an array of illicit substances depending on the availability.

The challenge for correctional officials is to identify the subgroup of returning offenders whose drug-alcohol dependency is directly associated with *other* forms of criminal behavior. This is the group that would most likely benefit from treatment and who pose a more immediate threat to public safety/ security. Other drug users—entrepreneurs or recreational drug users—are less likely targets for substance abuse treatment programming, since their criminal behavior is not affected by their drug use (Chaiken & Johnson, 1988). A challenge exists to identify offenders who have substance-abusing behavior that increases their risk-taking in their criminal activities. Correctional administrators and treatment providers must develop a classification scheme that distinguishes between the substance abusers and the criminals. Such a scheme will allow RPI stakeholders to target offenders to appropriate treatment services, based on the need for cost-effective reentry strategies. As a number of researchers have suggested, different strategies must be developed based on an understanding of the specific stage of an offender's addiction career and his/her criminal career.

D. Mentally Ill Offenders/Dual Diagnoses. Between 15 and 20 percent of the state prisoners have mental health issues that affect their normal functioning. A recent study of prisoners found that 14 percent had a mental health or emotional crisis in prison or were required to be admitted overnight. Nearly 10 percent of the offenders were using psychotropic medications within prison for their mental health issues, although six states had 20 percent of the offenders using medications (Hawaii, Maine, Montana, Nebraska, Oregon, and Vermont). A recent BJS study found that mental health services are commonly provided in maximum/high-security confinement facilities. Further, nearly 13 percent of the state inmates receive some type of mental health therapy, usually counseling (Beck & Maruschak, 2001). The prevalence of mental health disorders among the prison population carries over to the community, where medication and access to services are limited due to lack of health insurance. The needs of mentally ill offenders are just becoming more apparent as mental health issues are identified, especially related to the specific problem of providing treatment (both institutional and community-based) for the multiple problem offender (see, e.g. Lurigio, et al., *this volume*). We know, for example, that mentally ill substance abusers fail in traditional substance abuse treatment programs at a significantly higher rate than other substance abusers. It is likely that similar failure patterns can be identified for the treatment of other offender problems (e.g., mentally ill sex offenders, mentally ill repeat offenders) that suggests that the multiple problem offenders require a different approach. Excluding mentally ill offenders and/or multiple problem offenders from the latest wave of reentry programs is obviously not the answer. Only a collaborative response from *both* mental health and corrections professionals (again, see Lurigio, et al., *this volume*) can begin to address this target population's problems and needs.

5. Conclusion: Offenders, Communities and the Need for Change

Our review of the targeting criteria used in eight model reentry programs (in Massachusetts, Vermont, South Carolina, Florida, Washington, Nevada, Maryland, and Missouri) highlighted a number of critical issues that must be addressed by program developers. First, it appears that program developers —while agreeing that the reentry process includes three distinct, but interrelated phases (institutional, structured reentry, and reintegration)—are having difficulty clearly putting into operation each of these three program components. This problem is most noticeable in our review of the institutional phase of reentry; it is often unclear *when* this phase begins, *how* it should be distinct from the normal institutional programming and processes, and *where* the initial institutional phase of reentry should be located (e.g., should all reentry offenders reside in the same facility, on the same wing, etc., utilizing a therapeutic community model? Or should they simply have access to the same programs and resources, regardless of location?).

A second question that emerges from our review is: *Who* should be targeted for reentry? As we highlighted earlier, only a small proportion of all offenders currently in prison will be released to one of the specialized reentry programs described here. A closer look at [table 1](#) underscores this point dramatically. According to a recent BJS review of reentry patterns, *half* of the 600,000 adult prisoners released from state prison in 2001 came from the five states included in this table (California, Florida, Illinois, New York, and Texas). However, the target populations identified for these five states included *fewer than one thousand prisoners*, which represents less than 1/3 of 1 percent of all releasees from these five states. These selected inmates will be placed in programs funded by OJP's (100 million dollar) reentry initiative; about 9 million dollars was allocated to these five states for *adult* reentry programs, approximately \$9,000 per offender released. Since only a fraction of the reentering prison population can be placed in this new wave of reentry programs, program developers need to consider carefully the criteria for selection they will utilize in their own jurisdictions.

Given limited resources, it certainly makes sense to begin by targeting specific *locations* for participation, perhaps based on an examination of previous release locations for each state's prison population. However, the danger inherent in restricting access to those offenders returning to a particular community or neighborhood is that 1) the program may actually *increase* the concentration of ex-offenders in a particular neighborhood, and 2) the identification of returning offenders in a specific area as reentry participants may result in the use of profiling strategies by

local police (see Byrne and Hummer, *this volume*, for a discussion), which could have negative consequences for both offenders and communities.

Our review also revealed that program developers—often with a limited number of program placements—may exclude both high risk (to reoffend) and high stakes (to the program's legitimacy) offenders from the initial target population. The problem inherent in this strategy is that it excludes from participation the very group of offenders most likely to need the services, support, and control provided by the reentry initiative. Since these offenders will be returning to the community anyway, program developers may want to consider the possibility that by expanding their target population, they may actually improve both community satisfaction and community safety (if the program actually delivers on its recidivism reduction goal). Of course, a larger target population requires additional funding for the reentry initiative, which may be difficult to obtain.

Finally, our discussion of the different offender types released from prison everyday —such as sex offenders, drug offenders, repeat offenders, and mentally ill offenders —emphasized the need to design *each* phase of the reentry process to address the reintegration issues raised by the specific target population selected for reentry. Since targeting decisions will vary from jurisdiction to jurisdiction, we anticipate that reentry program models will vary from site to site as well. However, we would recommend that program developers carefully consider whether their reentry program model can address the needs of the multiple-problem offender, since it is likely that—regardless of offense-specific, offender-specific, and location-specific targeting decisions—the majority of prisoners included in their program could be described as multiple-problem offenders.

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Table 1

An Overview of Reentry Programs Funded by OJP

State/Department	Grant amount	Target population	Location	Age	Gender	Risk	Other criteria
California/DOC	2,000,000	200	Los Angeles	18–35	Male	High	Primarily substance abuse and mental health issues
California/Human Services	1,000,000	120	Oakland City	14–29	Male	High	6 to 12 month
Florida/DOC	1,000,000	41	Young Adults/19 Adults Palm Beach County	18-35	N/A	N/A	Varied offender types
Florida/DJJ	1,000,000	Juveniles	Duval County, ct 4; Miami/Dade County, ct 11; Hillsborough County, ct 13	15–19	N/A	N/A	Violent felonies
Illinois/DOC	2,000,000	200	Chicago's North Lawndale community	18– 24/14–17	Male	N/A	N/A
New York/DOC	999,183	100–150 yearly	Parolees who reside in 23rd, 25th, 28th, and 32nd precinct of Manhattan	17–35	Male/female	N/A	Violent felonies/repeat felonies
New York/Office of Children and Family Services	1,000,189	60	New York City Boroughs of Manhattan and the Bronx	Juvenile offenders	Male	N/A	N/A
Texas/DOC	1,940,943	N/A	Bexar, Dallas, and Harris counties	N/A	N/A	N/A	Offenders in segregation

Table 2

Target Population Criteria Used in RPI Jurisdictions	
Florida	<ul style="list-style-type: none"> • No sex offenders • No psychological disorders • No escape • A satisfactory prison adjustment rating • 6–7 months from their release date with plans to return to Lake City area
Maryland	<ul style="list-style-type: none"> • No prior convictions for a sex offense or any crimes against a child • Males only • Offenders in MAP (Mutual Agreement Program)/CMP (Case Management Process) will be mandated, mandatory releasees may volunteer • Offenders must be returning to one of three “high risk” Baltimore neighborhoods
Massachusetts	<ul style="list-style-type: none"> • No offense restrictions • Voluntary participation for expiration of sentence cases • Mandated participation under consideration for parolees/split sentence cases • Offenders must be returning to Lowell upon release to be eligible
Missouri	<ul style="list-style-type: none"> • No sex offenders • At least one year remaining on their sentence when released from therapeutic community institution • Sentenced and lived in Jackson County areas prior to incarceration • Must have contact with their own children (under 18) • Must agree to encourage and support family participation
Nevada	<ul style="list-style-type: none"> • No history of violent or sex offenses • No history of (diagnosed) mental illness • Must have lived in one of three targeted zip code areas at time of arrest
South Carolina	<ul style="list-style-type: none"> • No offense restrictions • Male and female offenders who at the time of arrest/conviction are residents within the targeted zip code area in North Columbia • Both offenders released to supervision and “expiration of sentence” offenders may participate • Unemployed and underemployed offenders from this area are targeted • Vermont • No offense restrictions • Offenders in state prison with at least 6 months minimum terms, if they plan to return to the old north end area of Burlington
Washington	<ul style="list-style-type: none"> • No sex offenders • Offenders in prison who are returning to Spokane’s COPS west neighborhood were originally targeted, but this target area has been expanded to include any address in Spokane • Only “high risk” offenders (level A or B) are eligible

Table 3

Most Serious Offense Types for Two Different Years

Offense Category	1990	1999	Percent Change
Violent	46	51	+11
Property	25	14	-44
Drug	22	20	-9
Public Order	7	15	+114

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Redefining Roles and Relationships

The development of partnerships in law enforcement is not a new idea, but it does appear that today's police are much more likely to enter into partnerships than their predecessors, especially at the local level. One reason for this new collaborative mindset on the part of the nation's 21,143 police agencies (Maguire, et al., 1998) is the adoption of community policing in many of these jurisdictions. While a review of the research on the implementation and impact of community police reforms is beyond the scope of this article (for such review see, e.g., National Research Council, 2004), it is worth noting that community policing programs do represent a fundamental shift in strategy: rather than working alone (or in teams with other officers) patrol officers are encouraged to meet and work with community groups, personnel from social services, public health, and other criminal justice agencies to address the community's crime/order maintenance problems.

As part of this new collaborative orientation, partnerships between police and a wide variety of agencies and community groups, including state and local corrections, are encouraged as an appropriate problem-solving strategy. Critics of community policing have pointed out that one consequence of such collaboration is to increase the span of control of police agencies, particularly in disadvantaged areas. With the help of these new "partners," local police can collect better and more detailed intelligence on residents, expand the scope of searches, and target both individuals (e.g. gang members, sex offenders) and "hot spot" areas (e.g. crack houses) for removal from the community. As Manning (2003) has pointed out, short-term *gains* in order-maintenance in low income, inner-city areas may be followed by longterm losses (moral, social, political) in these same communities, due to the negative consequences of incarceration on offenders, their families, and the communities in which they reside (and to which they will return). The potential for such unintended consequences must certainly be considered in the types of police-corrections partnerships highlighted in this article.

In addition to community policing reforms, sentencing reform can certainly be considered as another compelling impetus for police-corrections partnerships. Due to our reliance on incarceration as the "sanction of choice" for many crime categories (particularly drug offenders), we now have over 2 million inmates in custody in the United States. Last year, 600,000 of these inmates were released from federal, state and local facilities, a three-fold increase from just 20 years ago (RAND *Research Brief*, 2003). Due to changes in "good time" provisions, tougher parole eligibility, and the establishment of mandatory minimum sentences, one in five of these new prison releasees were max-outs, which effectively means that they returned to the community without the supervision, services, and control provided by community corrections agencies (e.g. probation, parole).

Who (if anyone) should fill this supervision, service, and control void? In many jurisdictions, the surveillance and control responsibility appears to be moving to the local police, who are likely to view prison releasees as a logical target population, especially given the "fact" that, in all likelihood, two-thirds of these offenders will be rearrested (and half will be reincarcerated) for new crimes within three years (Langan and Levin, 2002). The provision of (voluntary) services for prisoners released without parole supervision is more problematic, but it does appear that both institutional and community corrections agencies are now beginning to recognize that they also need to expand their role and responsibility vis-à-vis this group of releasees. However, it is still unclear where the money will come from to fund services for these releasees, who appear to be falling through the cracks of the current service provision network. Whatever the source, adequate funding for the mental health, housing, substance abuse, and public health problems of this subgroup of releasees appears to be a key to the success of the partnership. For reentry programs developed through federal grant and/or funds from private foundations, it will be interesting to "follow the money" as it flows to various partnership agencies, because control of the *funding* for reentry will affect the nature, duration, and orientation (surveillance, treatment, control) of the partnership.

