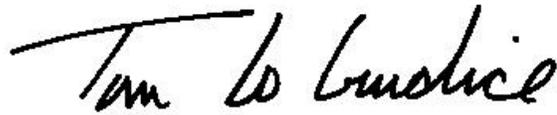


REENTRY: A PROMISING PLAN TO REDUCE RECIDIVISM

A handwritten signature in black ink that reads "Tom Lo Giudice". The signature is written in a cursive style with a long horizontal stroke at the beginning.

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Abstract

REENTRY: A PROMISING PLAN TO REDUCE RECIDIVISM

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The Department of Corrections across the United States has continued to have a growing inmate population over the years and has many obstacles that need to be addressed and changed. These include but are not limited to; overcrowding, mental health issues, reentry, the ability to provide