1. An Overview of Police-Corrections Partnership Development in the United States

Parent and Snyder (1999) conducted a nationwide review of the utilization of police-corrections partnerships; in conjunction with this review, they completed site visits at 19 separate partnerships located across five states (Minnesota, Washington, Connecticut, Arizona, California). According to the profiles included in the report, five different models of police-corrections partnerships can be identified:

- (1) *Enhanced supervision partnerships*, in which police and probation or parole officers perform joint supervision or other joint functions related to offenders in the community.
- (2) *Fugitive apprehension units*, in which police and correctional agencies collaborate to locate and apprehend persons who have absconded from probation or parole supervision.
- (3) *Information sharing partnerships*, in which corrections and law enforcement agencies institute procedures to exchange information related to offenders.
- (4) *Specialized enforcement partnerships*, in which police and correctional agencies, as well as community organizations, collaborate to rid communities of particular problems, and
- (5) *Interagency problem-solving partnerships*, in which law enforcement and correctional agencies confer to identify problems of mutual concern and to identify and implement solutions to them (Parent and Snyder, 1999:7)

These five models offer different strategies and problem contexts for the application of police-corrections partnerships to the myriad of issues associated with offender reentry initiatives. Unfortunately, the authors of this report were unable to provide an estimate of the number of police-corrections partnerships currently in place in the United States that utilize at least one of these models.

2. Police-Corrections Partnerships and Offender Reentry

Partnerships between law enforcement and corrections agencies appear to be an emerging

strategy adopted by several federal agencies (NIJ, NIC, OJJDP) that provide funding for a wide range of offender reentry initiatives at the federal, state, and local level. In several jurisdictions, partnership development is a prerequisite for federal funding of the initiative (Taxman, Young, and Byrne, 2003a). But from where did this new-found "faith" in partnership emerge? In the absence of empirical research, it appears that program developers have turned to another source: the experience of public sector managers involved in a wide range of problem-solving scenarios. A number of recent reviews of organizational effectiveness in the public sector (see, e.g., U.S. General Accounting Office, 2004 for an overview) have emphasized the importance of the strategic use of partnerships to address issues involving multiple agencies and systems. According to the participants at a recent GAO forum on this issue, "to be a high-performing organization, Agencies must effectively manage and influence relationships with organizations outside of their direct control" (GAO:2004:9). When viewed in this light, police-corrections partnerships represent an attempt by two independent agencies to work together to solve a common problem. In the process, the question can certainly be raised: Who is influencing whom? At their core, police-corrections partnerships can be defined by the types of roles and relationships that emerge between/among participating organizations and agencies. Below, we examine "roles and relationships" across eight "model" reentry partnership initiatives identified by The Office of Justice Programs. [1](#) These eight program models certainly do not represent the full range of reentry programs currently available across the country, [2](#) but they do provide a solid analytic foundation from which we can examine the problems and potential inherent in police-corrections partnerships.

Despite fundamental differences in philosophy, background, and orientation toward offenders, police-corrections partnerships have the potential to enhance public safety, streamline service provision, and achieve common goals, such as crime reduction (Parent & Snyder, 1999). They also may have unintended longer-term consequences for both offenders and communities that must be examined before we move further in this area. As described below, the Reentry Partnership Initiative (RPI) is an example of a cooperative effort to maximize law enforcement and correctional resources in a meaningful way to address a specific target issue (offender reentry). Developed by the Office of Justice Programs of the Federal Department of Justice, RPI programs form a partnership of criminal justice, social service, and community groups to develop and implement a reentry process. A key component for a successful RPI is linking local law enforcement with other agencies and actors responsible for offender reintegration. By working in conjunction with corrections personnel, and extending partnerships to include other agencies, police can enhance their presence in target neighborhoods and in the process generate support for collaborative efforts from policymakers and the general public (Parent & Snyder, 1999).

In the following section we describe the specific role of law enforcement in collaborating with representatives of corrections agencies, as well as with other key actors within the Reentry Partnership Initiative (community, treatment providers, victim, and offender). In doing so we demonstrate the pivotal role that police have in implementing a successful "shared decision-making" partnership for offender reintegration, while also highlighting potential problems inherent in this strategy.

3. Identifying the Role of Police at Each Key Phase in the Reentry Process

Local police departments have played a critical role in the development of the RPI model in several sites across the country. In an earlier review of eight "model" reentry programs completed by Taxman, Young, and Byrne (2003a), three key phases of the RPI model are described in detail: the institutional phase, the structured reentry phase, and the community reintegration phase (see [figure 1](#)). Based on their detailed reviews of reentry initiatives in eight separate jurisdictions (Maryland, Vermont, South Carolina, Missouri, Florida, Nevada, Massachusetts and Washington), we can describe and discuss the role of the police at each of these phases of reentry. [3](#) We have examined similarities and differences across these eight jurisdictions in the nature, type, duration, and intensity of police involvement in each phase of the offender reentry process. It is our hope that such a review will provide critical information to program developers interested in the applicability of police-corrections partnerships to the complex problems associated with offender reentry.

The Role of Policing during the Institutional Phase of Reentry

During the *institutional phase* of an offender reentry program, a number of decisions have to be made about offenders that involve local law enforcement, both directly and indirectly. Consider, for example, the selection of the target population for a new reentry program. Although the timing of the decision varied from jurisdiction to jurisdiction, local police departments have been involved in the selection of the RPI target population at several sites. The rationale underlying this strategy is fairly straightforward: The decision regarding whom to include and exclude from a particular reentry program should be made by the entire partnership, rather than one specific agency. By sharing decision-making vis-a-vis the targeting issue, program developers have increased the likelihood of police support for—and partial ownership of—the reentry initiative.

The dangers inherent in allowing a single agency (e.g. institutional corrections) to determine program eligibility were highlighted in the review of Las Vegas, Nevada's reentry program, in which only offenders from specific "weed and seed" areas were targeted. The police chief refused to participate in the program because of the fear that the program was tantamount to racial profiling; only high minority concentration neighborhoods were being targeted for the partnership reentry effort.

The police chief's fear was based on the possibility/likelihood that offenders reentering these targeted neighborhoods will face much closer police scrutiny (i.e. stops, surveillance, etc.) than offenders released to other areas of the city. If such "scrutiny" leads to higher rearrest, reconviction, and/or return-to-prison rates for offenders released to high minority concentration areas, then the negative consequences of this "placebased" targeting decision would be substantiated. However, no such research was conducted at this site, since the RPI program was only in its initial development stage. Rather than implement the reentry program and then monitor the comparative rearrest, reconviction, and return to prison rates of releasees citywide, the chief made a simple suggestion: expand the program beyond the initial "weed and seed" target sites, in order to "broaden" the population targeted for "potential" police profiling.

Regardless of the specific targeting decisions made across the eight reentry programs we reviewed (Taxman, Byrne, and Young, 2002), it does seem reasonable to raise the racial profiling issue and consider the implications for police-corrections partnerships. As Manning (2003:54) recently observed,

Racial profiling is the use of expert systems and documents that advise or encourage stopping people of a given "profile"—e.g. black teenagers; a black man in an expensive foreign car; longhaired drivers of beat-up vans; a black driver in a "white" suburban area of a city. It goes to the explicit policy-driven attempt of agencies to direct discretion and increase, for example, arrests on drug charges (Manning, 2001). Profiling of a less systematic sort is the heart of all policing — stops based on distrust, suspicion, awareness of people "out of place" in time or space, past experience, stereotyping, and other common typifications (2003:54-55).

By targeting specific subgroups of all released offenders for inclusion in reentry programs, developers certainly increase the *awareness* of local police vis-[^]-vis this subgroup of returning offenders, while also changing the way police *respond* to these offenders in the community. Police in the RPI programs we visited were expected to monitor offenders' progress in the community, either by direct observations (e.g. home visits, field stops) or by utilizing any combination of community information sources (e.g. victims, volunteer guardians, treatment providers, community corrections personnel, employers). They were also expected to respond proactively to this information (e.g. increased face-to-face personal contacts, focusing on specific issues related to the victim, progress in treatment, employment, housing, etc.), based on the notion that this type of police-initiated response might be effective, especially when it focused on an individual offender's progress addressing the problems that resulted in his/her most recent

incarceration (i.e., substance abuse, mental illness, employment, family problems). But despite such benevolent intentions, it is certainly possible that offender targeting represents yet another manifestation of the profiling problem. Once again it is Peter Manning (2003) who offers the most succinct summary of the research on police profiling:

The data are overwhelming—people of color, no matter what their presence on the roads, work, or past record, are disproportionately stopped, searched, arrested, charged, and imprisoned (Meehan and Ponder, 2002a,b; Walker, Spohn, and DeLone, 1996) (55).

In addition to their role in offender targeting decisions, police may also be able to assist in other decisions made during the institutional phase of RPI, such as offender classification, institutional location, and institutional treatment. Local police have information about offenders that may be shared with institutional staff involved in offender classification and placement, such as peer/gang associations, family history and the nature of the commitment offense. In addition, police at one site (Vermont) serve on local community "restorative justice" boards that review and approve the offender's institutional treatment plan within 45 days of incarceration. While only one of the eight sites we visited includes the police in decisions regarding institutional treatment (for substance abuse, anger management, and/or other behavioral issues), it can certainly be argued that the police have a stake in offender treatment decisions. By including police in the treatment decision-making process, Vermont's RPI program developers have given police officers an opportunity to see, first-hand, how offenders change and the value of treatment interventions throughout the system.

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The Role of Policing during the Structured Reentry Phase

The second phase of the RPI model involves *structured reentry* to the community. Police have an important role in decisions during this second phase of reentry. Typically, the structured reentry phase of RPI programs focuses on the last few months before release and the first month after release. It is during this period that an offender reintegration plan is developed and a number of basic decisions are made about when the offender will be released, whether specific release conditions will be established, where the offender will live and work, and how the offender will address his/her ongoing treatment needs. Depending on the jurisdiction we visited, police were involved in one or more of these structured reentry decision points.

Perhaps the most controversial and innovative structured reentry strategy that involves police is the use of community boards (in Vermont) to review the offender's progress in treatment and to make release recommendations. Since local police departments are represented on these boards, they will have input on release decisions and in some cases, the conditions of release. It will be interesting to track the impact of community boards on release decisions in this jurisdiction and to observe the court's response to the inevitable challenges to the authority of these community boards to essentially make early release (i.e. parole) decisions.

In several jurisdictions, the police will meet with the offender in prison to discuss his/her pending release. The purpose of this meeting is twofold: first, to explain to offenders how local policing has changed since they were initially incarcerated, due to the current emphasis on community policing (and crime prevention); and secondly, to let offenders know that the police will be watching them upon release, monitoring their progress in treatment, and that they will not be anonymous. Will one meeting between the offender and a neighborhood police officer deter the offender from criminal behavior upon release? We doubt it, but there is more involved here than an attempt to "scare" an offender straight. In Lowell, Massachusetts, for example, the police meet with the offender in conjunction with the local treatment provider, who describes the types of treatment programs available for offenders returning to this community. It is the dual message—treatment and control—that the offender hears at this meeting. Equally important, the meeting establishes an essential partnership between local police and treatment providers that will continue for the remainder of the offender's stay in the reentry program.

Another facet of the police role during the structured reentry process is the contact between the police and the offender during the first few days after the offender has been released from prison. For offenders released conditionally, police surveillance and contact serves as a supplement to probation and parole supervision. For offenders released unconditionally, police surveillance and contact represents the *only* formal offender control mechanism. As we noted earlier, since over 20 percent of offenders nationwide leave prison *without* probation or parole supervision, there does appear to be an immediate need for an expanded police role for these offenders. We anticipate that in some jurisdictions —such as the Lowell, Massachusetts, RPI (in this state, over half of prison releasees have maxed-out)—police will be in contact with local treatment providers and thus will know who is—and who is not—participating in treatment, which may affect the nature and timing of police-offender interactions. In other jurisdictions (e.g. Spokane, Washington) police will meet regularly with volunteer, community "guardians," who will provide assistance to offenders immediately upon release from prison (helping with housing, transportation, etc.), placing them in a unique position to assess offender progress during reentry. In these jurisdictions, it appears that police departments have begun to fill the void created by sentencing reform generally and mandatory sentencing in particular.

Finally, one jurisdiction developed a unique strategy for improving the community surveillance and control capacity of local police. In conjunction with the State Department of Corrections, the crime analysis unit of the Lowell police department develops "profiles" of each offender released from prison and returning to the Lowell community each month, which are displayed at roll call. These profiles include the offender's most recent picture, criminal record, gang affiliations (if any), and nature of his/her last offense. This is certainly one possible strategy for reducing the anonymity of offenders returning to the community by increasing police awareness of the reentering offender population.

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The Role of the Police During the Community Reintegration Phase

The third phase of the RPI model is the *community reintegration* phase, which emphasizes long-term offender change, an elusive goal for the corrections system. The underlying assumption of RPI program developers is that during this final phase of reentry, there will be a transition from formal to informal social control mechanisms, such as the offender's family, peer group, faith-based community groups, employers, guardians, and other community members. The response of the police to reentry offenders during this final phase is likely to vary according to the behavior of the offender. For example, if the offender is employed and participating in treatment, then the police department's interaction with the offender will likely be minimal. However, offenders who have difficulty with the initial transition from prison to home will likely face much more intensive police intervention (both formal and informal). In Burlington, Vermont, and Spokane, Washington, for example, the police work in conjunction with local community corrections staff to conduct curfew checks on targeted offenders both by home visits and stops at targeted locations (e.g., bars, street corners). Police may also act informally by simply talking with "at-risk" offenders—those who appear to be having trouble finding a job, suitable housing, and/or receiving treatment for mental health or substance abuse problems. It appears that the police have a role in the community reintegration phase that will change over time based on the behavior of the offender and the specific features of the reentry program examined.

The Police and Institutional Corrections

When we think about the police, it is usually in the context of offender control, not offender change. But police departments in RPI jurisdictions view their role somewhat differently: they are involved in both offender control and offender change activities. In Vermont, for example, police serve on local community boards that review and approve each offender's institutional treatment plan, which was developed by the offender (in conjunction with prison program staff) within 45 days of incarceration. They are also involved in reviewing the offender's progress in treatment and in the development of a structured reentry plan. While Vermont is unique in terms

of the police role in institutional treatment, the police are actively involved in prerelease planning in several jurisdictions (e.g. Massachusetts, Washington, and Maryland).

RPI programs require that police act in new ways toward the offender, not only upon release but also while incarcerated. For example, police officers at several sites actually visited the offender while in prison to discuss the police department's role in the reentry program. In the Lowell, Massachusetts program, a neighborhood police officer meets with the offender in prison about a month before the offender is scheduled to return to the officer's neighborhood. Importantly, the officer does not attend this meeting alone; he/ she comes as part of a neighborhood reentry team that also includes a local treatment provider. The utilization of a police-community treatment provider "partnership" team *within* an institutional setting represents a new role for police in the institution. At the meeting, the neighborhood police officer describes how the police department has changed in recent years in this community, due in large part to two factors: 1) community policing, and 2) more cops on the street. The officer then focuses on his/her dual role as a resource person/problem-solver and community surveillance/ control officer. The "message" that the offender receives is that the police are there to help the offender, but that they will do their "helping" within the broader context of public safety. In the name of public safety, police officers will *not* allow offenders to return to the community anonymously; informal surveillance of reentry offenders will occur. Massachusetts is not the only site to employ this strategy; other sites using similar approaches include Washington, Maryland, South Carolina, and Missouri.

Police will also interact with institutional corrections staff in a wide variety of activities directly related to offender reentry. First, meetings with offenders in prison must be coordinated through the state's department of corrections. Next, the development of offender profiles to be used by local police will require information to be shared by the research staffs of the releasing institution and the police department (e.g., current offenses, criminal history, institutional behavior, gang affiliations, specific release conditions). Third, the target population selected for the program should reflect police preferences. And finally, police may participate on community boards that have a direct impact on release decisions and/or the conditions of release. In Vermont, for example, offenders are expected to develop (individual) offender responsibility plans, which are reviewed by restorative justice boards comprised of a wide range of community members, including the police.

When the topic of prison release is raised, it is usually within the context of judicial and/or parole decision-making. However, it can certainly be argued that police departments should have a role in release decisions as well, in such areas as the timing of the release, the offender's location in a particular community, and the determination (where applicable) of release conditions. Once again, it is Burlington, Vermont's restorative justice model that provides the framework for this type of active police participation in the structured release process. In Vermont's RPI model, police serve on community boards that review the offender's *individual responsibility plan* approximately one month prior to the offender's proposed release date. If the offender has made progress addressing the problem/need areas identified in the plan, then the community board will likely recommend release; but if the offender has not made sufficient progress then the board would not likely support release. In essence, the local community board—with active police involvement—will be acting as a parole board at this site.

The Police and Treatment Providers

As we noted above, the role of the police in the reentry process will change not only with respect to police-offender interactions, but also in the nature and extent of policetreatment provider interactions. For many officers, this program provides them with their first opportunity to work directly and collaboratively with treatment providers. For both parties, this new partnership will likely require some intensive cross-training during the program's initial stages, because both the police and the treatment provider come from such different backgrounds and skill orientations. In such partnerships, role conflict is inevitable.

For the RPI program to be effective, this type of ongoing role conflict will have to be addressed. At one site we visited, for example, treatment staff expressed concern that offenders would not

agree to participate in (voluntary) treatment programs upon release, because they believed that offenders would have trouble "trusting" the treatment providers if they arrived at the meeting together with the police. It is possible that such concerns are valid; it is also possible that they actually reflect the treatment provider's orientation toward police, not the offender's perspective. In any event, information sharing between police and treatment providers appears to be an essential feature of a reentry program where differential police surveillance and control is triggered by an offender's progress in treatment.

The Police and Community Corrections

In the eight programs we examined, we see indications of a fundamental change in the nature and extent of the interaction between police and community corrections personnel (e.g., probation/parole). In Spokane, Washington, for example, police and community supervision officers are physically located in the same "cop shops," where they often share information on offenders under community supervision. In Vermont, police and community corrections officers conduct joint "curfew checks" on reentry offenders, targeting specific locations in the community (e.g., bars) where offenders may be located. In Las Vegas, Nevada, community supervision officers focus exclusively on the surveillance and control aspects of community supervision. Since these community supervision officers also have police "arrest" powers (and training), it could be argued that in this jurisdiction, the line between community police and community supervision officers is becoming blurred.

In Massachusetts, the Lowell police department's intelligence unit creates "posters" for each offender released to the community each month, which are hung up in the police station for officers to view at roll call. It is assumed that this information will result in an increased level of informal surveillance by police in target communities and that the results of these surveillance activities will be shared with the community supervision officers who work in this area.

In South Carolina, officers from the police and sheriff's department contact offenders immediately upon release from prison, either by phone or by home visit. The purpose of this contact is twofold: first, to demonstrate the "helping role" of police by identifying available community resources and services; and second, to reinforce the surveillance and control role of local police. It certainly appears that the role of local police is to enhance (or supplement) community supervision among conditional releasees, while taking primary responsibility for those inmates released unconditionally.

The Police and the Community

RPI programs have affected the way police departments interact with local community residents and groups, including crime victims. At two sites—Missouri and Vermont—neighborhood police officers sit on local community boards that make a wide range of decisions affecting offenders both directly and indirectly. In Washington, police departments work with volunteer "guardians," who assist offenders in a variety of areas (e.g., transportation, job preparation, housing, etc.), while also acting as another set of "eyes and ears" for the police. In Vermont, and Missouri, police officers serve on restorative justice boards involved in all aspects of institutional treatment and community reintegration. As these examples illustrate, the role of the police in the community has certainly been expanded to include both informal social control strategies (e.g., the use of guardians) and the pursuit of community justice initiatives. Will such an expanded police role improve the reentry prospects of offenders or will it have potentially detrimental consequences for both the offenders and communities? At this point in the design, implementation, and evaluation process, the answer to this question is clear: we don't know. For this reason, it is critical that we examine the impact of this new wave of reentry programs on both targeted offenders (e.g. re-arrest, reconviction, re-incarceration) and targeted communities (e.g. crime rates, disease rates, poverty rates).

The Police and the Victim

The police play an important role in reentry, not only in the areas of offender surveillance and

control, but also in the provision of services to victims and families of victims. Victims of crime have problems and needs that are only partially addressed when the alleged offender is arrested. An examination of clearance rates [i.e., the number of reported crimes cleared by the arrest of the offender(s)] reveals that most jurisdictions do a pretty good job of making an arrest when the reported crime was a crime against a person (with clearance rates usually around 50 percent); they are not nearly as effective when it is a property crime (20 percent clearance rates). Since only a fraction of all arrested offenders are convicted and incarcerated, it is not surprising that community residents ask the police for help with the "offenders walking among us" (e.g., dispute resolution, formal and informal surveillance, active investigation). Since 9 out of 10 offenders who enter prison eventually get out, it seems logical that crime victims would ask the police for help with these offenders as well, especially when the offender has "maxed-out" of prison.

Victims of crime may need information on when the offender is being released and where he/she is planning to reside. They may want assistance in resolving ongoing disputes with the offender and his/her family and friends. They may also want increased police surveillance and protection. Finally, they may ask police assistance in filing restraining orders against the offender, especially if child protection and/or domestic violence is an issue. While getting out of prison is "good news" for the offender, it is a time of great anxiety and stress for many crime victims, friends, and family. In the past, victims could turn to community corrections for help and assistance; now, the role and responsibility appears to have moved to the police, particularly for those offenders released unconditionally from prison or jail.

The Police and the Offender

For some observers, it may seem paradoxical that police departments are now active partners in offender reentry initiatives, since these same departments were actively involved in removing these offenders from the community in the first place. To others, however, police-corrections partnerships represent an attempt to address the underlying causes of criminal behavior, by focusing on a variety of individual-level and community-level problems that have been linked to criminality.

At the individual level, offenders are often afflicted with multiple problems, including drug addiction, alcoholism, communicable disease, and mental illness. As a recent RAND *Research Brief* highlighted, "almost 25 percent of state prisoners released by year-end 1999 were alcohol-dependent, 14 percent were mentally ill, and 12 percent were homeless at the time of arrest (2003:1). RAND researchers go on to report that offenders released from prison have an 8 to 9 times higher prevalence rate for HIV (compared to the general population), a 9 to 10 times greater prevalence rate for Hepatitis C, a 5 times greater prevalence rate for AIDS, and a 3 to 5 times greater prevalence rate for serious mental illness (i.e. schizophrenia or other psychotic disorders). For many of these offenders, substance abuse has been a significant, long standing problem (National Commission on Correctional Health Care, 2002). Unless these individual-level problems are addressed, it seems inevitable that this month's releasees will be next month's rearrests and next year's "new" prison admissions.

Of course, the types of individual-level problems just described cannot be addressed without recognizing their broader community context (see e.g., Sampson, Raudenbush, and Earls, 1997). Community-level problems include unemployment, income inequality, inadequate housing, homelessness, and ineffective informal social control networks (i.e. family, school, church, neighborhood). The police-corrections partnerships highlighted in this review appear to recognize the need to address problems at both the individual and community level. However, it is still unclear exactly how the "zero tolerance" policing strategies commonly associated with the "Broken Windows" version of community policing (Kelling and Coles, 1996; Bratton, Wilson, Kelling, Rivers, and Cove, 2004) will coexist with RPI program initiatives designed to provide housing, treatment, services, and support to targeted offenders. ⁴ Ultimately, the success of police-corrections partnerships may hinge on the ability of local police to work simultaneously on crime prevention and crime control initiatives, and in the process, to resolve the conflicts inherent in current "broken windows" policing strategies.

A proactive, problem-solving approach is at the core of police-offender interactions in reentry jurisdictions. In the RPI model, police visit offenders in prison prior to release rather than waiting until the offender is back on the street. Utilizing the latest offender profile data, police know who is returning to their community *before* they are released. And when police interact with offenders once they return to the community it is *before* not after, a problem occurs or there is a call for service. It will likely take some time for offenders to realize that the role of the police in reentry jurisdictions has changed and that police are now involved in activities (related to housing, employment, and treatment) that can help offenders turn their lives around (Taxman, Young and Byrne, 2003b). However, offenders must also recognize that the police will know where offenders live, which offenders are in treatment, and whether they are employed; and that they will adjust their surveillance and control activities based on this information. It remains to be seen whether the police-offender interactions associated with reentry initiatives will have their intended effect, both on individual offender change and community-level order maintenance.

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Conclusion

The police-corrections partnerships described in this article represent an important shift in both the philosophy and practice of prisoner reentry. Given the inherent conflict associated with the interests of police and institutional corrections vis-à-vis offender reentry (after all, police remove offenders from the community and corrections send them "home" again, often to the same community), it is remarkable that these programs have emerged and appear to be successful, at least in terms of implementation. ³ However, a number of issues related to the expanded role of police in the offender reentry process still need to be resolved, including 1) the potential for racial profiling, inherent in offender/community targeting decisions, 2) the limits of information sharing across agencies, (in particular, between police and treatment providers), and 3) the impact of this expanded role for police on both offenders released from prison and jail and the communities to which they return. Similarly, both institutional and community corrections agencies will have to consider their own need for role redefinition, particularly regarding offenders who "maxout" of prison and return to the community without the surveillance, services, and control provided by traditional community corrections agencies. Police departments across the eight jurisdictions we visited appear to be filling the void created by sentencing reforms, but the long-term consequences of this expanded police role—for both offenders and the communities targeted for reentry—have yet to be evaluated.

[Figure 2](#)

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Figure 1:
Reentry Partnership Continuum

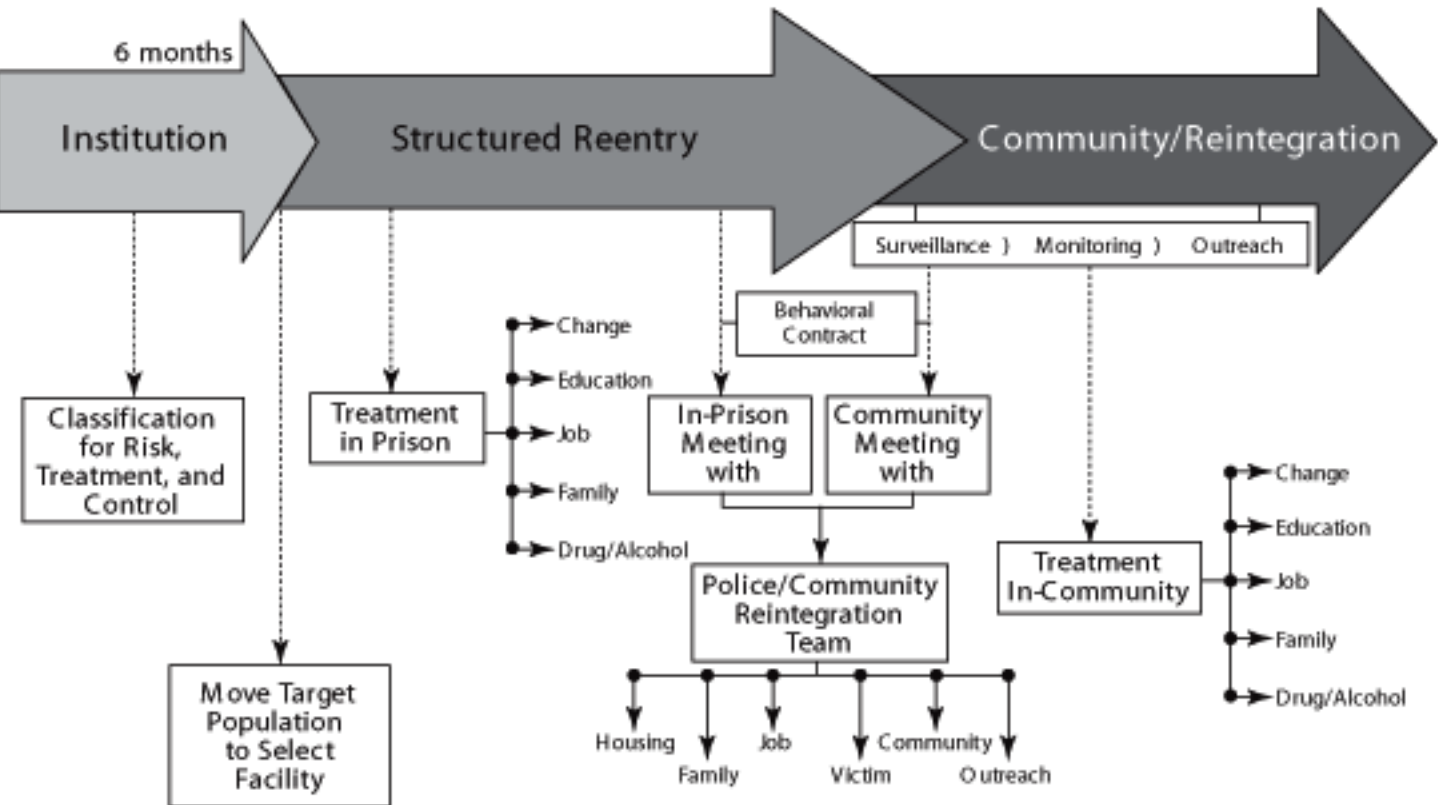
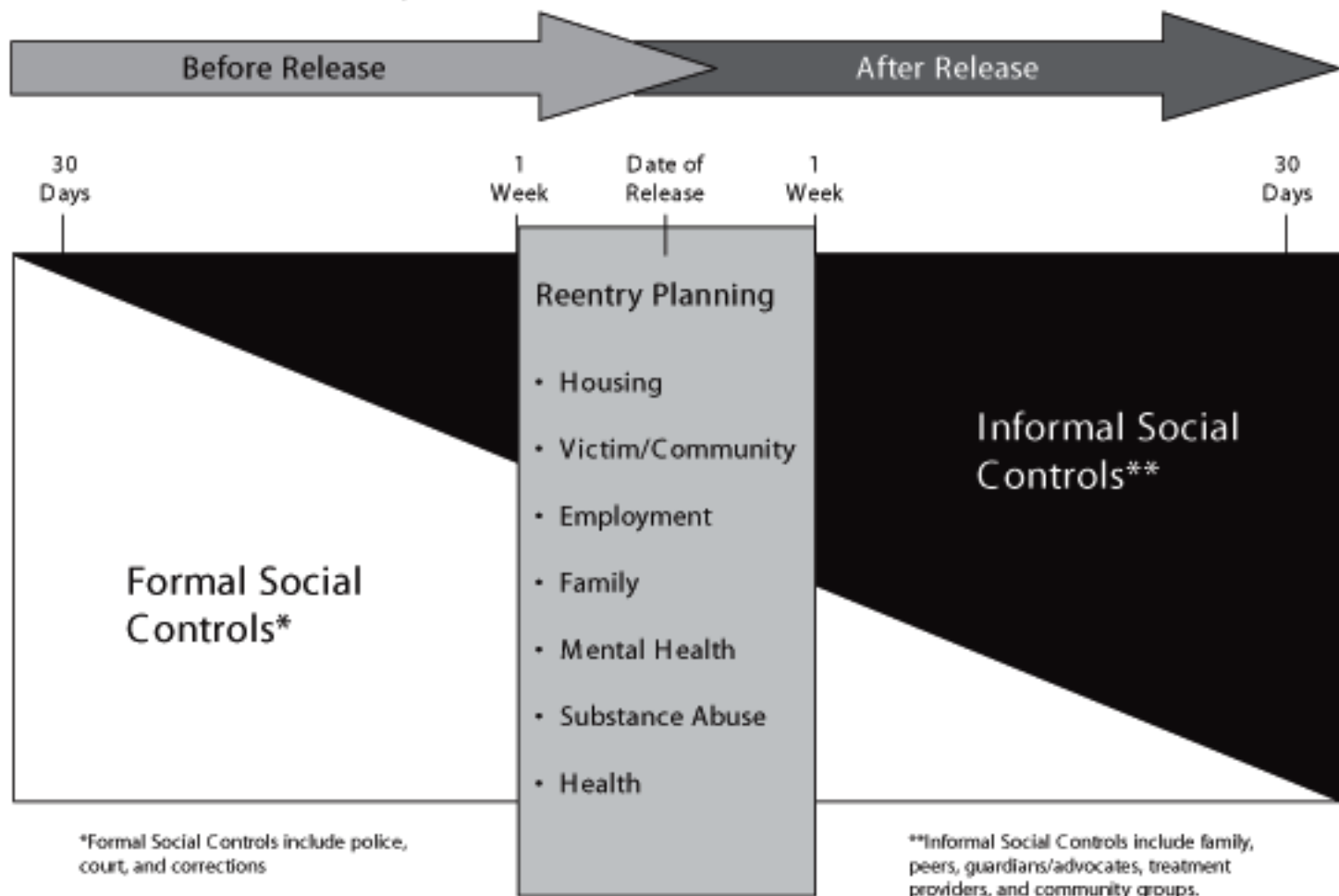


Figure 2:
Overview of Structured Reentry Phase



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First Count to Ten: Innovation and Implementation in Juvenile Reintegration Programs

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DEMAND FOR INFORMATION about best practices in juvenile aftercare has grown in recent years, fueled by the heightened interest in offender reentry and new federal support for programs targeting juvenile offenders. Under the Serious and Violent Offender Reentry Initiative (SVORI), 31 states have begun demonstration programs targeting juveniles returning to the community from secure correctional facilities; altogether, more than 50 SVORI-funded programs target juveniles or a combination of adults and juveniles transferred to adult facilities. It is estimated that youth account for up to one-third of the population of returning prisoners each year (Lattimore et al., 2004).

Compared to the extensive literature that has developed over the past decade on evidence-based "blueprint" intervention models for high-risk youth, literature on programs for juveniles reentering the community following incarceration has been limited (McCord, Widom, & Crowell, 2001; Spencer & Jones-Walker, 2004). Outcome studies of aftercare programs are rare (Josi & Sechrest, 1999). Much of the literature on juvenile aftercare has focused on one model—the intensive aftercare program (IAP)—and writings on IAP have been largely descriptive of the model and its theoretical and scientific foundations (Altschuler & Armstrong, 2001; Altschuler & Armstrong, 1995). Findings from a process evaluation of a national multi-site IAP initiative have been reported by Wiebush and colleagues (Wiebush, McNulty, & Le, 2000), as well as Altschuler and Armstrong (2001). These and related papers focusing on IAP implementation discuss a number of issues that can inform the plethora of juvenile reintegration initiatives that have begun in several states and localities.

Process evaluations are potentially one of the most valuable sources of knowledge about new program interventions. Increasingly overlooked in the current rush to show outcomes, these studies assess the process of model implementation, often illustrating the organizational structures and mechanisms that ultimately determine program success or failure. In tracking if and how programs reach objectives involving such prosaic performance measures as intakes, staff caseload ratios, or client retention and completion rates, process evaluations lay the foundation for testing whether a model intervention can achieve the more alluring goals of

delinquency reduction or school improvement. It is understandable that studies that test whether a new intervention can show these latter outcomes are sought by public officials and grant-making agencies. But even the best-designed and documented model—grounded in theory and supported by research—can fail due to implementation problems (Altschuler & Armstrong, 2002). Without process measures that assess fidelity to the model, outcome results are difficult to interpret. Although negative findings are often attributed to the failure of the model, there is ample evidence from diverse fields that innovations fail due to implementation errors involving such mundane matters as logistical issues, space and equipment, staffing resources, or management support (Forsetlund et al., 2003; Goodman, 2000; Mears, Kelly, & Durden, 2001). Even with the most divine intervention model, the devil's usually in the implementation details.

This paper discusses implementation issues and barriers common to juvenile reintegration program efforts, using findings from an ongoing process evaluation of an intensive aftercare program initiative in one eastern state. The persistence of these issues is evident in similarities between our findings and those reported in the earlier, multi-site process evaluation of IAP conducted by the National Council on Crime and Delinquency (NCCD; Wiebush, McNulty, & Le, 2001), as well as other reports on the model (Altschuler & Armstrong, 2001; Altschuler, Armstrong, & MacKenzie, 1999). Moreover, these issues are not unique to IAP. Some of the same implementation problems, for example, were evident in a recent process study that carefully tracked efforts to implement a Multidimensional Family Therapy program in one Miami site (Liddle et al., 2002). These common issues cannot be attributed to a lack of information about IAP or MDFT, nor, probably, to weaknesses in these models. With more than a decade of federal support, both IAP and MDFT have been the subject of extensive descriptive and explanatory information readily available from diverse venues, including websites, professional journals and books, reports, presentations, and technical assistance. Papers describe their theoretical foundations, as well as research that serves as the basis of these models (e.g., Altschuler et al., 1999; Liddle et al., 2001).

Rather than due to problems inherent to either model, the pattern of implementation difficulties evident in these studies are likely due to the inevitable nature of challenges facing those planning and implementing programs that represent "a new way of doing business" (as IAP was described to staff in our study site). Innovation diffusion and implementation have been the subject of extensive literature in the field of organizational development and change (Rogers, 1995; Wejnert, 2002). To analyze the process of implementation and diagnose organizational problems or strengths that affect its progress, researchers and theorists have developed models and assessment tools that include such constructs as innovation readiness and organizational culture and climate. While most often applied to the private sector, these models are equally meaningful when applied to public and non-profit agencies. One recent illustration of this utility is a program change model developed by Simpson (2002) and colleagues (Lehman, Greener, & Simpson, 2002) that considers factors involved in the adoption and implementation of new substance abuse treatment technologies. In discussing our IAP implementation findings, we will borrow liberally from the organizational change literature. As background, we describe some of the key constructs from this literature in the next section. In addition to providing a useful heuristic for interpreting IAP process findings, the organizational literature provides a framework for considering strategies that prevent or inhibit implementation difficulties, and for resolving them when they appear. Lessons learned from process studies are incorporated in our discussion of results and in a final conclusions section.

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Background

Organizational Framework

Researchers and theorists have posited several variations on a stage model to depict the process of disseminating or transferring innovations in organizations. Derived partly from Klein & Sorra (1996) and other organizational behavior literature, Simpson's (2002) program change model includes four sequential stages, from exposure to the new technology, through its adoption,

implementation, and practice. Although a number of studies have examined the earlier stages of exposure and adoption of a particular innovation (e.g., a new software technology), outside of case studies focused on a specific organization, little research has been done on the factors that influence the process of moving to implementation or sustained, routine practice (Klein, Conn, & Sorra, 2001). One recent exception, which involved the use of statistical path models to study implementation of a computerized technology in 39 industrial plants, pointed to management support and financial resource availability (to purchase and maintain high-quality computer equipment, fund staff training and user support, etc.) as elements that underlie consistent and skilled use of the innovation (Klein et al., 2001). These investigators and other scholars recognize that such elements help create a climate for change that must take place in a larger context influenced by such factors as organizational mission, culture, and staff skills and values.

To interpret findings on IAP implementation, we have found it instructive to employ a model developed by Burke, Litwin, and colleagues (Burke & Litwin, 1992; Burke, Coruzzi, & Church, 1996). In addition to covering the central constructs that have emerged from the past several decades of organizational change research and theory, this conceptual framework is of particular utility because it is designed as a "diagnostic model of organizational performance and change" that can also serve "as a guide to actions to take as a consequence of the diagnosis" (Burke et al., 1996, p. 42). [Figure 1](#) depicts how the variables in the model may interact to influence IAP adoption and implementation. In the results and discussion section, this framework is used as a post-hoc analytic tool to present and integrate findings from our research and other process studies of IAP, focusing on key factors from the model that appear critical to the implementation effectiveness of juvenile reintegration initiatives.

The IAP Model

As described by Altschuler and Armstrong (1995; 2001), the intensive aftercare model represents a substantial departure from conventional aftercare provided to juveniles after their release from a period of confinement.

The program elements that distinguished IAP from traditional, standard aftercare in our study site are likely typical of the differences that would be found in other jurisdictions nationally. Key distinguishing elements of the IAP plan developed by the agency included the following:

- IAP participation was limited to youth identified to be at high risk of reoffending;
- intensive aftercare began upon the youth's admission to a placement facility; the program stressed planning and preparing for life in the community while in the facility, and continuity of services and support in the institution and community;
- the program was designed around teams of three or four staff, each of whom played specialized roles while sharing responsibility for IAP youth;
- the teams had small caseload targets of 30 youth (representing a 1:10 or 1:7.5 staff to client ratio), permitting much more individual attention to youth and their families;
- compared to standard aftercare, there were significantly more contacts made with the youth each week; and
- these contacts were to reflect the program's emphasis on services and support, in addition to supervision.

The research reported here assessed the first stages of a statewide IAP initiative; during our 18-month study period, the program expanded from two to eight counties, covering a diverse population of urban, suburban, and rural settings. Program staff expanded from 5 to 16 IAP case management teams. In the original plans for the program, teams included a facility liaison, who specialized in the initial institutional phase of the program, a community monitor or tracker, who provided close supervision and support in the community, and a community case manager, who worked with IAP youth throughout their time in the program, and often handled case files, documentation, and court tasks. A fourth position, the family intervention specialist (FIS), provided case management and direct service in areas of mental health and family counseling. The FIS could work with multiple IAP teams.

Method

As detailed in the full process report (Young et al., 2003), data were assembled from several sources between November 2001 and April 2003. Data on IAP youth were obtained from regional supervisors of the local juvenile justice agency and then verified and supplemented by records from the agency's computerized management information system. The findings discussed here involve qualitative data obtained by researchers in over 40 structured discussion groups and "ride alongs" with IAP staff and supervisors, 17 sessions with central office and regional administrators, and numerous other meetings and informal discussions with juvenile justice agency personnel and representatives from other state and non-governmental agencies involved in juvenile aftercare.

The utility of organizational assessment was evident in the overlap between the content addressed in these focus groups and meetings and that described in Burke's survey methods (Burke et al., 1996, pps. 49-52). [Table 1](#) lists diagnostic questions regarding IAP implementation suggested by these methods for each of the organizational constructs in the model; many of these questions were the subject of our discussions with IAP staff, supervisors, and central office. Findings presented below emerged from our inevitably subjective assessment of qualitative data obtained in the groups and meetings at our study offices; this and other future research on reintegration programs will be better informed by the use of quantitative organizational survey tools like those created and employed by Burke, Simpson, and a number of other investigators (Kraut, 1996; Taxman, 2004).

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Results and Discussion

[Table 2](#) highlights results from our process study and those described in other IAP literature (Altschuler & Armstrong, 2001; Wiebush et al., 2000) for each of the organizational constructs in the Burke model. Both negative and positive findings—organizational problems that were found to impede implementation, as well as strengths that advanced IAP—are presented. Mixed findings, usually where one or more sites fail to do something that succeeded in other sites, are also included (indicated as +/- in table). In the interests of brevity, the discussion is limited to a subset of the 11 organizational variables listed in the table, with selected findings from our research that are likely common to other jurisdictions and some comparative results from the earlier multi-site process research (referred to here as the NCCD study).

Mission and Strategy

Planning efforts by the central office of the juvenile justice agency (JJA) implementing IAP in our research focused primarily on program mission and policies and procedures. Due to a new administration, considerable attention was devoted to articulating a new mission statement for the agency in the months before IAP planning began. This statement, which emphasized a "balanced and restorative justice" approach, was consistent with the underpinnings of IAP and thus supportive of the model. The new JJA director was responsible for making the decision to adopt IAP as a model for agencywide expansion, and consistently and vocally described IAP as a central element in a broad strategic plan to reform the way the agency worked with youth. It appears that IAP did not play as prominent a role in larger agency developments at the sites studied by NCCD; however, the impetus behind IAP was the same for these sites and our site; all were focused on improving a neglected aftercare system, and reducing youth recidivism and reconfinement.

At the JJA, a planning team formed by the administration developed a detailed document that specified the different phases through which youth advanced in the program, including initial assessment and orientation, treatment and services in the institution, pre-release and transition planning and services, and three progressive phases of post-release supervision in the community. The manual was helpful both to staff and supervisors, specifying responsibilities of

each member of the IAP team for each stage of the program. Job duties were stated explicitly, referencing dates, deliverables, and actors (e.g., "between 15 and 30 days before release, the community case manager must complete the Individualized Service Plan form based on at least two meetings with the youth, a family member, and relevant provider representatives").

Unfortunately, the attention paid to developing the IAP mission and program plan in our JJA site was not matched by efforts to articulate strategies for moving the plan to the field. Historically, initiatives developed in the central office were handed to regional field administrators who were given responsibility for their implementation. Short of being exposed to a single, multi-day training of staff and receiving the policy and procedures manual, the field offices were largely left to implement IAP on their own. As discussed in other sections below, staff were generally not supported by the ongoing training and close supervisory oversight needed to implement IAP. One strategic move was to include two managers from the first implementation site in the planning process, as this lent valuable credibility to the IAP initiative among staff in that office. Over time it became evident that this was insufficient, however; as the rollout expanded, staff in other offices expressed a sense of inequity at not also being included in the initial planning.

Strategic planning efforts in NCCD sites appeared to benefit from a slower, more focused rollout strategy that was limited to a small group of IAP teams serving a comparatively small number of program participants. These sites employed two development stages, one involving a wide range of stakeholders (from institutions, field offices, service providers, etc.) and a second, fine-tuning stage that involved local IAP management and project staff. These sites were also benefited from federal grant resources and the provision of ongoing expert technical assistance.

Leadership.

In both our site and those in the NCCD evaluation, the IAP enjoyed strong administrative support, tangibly evidenced by commitments of the staff numbers needed to keep caseloads low. Administrators and program leaders provided consistent, vocal support to IAP across the sites. While leadership in the NCCD sites was described as anticipating and aggressively addressing implementation issues, JJA central office oversight proved to be more reactive than proactive. Field staff frustration over unfamiliarity with the model, lack of supervisory assistance, and some promised resources (see management practices and systems sections, below) festered during the first several months of implementation and contributed to initial resistance and low morale in this first rollout location. Once problems were identified however, JJA administrators were responsive, in some cases changing local supervisors and line staff to improve team performance, and eliciting field input and revising policies (on, for example, graduated sanctions and the length of the program's community phases) when needed.

Flexibility shown by agency leadership in encouraging local adaptation of IAP practice at the office and team level was a strength underscored in the NCCD evaluation. Management flexibility was a mixed blessing at our site, where local management were less involved in "owning" IAP, and as discussed below, used the discretion extended to them by central office to reallocate staff and reduce the institutional component of IAP.

Organizational Culture

In contrast to climate, organizational culture is a more static, pervasive attribute built over many years. At least three aspects of organizational culture clearly influenced IAP implementation in our study site. One was that many line staff were dubious of any new initiative, unable to distinguish the latest central office enterprise as any more important or innovative than the slew of initiatives introduced by a turnover-prone central office over the years. The immediate reaction of staff who had been with the agency for a decade or more to virtually anything introduced as innovative was, "oh yeah, we actually tried this X years ago, but we called it the Y program." In fact, IAP was relatively successful in dealing with this view, due to the high-profile support showed by agency executives, and the tangible, self-evident differences between IAP and traditional aftercare. Instead, IAP was slowed by a cultural variation of this barrier, namely (in the words of one experienced case manager), staffs' belief that "this too shall pass." Even if IAP

clearly did represent an innovation important to the JJA administration, staff felt that the push for its implementation would fade when these appointees were replaced by others.

Another organizational culture barrier concerned an orientation toward supervision and enforcement over services and rehabilitation. The need to balance supervision with service provision is given prominent attention in the IAP literature and the difficulty of integrating a rehabilitative approach within justice settings has been a constant, central theme in process studies and descriptive discussions of treatment or intensive supervision programs for juvenile and adult offenders (Farabee et al., 1999; Steinberg, Chung, & Little, 2004; Terry et al., 2000). IAP process findings generally validate these concerns. In both our site and the NCCD sites, case managers did express enthusiasm about the improved relationships they were able to form through the additional contacts and time spent with youth on their caseloads, and appreciated the deeper knowledge they gained of youth and family needs. IAP staff and commitment facility personnel also remarked to us that many youth and family members enjoyed the additional attention they were given during the youth's institutional stay.

But with a few limited exceptions, no substantive or systemic changes were made in the amount or type of services linkages made with IAP youth either pre- or post-release at our study site. Several community-based IAP staff reported a modicum of cooperation on the part of institutional staff in the largest, most secure facilities that housed youth, and some field staff were disinclined to visit youth during institutional stays. The general inability to effect change for IAP youth in these institutions was consistent with the view that "the culture and philosophical orientation of [institutional and community corrections] are often fundamentally at odds" (Altschuler and Armstrong, 2001, p. 78).

The inclusion of family interventionist specialists, who were funded through an agreement with the local public mental health agency, did provide needed expertise, and most important according to other IAP team members, brought to the program more ready, reliable access to community-based mental health services for youth and families in the post-release phase of the program. NCCD study sites were somewhat more successful in implementing some specialized institutional services for IAP youth, although the researchers report there was little difference in the amount of traditional services (education, vocational training, substance abuse, or other counseling) received by IAP and other committed youth, especially in two of their sites.

Systems

Across the board, the studies showed that agency management delivered on a major systems issue, allocating needed staff to the initiative and keeping caseloads low. Concerns raised repeatedly during the first year of implementation at our site, however, indicate that planners and managers should never underestimate the importance of delivering on promises to provide needed resources (in this instance, cars for transporting youth and families, cell phones for field trackers, curriculum manuals, and dependable computers). Staff who are inherently dubious about new agency initiatives use equipment, facility space, and other tangible resources as a means of testing the management's sincerity about achieving change. After several months of field staff complaints in the initial implementation phase at our site about inadequate equipment or supplies, these were addressed and largely eliminated.

Turnover of IAP staff was not extensive or problematic at our site and three of the four other sites. Prolonged staff vacancies had some limited impact in all the sites; in two offices we studied, teams reduced intakes and kept caseloads low to deal with vacancies.

Structure

Intensive aftercare programs have had mixed success addressing the logistical issues arising from the fact that juvenile offenders are often incarcerated in facilities located long distances from their homes and communities. Achieving continuity of care under these circumstances—using the same provider in the institution and the community, or even holding meetings in the institution involving the youth, family members, communitybased school or service providers—requires

difficult structural adjustments. Some of the programs involved in the NCCD study successfully implemented a plan where IAP youth were "stepped down" to lower security facilities closer to home in the period before release. IAP plans also routinely specify staff roles and responsibilities designed to ensure involvement of field staff (a case manager or parole officer) in the institutional phase. The JJA in our site made no modifications to move IAP youth to facilities that were proximal to the release community and the program struggled to implement the facility case manager position. Given the choice to assign staff, some field administrators elected to eliminate (or reduce and share) this position and bolster community supervision and supports, effectively acknowledging that the high level of IAP-specific pre-release preparation and transition services envisioned in the plan would not be provided. Even in offices that maintained the position, liaisons generally did not maintain the frequency or quality of contacts with institutionalized IAP youth specified in the program plan.

Management Practices

Until the latter months of the second year of implementation in our site, management at the local level was uneven. Senior field administrators were dutiful and competent in attempting to carry out IAP work in their offices, but none were involved in planning or had a sense of ownership about the program. Line staff in the field looked to these administrators as their real leaders—central office was too far removed, too inconsistent, too "political" to have an enduring effect—and they reciprocated with their support. A caveat expressed by one administrator and echoed by others seemed to capture this dynamic: "I believe in IAP and we're going to make it work in my area, but you have to understand this is another in a long line of initiatives and changes that my staff have had to deal with lately. Right now their heads are spinning."

This may have contributed to the field staff's sense of separation and independence from central office, and modest expectations regarding accountability. Accountability issues were at least partly due to a lack of follow-up and process monitoring of prior central office initiatives. In addition to problems with turnover at the executive level, regional managers reported that it was difficult to recruit and retain competent line supervisors and many supervisors were unfamiliar with, and in some cases uninterested in, using performance indicators that were associated with specific IAP positions in the program manual. Supervisors and staff placed priority on displaying that they "cared about the kids." More onerous obligations, such as completing certain assessments, or arranging and holding multiple sessions with the youth, family, service providers, and others within a particular time period, or learning and using a structured curricula, were generally not enforced.

Staff also felt the absence of needed management support in the form of *expertise*. After the first year or so of implementation in our sites, staff had become more knowledgeable about the model and plan, and about what they were *supposed* to be doing in their positions. As their sophistication grew, IAP staff became more attuned and articulate in expressing the need for expert assistance in carrying out specific duties and guidance in problem-solving. Many IAP line staff surpassed their immediate supervisors in their familiarity with the model, making the supervisors less credible managers. This was a significant challenge, as relevant expertise among managers in the JJA, to the extent it existed, was gained from involvement with standard aftercare, or perhaps intensive probation. We observed that it was hard for those with this experience to make the transition to the IAP model—particularly to guide staff in working with youth in facilities and preparing their transition to the community, and to help them develop service linkages that were central to the program.

Motivation

Low staff resources in the form of wages and benefits undoubtedly dampened both staff motivation and morale in our study site. The problem was likely worsened by the attention given this issue by local media, public officials, and advocates; not only were staff poorly paid, but they knew everyone knew it. That said, following an initial adjustment period (after which management addressed and resolved some salient issues), morale among IAP staff was generally positive and in some field offices, quite high compared to their peers. In both our site and the

NCCD sites, several IAP case managers spoke favorably about working in an innovative and effective program, and about characteristics unique to IAP positions, including teamwork and camaraderie, flexibility in hours and duties, more time with youth outside the office, and the less routinized nature of the work day. Across the various evaluation sites, IAP case management teams displayed good cohesion and typically settled into complementary job functions with shared authority, responsibilities, and resources.

In our site, motivation, as distinct from positive morale, was less evident. Planners had hopes that the program could recruit some highly motivated and energized individuals, attracted to the notion of joining a promising new initiative, but no flood of applicants emerged. It appears that an accumulation of factors noted earlier—organizational culture and history, absence of close, strong supervision and accountability, poor pay—meant that motivation among field staff was a largely personal and individual matter.

Job-Skills Match

Making IAP work would be difficult even for a relatively well paid, educated, and experienced individual. IAP in our study site had a mix of staff, a few of whom had the skills, experience, and motivation to excel in their positions. Staff clearly "cared about kids," but many had not learned requisite case management skills (e.g., administering comprehensive assessment tools, motivational learning or engagement, treatment planning, service monitoring) through experience, agency training, or formal schooling. Staff members had to rely on the policy and procedures manual and informal training from peers and supervisors to learn their new roles. Despite the quality of the manual, employees learn best through social interaction, such as guided role playing, peer discussions, team building exercises, and supervisory monitoring and feedback. They also benefit from booster sessions and other ongoing staff development—efforts that appeared near the end of our research period. Some staff (particularly FISs) did have knowledge and experience in delivering specific intervention curricula (e.g., in anger management, violence prevention) and ran structured groups for IAP youth. IAP planners showed foresight in adding the FIS position to the team, as these individuals filled critical skill and service linkage gaps in mental health areas.

One of the inherent difficulties of implementing IAP is that it is replacing something that on the surface sounds and looks like IAP—what was termed "standard aftercare" in our study site—but is fundamentally different. Organizational research has shown that the rate of adoption of an innovation increases as its novelty decreases (Rogers, 1995; Wenjert, 2002). Case managers and supervisors who were veterans of standard aftercare naturally sought to reduce the novelty of IAP and perceived it as simply *more* of what they had done in the past. They incorrectly presumed that skills used in standard aftercare are the sum total of skills needed for IAP. These staff suffered at least in part from the agency's absence of philosophical or structural precedents from which to build IAP. Making the qualitative shift to perform and integrate wholly new tasks—managing and monitoring services in the facility to prepare the youth and family for reentry, ensuring continuity over the transition period, proactively linking to services post-release, working as part of a team—demands novel ways of thinking and acting, and minimally adequate training and staff development.

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Summary and Conclusion

Referring to various business innovations such as quality circles and total quality management, organizational researchers have written that they "often yield little or no benefit to adopting organizations, not because the innovations are ineffective, analysts suggest, but because their implementation is unsuccessful" (Klein & Sorra, 1996, p. 1055). The same could be said about the intensive aftercare program model or any number of interventions for high risk juveniles. Policymakers, funding agencies, and program planners and operators need to take a deep breath and count to ten before demanding outcome results or designing impact evaluations of new program initiatives that have not been assessed for implementation fidelity or integrity.

Process evaluations lay the groundwork needed for later impact research and understanding long-term outcomes. Process evaluations are also invaluable for helping accelerate implementation, both for the program under study and for others who are planning or implementing similar programs. We have shown how a model of organizational change, even when applied retrospectively, can be used to interpret and synthesize findings from process evaluations of IAP. Organizational models designed as diagnostic tools are particularly helpful in identifying factors that can foil or facilitate implementation.

Burke and colleagues distinguish between two types of organizational variables. Mission and strategy, leadership, and organizational culture are described as addressing the process of organizational *transformation* (Burke et al., 1996). Findings from both the NCCD multi-site study and our IAP research indicate that mission, strategy, and leadership are generally areas of strength. These are salient, readily controllable factors that juvenile justice agencies and other IAP stakeholders use to promote and advance the program. Organizational culture is also a powerful mechanism for implementing change. The process results reviewed here, however, particularly from our study site, suggest this is an area requiring attention. When broadly applied in a top-down (central office-to-field) fashion, innovations in juvenile justice agencies may be especially vulnerable to cynicism and resistance from line staff. More than most other areas of public policy, juvenile justice is buffeted by politics, media and public attention, leadership changes, and repeated calls for reform. Over time, staff become habituated to claims of innovation, particularly when they've learned the claimant will soon be replaced by another, with a different plan for reform. Our results also reaffirm the cultural hurdles faced by IAP in expanding services for youth involved in the justice system, and in bridging its institutional and community components.

Achieving change in organizations is also determined by *transactional* factors—those concerned with structure, systems, line supervisors, staff, and their everyday interactions and exchanges in the work setting. Our review of process findings indicate these represent a mix of both positive and negative influences on IAP implementation. Given the fundamentally innovative elements of IAP (intensive team case management, continuity of care over the transition period), successful programs require investments in staff and supervisory training, ongoing skill development, close supervision, and accountability. Paradoxically, staff experienced in parole or aftercare may be least suited to IAP; they may find it difficult to make the adjustment to flexible, service-oriented, team-based work settings, and to acknowledge that IAP is not simply an extra dose of aftercare-as-usual. The findings suggest that, with the right staff and supervisors, programs can take advantage of these same IAP elements, building morale and motivation by emphasizing flexibility, openness, team cohesion, and the opportunity to be part of an important system innovation. At the structural level, results indicate that IAP plans must directly address the logistical issues of providing continuity of care across the geographic distances between institution and community.

Consistent with the holistic nature of the model depicted in [Figure 1](#), IAP process evaluations show that all of the factors in the model can impact implementation; addressing each factor is necessary, but not sufficient for success. Referring to his graphic conceptual model, Burke describes the diagnostic process as revealing the directions of the arrows between the factors (and in [Figure 1](#), the concentric layers) as they operate in the organization—in effect, identifying the strong and weak factors in that setting. Implementation success involves building on those strengths and mending the weaknesses. As juvenile reintegration initiatives develop and multiply, documenting and sharing the experiences and lessons drawn from this process of implementation will provide the foundation needed to ensure the effectiveness and endurance of these programs.

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FIGURE 1:

Model of Organizational Influence on IAP Implementation

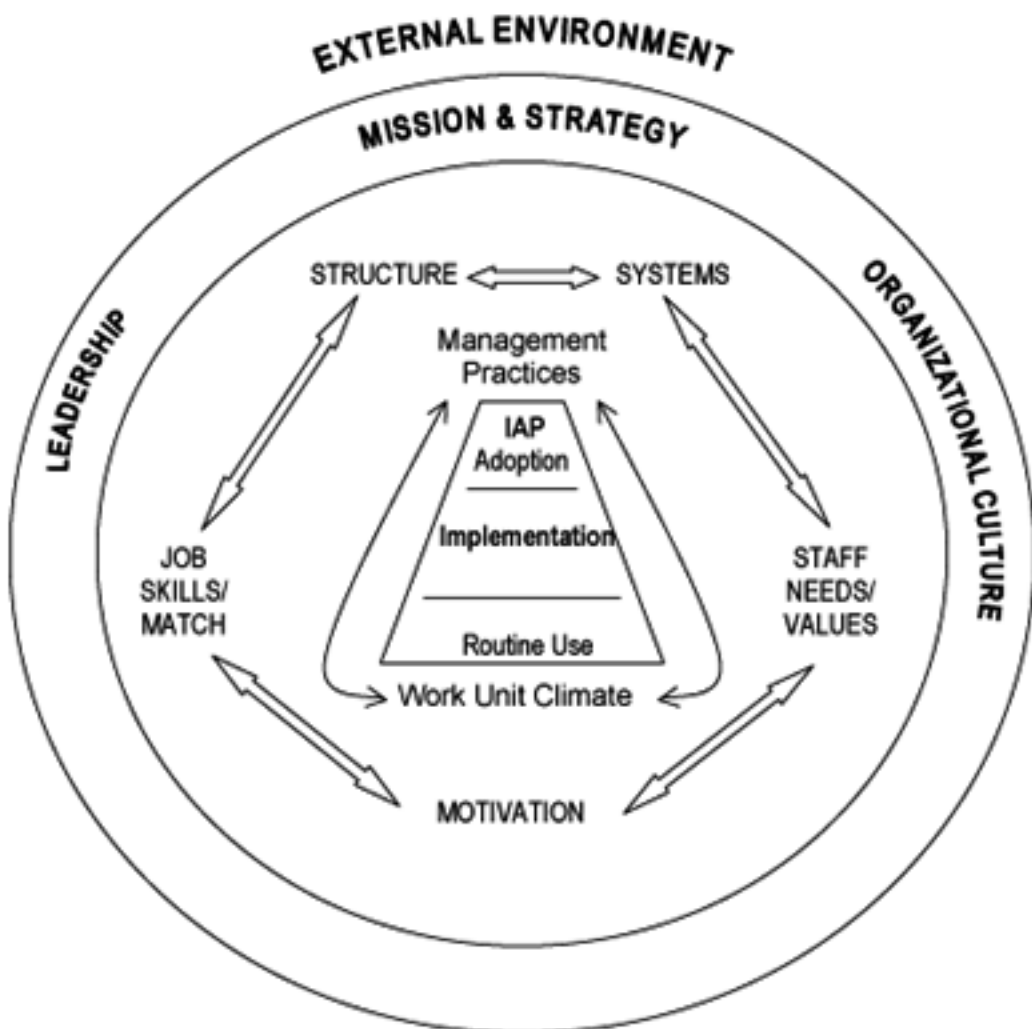


Table 1

Organizational Diagnosis for IAP Implementation

Organizational Variable	Sample Diagnostic Questions
External Environment	<ul style="list-style-type: none"> • What are the IAP-related investments and expectations of stakeholders involved in the program (e.g., judiciary, prosecutors, service providers, state/local policy agencies)? • What is the role of the media and other external forces on IAP?
Mission and Strategy	<ul style="list-style-type: none"> • How familiar are staff with the stated vision of IAP and strategies for achieving that vision? Are these communicated effectively? • Are the mission and strategy meaningful and achievable?
Leadership	<ul style="list-style-type: none"> • Are leaders unequivocally supporting the new direction represented by IAP? Are they acting cohesively in that support? • Do leaders communicate about the changes that are involved in replacing conventional aftercare with IAP?
Organizational Culture	<ul style="list-style-type: none"> • Are staff receptive to taking new approaches to their work? • Is the organization supportive of service provision, in addition to supervision and enforcement functions? • How integrated or separate are the institutional culture and the community/field culture involved in IAP implementation?
Structure	<ul style="list-style-type: none"> • Are the structural or logistic changes (e.g., in client assessment & targeting, continuity of care between institution and community) needed to implement IAP identified and made? • Do people understand and support the rationale behind these changes?
Management Practices	<ul style="list-style-type: none"> • Do managers inspire IAP staff to carry out their new roles? • Do managers contribute to the knowledge and skills staff need to implement IAP?
Systems	<ul style="list-style-type: none"> • Are the compensation & benefits for IAP staff and supervisors appropriate? Are training & career development helpful? • Do the technology, equipment, and facilities help staff accomplish their work on IAP?
Motivation	<ul style="list-style-type: none"> • What is the level of morale and satisfaction experienced by IAP staff? • How empowered are staff in conducting IAP?
Job-Skills Match	<ul style="list-style-type: none"> • Are staff clear about what they need to do to be successful in their IAP roles? • Do their skills match their roles/positions?
Individual Needs and Values	<ul style="list-style-type: none"> • Are staff's values consistent with the service provision aspects of IAP? • Do staff and management feel a sense of pride in their organization?
	<ul style="list-style-type: none"> • Do IAP staff perceive teamwork, trust, recognition, openness, cooperation

Work Unit
Climate

in their work groups?

Table 2

Implementation Issues from IAP Process Evaluations

Organizational Variable	Implementation Strengths and Barriers
External Environment	+/- Pressures emanating from public officials (state executives, legislators), juvenile advocates, media attention +/- History of collaborative relations between juvenile justice agency, service providers, judiciary, other court actors
Mission and Strategy	+ Detailed IAP policies & procedures manual, with specific job responsibilities, dates, deliverables + Field supervisors and IAP staff involved, invested in planning process +/- Rollout strategy & resources address need for intensive staff training, close supervision, continual oversight
Leadership	+ Director, central office express consistent, vocal support for effort + Management allocates staff resources needed to keep caseloads low +/- Strategic plans for rollout tolerate flexibility at field sites
Organizational Culture	- Staff inured to change due to repeated but short-lived central office initiatives, dubious about new initiatives - No systemic shift to develop, provide more services, especially in institutions - Divisions remain between institutional and community/field staff; institutions resist involvement of field staff
Structure	+/- Logistical issues of providing continuity of care across long geographic distances are addressed
Management Practices	+ High supervisor-staff expectations, close supervision & accountability - Lack of management expertise in model, supervisors not proactive, credible managers
Systems	+/- Avoid staff turnover, prolonged vacancies in key positions - Low wages and benefits for staff
Motivation	+ IAP staff enjoy status working on high priority initiative - Low wages, status, expectations can keep motivation low
Job-Skills Match	+/- Specialized staff training in IAP, case management skills - Experienced staff provide “standard aftercare plus,” not IAP innovation - Experienced staff slow to adopt flexible, comprehensive, team approach + Specialized workers (e.g., mental health clinicians) included on IAP teams fill critical skill & service gaps
Individual Needs and Values	+ IAP staff enjoy working in teams +/- IAP staff share service-oriented vision of IAP
Work Unit Climate	+ IAP teams show cohesion, complementary functions - Some field-based staff disinclined to visit youth in institutions

Your Bookshelf on Review

Issues in Reentry

Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families, and Communities. Edited by Jeremy Travis and Michelle Waul. Washington, D.C.: Urban Institute Press, 2003, 396 pp. \$32.50 paper.

Life on the Outside: The Prison Odyssey of Elaine Bartlett. By Jennifer Gonnerman. New York: Farrar, Straus and Giroux, 2004, 356 pp. \$24.00 cloth.

REVIEWED BY DAN RICHARD BETO
HUNTSVILLE, TEXAS

On October 11, 1970, George J. Beto, Director of the Texas Department of Corrections, delivered his presidential address at the Centennial Congress of Correction of the American Correctional Association held in Cincinnati, Ohio, during which he spoke on the past, present, and future of corrections in America. During that portion of his speech devoted to the future, Beto made the following observation:

The future will bring an expanded use of pre-release programs. It is sheer folly to keep a man in prison two or three or four or five years and, at the termination of his sentence or upon parole, release him with a few dollars, a cheap suit, and the perfunctory ministrations of the dismissing officer. To an even greater degree, the future will witness programs which devote themselves to easing the inmate's transition from the most unnatural society known to man—prison society—to the free world. Myrl Alexander is correct when he says: "We must blur the line between the institution and the community."

More than three decades later, on January 20, 2004, in his State of the Union Address, President George W. Bush also addressed the issue of prisoner reentry:

In the past we've worked together to bring mentors to children of prisoners, and provide treatment for the addicted, and help for the homeless. Tonight I ask you to consider another group of Americans in need of help. This year, some 600,000 inmates will be released from prison back into society. We know from long experience that if they can't find work, or a home, or help, they are much more likely to commit crime and return to prison. So tonight, I propose a four-year, \$300 million prisoner reentry initiative to expand job training and placement services, to provide transitional housing, and to help newly released prisoners get mentoring, including from faith-based groups. America is the land of the second chance, and when the gates of the prison open, the path ahead should lead to a better life.

The issue of prisoner reentry, while appreciated as important by criminal justice practitioners and academics, has, until recently, received woefully inadequate attention by policymakers. One of

the driving forces behind the current interest in the reentry of prisoners has been Jeremy Travis, Senior Fellow at the Urban Institute and former Director of the National Institute of Justice. Through his tireless efforts, and with the assistance of some few others, the Urban Institute has brought to the forefront the importance and the challenges of the successful reintegration of offenders back into the community. Over the past several years the Urban Institute has devoted considerable time and resources to researching and commenting on the problems faced by offenders and their families. Copies of speeches, reports, and monographs related to the subject of reentry may be accessed and downloaded from the Urban Institute's website at www.urban.org.

In late 2003 the Urban Institute Press published *Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families, and Communities*, edited by Travis and Michelle Waul, formerly with the Urban Institute and now Director of Special Projects with the National Center for Victims of Crime. Contained in this volume is a collection of thoughtful and timely chapters written by some of the leading minds in the area of reentry. In the first chapter, the editors provide an insightful and thorough overview of current correctional policies and the impact incarceration has on the children and families of prisoners. In concluding their introductory chapter, Travis and Waul write:

Families of prisoners generally struggle with a range of challenges that are often exacerbated by the imprisonment of a family member. Broadening our perspective to include incarceration's impact on prisoner families—from the arrest, to imprisonment, and on through release—raises a number of important questions. How can family bonds be strengthened during the prison term? Are there ways to help families cope with the period of incarceration? How should a parent and child be reunited? Is there a risk that the stresses of incarceration will limit inmates' ability to be effective parents upon release? Is there a heightened risk of domestic violence and child abuse as prisoners adjust to their new reality? Can the process of reentry be viewed as an opportunity for intervention with these families?

Developing innovative answers to these questions would require new policy collaborations and partnerships between corrections departments and child and family welfare agencies. These new alliances could help smooth the transition by helping prisoners and their families stay in touch and work through the difficult dynamics of reunification. Working together, corrections professionals and local service providers could develop policies and programs that significantly improve the likelihood of a successful transition from prison to home—an outcome that has far-reaching benefits for all involved.

With Travis and Waul defining the scope of the problem and identifying some of the relevant questions, the authors of the remaining 10 chapters expand on various issues related to imprisonment and reentry and attempt to provide some workable solutions. The book is divided into three topical parts, with the first three chapters focusing on the impact of imprisonment on the individual offender. Chapters five through eight explore incarceration's influence on children and families of offenders, and the remaining three chapters examine how communities are impacted by incarceration and reentry.

In Chapter 2, Craig Haney, professor of psychology at the University of California at Santa Cruz, discusses the declining state of corrections in America, witnessed by increased incarceration rates, overcrowding, deteriorating conditions of confinement, a reduction or elimination of meaningful services and programs, and shortsighted but politically expedient policies. Haney also identifies some of the psychological effects of incarceration on inmates and provides a scholarly review of them, which may include: dependence on institutional structure and contingencies; hyper-vigilance, interpersonal distrust, and suspicion; emotional over-control, alienation, and psychological distancing; social withdrawal and isolation; incorporation of exploitative norms of prison culture; diminished sense of self-worth and personal value; posttraumatic stress reactions; and challenges in transitioning to post-prison life. He also discusses the impact of incarceration of special needs prisoners and the obstacles they face upon

release. In concluding his chapter, Haney suggests policy and programmatic responses to the adverse effects of incarceration and offers a blueprint to successfully return inmates back into the free world.

Next, Stephanie S. Covington, co-director of the Center for Gender and Justice in La Jolla, California, examines the challenges faced by female offenders and the need for gender-specific programs. She offers recommendations on how this particular offender population might be successfully transitioned from prisons to the community.

Chapter 4, written by Gerald G. Gaes, visiting scientist at the National Institute of Justice and former Director of Research for the Federal Bureau of Prisons, and Newton E. Kendig, Medical Director for the Federal Bureau of Prisons, supplies a comprehensive review of the skill sets and health care needs of released offenders. This is a particularly informative chapter, not only because it thoroughly identifies the needs, but because it provides a prescribed course of action.

Donald Braman, currently studying law at Yale University, and Jenifer L. Wood, Managing Director of the National Center for Child Traumatic Stress, describe in the fifth chapter the generational impact incarceration has on family life, particularly in poor, urban areas. Moreover, they suggest changes in policy that could ease the stress encountered by the released offenders and family members. Their worthy effort is followed by that of Ross D. Parke, Distinguished Professor of Psychology and Director of the Center for Family Studies at the University of California at Riverside, and K. Alison Clarke-Stewart, Professor in the Department of Psychology and Social Behavior and Associate Dean for Research in the School of Social Ecology at the University of California at Irvine, who provide a well-researched and detailed review of the devastating effects of parental incarceration on children. Parke and Clarke-Stewart suggest an ambitious research agenda to better understand the developmental problems encountered by children of imprisoned parents. They also urge the review of current policies to reduce the chances of children of incarcerated parents becoming unintended victims of our criminal justice and social services systems.

The theme of the preceding two chapters is continued in Chapter 7, in which research scientists J. Mark Eddy, Associate Director of the Oregon Social Learning Center, and John B. Reid, founder of the Oregon Social Learning Center, focus on adolescent conduct problems found in children of incarcerated parents and graphically describe a developmental model of antisocial behavior. In addition, they offer several suggested interventions, including an integrated prevention effort, and additional research. Next, Creasia Finney Hairston, Dean of the Jane Addams College of Social Work at the University of Illinois at Chicago, contributes policy direction and strategies to change public policy and redirect criminal justice and social services systems response to prisoners' children and families. Hairston's chapter represents a "call to arms":

Congressional bodies and state legislatures must take ownership of family-related incarceration issues as a matter of national interest and make prisoners' family matters an integral part of discussion on criminal justice and family policy. The correctional environment and prison programming are not internal matters to be left solely to the discretion of prison administrators. They are instead public concerns with relevance to broad social welfare goals and of importance to different community constituency.... Leaders in child welfare, corrections, and professional associations must develop principles and national standards covering parents in prison and their children and adopt these standards as a part of the accreditation process for child welfare agencies and correctional institutions.

In Chapter 9, Eric Cadora, a program officer with the After Prison Initiative of the Open Society Institute, discusses the potential for coordination of service delivery. Using Brooklyn as a case study, Cadora draws on Geographical Information System (GIS) analysis to show the overlapping needs, resources, and interests in various neighborhoods. One might conclude, as the author does, that armed with the detailed information now available from computer mapping, federal, state, and local criminal justice and health and human services agencies would be foolish not to

pool their limited resources and enter into collaborative and mutually beneficial relationships. In the following chapter, Dina R. Rose, Director of Research at the Women's Prison Association, and Todd R. Clear, Distinguished Professor of Criminal Justice at the City University of New York, discuss the impact of coercive mobility on neighborhoods, the concepts of social capital and collective efficacy, and some of the reentry problems encountered by returning offenders—finances, stigma, identity, and relationships.

The concluding chapter, contributed by Shelli Balter Rossman, Senior Research Associate in the Urban Institute's Justice Policy Center, summarizes many of the reentry issues and encourages the development of partnerships to improve services integration, quality of care, and outcomes for individuals, families, and communities. She also offers suggestions for accomplishing these laudable goals. In *Prisoners Once Removed*, Travis and Waul have made a significant contribution to correctional literature on a topic that is vitally important to the quality of urban life and the well-being of American society. This book should be required reading for policymakers, elected officials, criminal justice practitioners, and persons engaged in the delivery of human services. In addition, Travis and Waul's effort would be an excellent text for an advanced course in criminal justice, social work, government, and public administration.

Life on the Outside: The Prison Odyssey of Elaine Bartlett approaches the issue of reentry from a very personal perspective. Expertly crafted by Jennifer Gonnerman, an awardwinning staff writer for *The Village Voice*, this biography traces the life of Elaine Bartlett, a resident of a housing project in East Harlem, who at age 26 was arrested for selling a small quantity of cocaine to an undercover police officer in November 1983 in Albany, New York, and subsequently sentenced to serve 20-years-to-life under the draconian Rockefeller drug laws. From 1984 until she received executive clemency from Governor George Pataki, Bartlett spent the next 16 years in the Bedford Hills Correctional Facility, where she initially experienced some adjustment problems before becoming a model prisoner. Following her release on parole in 2000, Bartlett returned to a dysfunctional and stressful life and to a world that had significantly changed.

Elaine Bartlett and her family are not particularly sympathetic characters. The subject of this study was one of seven children born to Yvonne Powell Bartlett, who died in 1998 while her daughter was in prison. Two of Bartlett's four brothers are imprisoned, another was murdered on a street corner, and yet another died of an AIDS-related illness. One sister, a drug addict and HIV positive, died following her release from prison, leaving the youngest sister the only sibling without a criminal record. Bartlett has four children, two sons by a former gang member turned minister and two daughters by her codefendant, who is still incarcerated.

While she availed herself of some educational and self-improvement programs during her period of incarceration, Bartlett was ill-equipped to deal with the complexities of urban life upon release. Saddled with a questionable value system, Bartlett experienced difficulty in finding suitable employment, managing her limited financial resources, maneuvering the social service system, avoiding persons with criminal records, reestablishing herself as the mother of her children, and providing some semblance of order to her chronically troubled family. Were it not for a few responsible friends, a forgiving employer, and an understanding parole officer, she would have likely found her way back into prison.

Despite her personal limitations and the challenges she faced—and they were many rather than few—she survived her period of supervision and was discharged from parole in 2003. According to the author, Bartlett celebrated her release from parole "by going to the apartment of a former coworker and smoking weed." *Life on the Outside* is a remarkable book in that the author has been successful in "getting inside the head" of her subject and, in doing so, she has provided an honest, revealing, and instructive case study into the life of an offender and the members of her family. In addition, Gonnerman did a more than credible job of researching the criminal justice system and post-incarceration issues, as evidenced by an impressive bibliography and list of persons interviewed in connection with the writing of this book.

Life on the Outside, in addition to being good reading, could easily serve as a supplemental text in a college course dealing with correctional policy.

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A Civic Engagement Model of Reentry: Involving Community Through Service and Restorative Justice

¹ Some of the concepts discussed in this article served as the basis of a paper (Bazemore and Stinchcomb, 2003) presented at the symposium on "Race, Crime, and Voting: Social, Political and Philosophical Perspectives on Felony Disenfranchisement in America," Brennan Center for Justice, New York University School of Law, September, 2003.

² The voting and democratic participation dimension is broadly defined to include civic literacy, democratic skill development, civic attachment, and political activism—as well as voting and electoral politics (Flanagan and Faison, 2001). Civic literacy is defined as "knowledge about community affairs, political issues and processes whereby citizens effect change." Civic skills include "competencies in achieving group goals" as well as leadership, public speaking, and organizational skills (Flanagan and Faison, 2001). Civic attachment refers to an affective bond to one's community or polity, and social trust, or the "belief that 'most people' are generally fair and helpful rather than out for their own gain" (Flanagan and Faison, 2001, p. 3; see Putnam, 2000).

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Instituting a "Reentry" Focus in the Federal Probation System

¹ General Accounting Office. "Federal Offenders: Trends in Community Supervision" (August 1997).

² Mumola, Christopher. "Substance Abuse and Treatment, State and Federal Prisoners, 1997" Bureau of Justice Statistics, Washington, D.C. (January 1999).

³ AOUSC Monograph 109 Executive Summary Page 1. (March 2003).

⁴ Petersilia, Joan. *When Prisoners Come Home: Parole and Prisoner Reentry*, Oxford University Press, New York (2003) p. 53.

[5](#) Office of Probation and Pretrial Services Memorandum "Update on Collaboration with the Bureau of Prisons on Mental Health Cases (May 15, 2002).

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Targeting for Reentry: Inclusion/Exclusion Criteria Across Eight Model Programs

[1](#) Beginning in 2001, The Office of Justice Programs (OJP) of the U.S. Department of Justice developed a series of system-wide adult reentry partnership initiatives (RPI) in eight "model" program sites: Baltimore, Maryland; Burlington, Vermont; Columbia, South Carolina; Kansas City, Missouri; Lake City, Florida; Las Vegas, Nevada; Lowell, Massachusetts; and Spokane, Washington. OJP provided technical assistance (but not program funding) to these eight sites and then selected the Bureau of Governmental Research (BGR) at the University of Maryland, College Park to conduct a multisite process/formative evaluation of these programs. A series of reports was completed by the research team, which was led by Dr. Faye Taxman and Doug Young from BGR, and Dr. James Byrne from the University of Massachusetts, Lowell. This article is a revised and updated version of a report, *Targeting for Reentry: Matching Needs and Services to Maximize Public Safety*, available on-line from OJP's reentry web page.

[2](#) The Urban Institute's impact evaluation will not be completed for at least another year, but in the interim researchers from the Urban Institute have designed a media campaign highlighting the nationwide reentry initiatives currently being implemented across the country (go to the Urban Institute's web page for the link). They have also completed process evaluations in four states (Maryland, Ohio, New Jersey, and Texas), which can also be accessed at this website, along with several other discussion papers and program "snapshots" highlighting reentry initiatives at selected sites. See, e.g. Solomon, Waul, Van Ness and Travis (2004) *Outside the Walls* (Urban Institute).

[3](#) For an overview of the findings from The University of Maryland's evaluation of eight model RPI programs, see Taxman, Young, Byrne, Holsinger, and Anspach (2002) *From Prison Safety to Public Safety: Innovations in Offender Reentry* (Washington, D.C.: National Institute of Justice). In addition, separate reports are available from OJP on the BGR research team's assessment of 1) offender targeting, 2) offenders' views of reentry, 3) the role of the community in reentry, and 4) roles and relationships in reentry partnerships. The Urban Institute's process evaluations are available on their website, including: Watson, Solomon, LaVigne, Travis, Funches, and Parthasarathy (2004) "A Portrait of Prisoner Reentry in Texas"; Visher, Kachnowski, LaVigne, and Travis (2004) "Baltimore Prisoners' Experiences Returning Home"; Travis, Keegan, and Cadora (2003) "A Portrait of Prisoner Reentry in New Jersey"; and LaVigne and Thomson (2003) "A Portrait of Prisoner Reentry in Ohio." For an overview of the "Impact" research currently available, see Petersilia, *this volume*.

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Examining the Role of the Police in Reentry Partnership Initiatives

[1](#) This article has been adapted from a report prepared for The National Institute of Justice, Office of Justice Programs. *Emerging Roles and Responsibilities in the Reentry Partnership Initiative: New Ways of Doing Business*, James Byrne, Faye Taxman and Douglas Young (Aug. 2001).

[2](#) For more detail on the research highlighted in this article, see the series of articles prepared for NIJ under grant 2000IJCX0045 and available from NCJRS.

[3](#) The eight case studies of model Reentry Partnership Initiative (RPI) programs were conducted in the spring, 2001 by an evaluation team directed by Faye Taxman, University of Maryland, who served as the principle investigator of the NIJ-sponsored evaluation. The site visits were conducted by Dr. Taxman (Florida, Massachusetts, South Carolina, Maryland), Dr.

Byrne (Massachusetts, Vermont, Maryland, Nevada, and Washington), Doug Young (Maryland, Missouri, Washington), Meredith Thanner (Nevada, South Carolina), Dr. Anspach (Vermont), and Dr. Holsinger (Missouri). Copies of individual site evaluations can be obtained by contacting either Faye Taxman or James Byrne.

⁴ Consider, for example, the problem of subway crime. Kelling has argued that the main cause of subway crime in New York City was lawlessness, not homelessness, and "it didn't take much time to end that culture once you figured out what the problem was" (2004:8). The problem with Kelling's conceptualization is that it suggests that police can maintain order in the subway without addressing the homelessness problem of these "lawless" individuals. A very different approach to this problem would be taken by police in the reentry programs we visited; in many jurisdictions, there would be a zero-tolerance policy on homelessness among releasees from prison, not on minor subway crime.

⁵ Despite the recent research attention focused on the offender reentry issue (see, e.g. Maruna and Immerigeon, editors, 2004 for an overview), we know remarkably little about the impact of adult reentry programs on either offenders or communities (see, Petersilia, *this issue*, for a preliminary review).

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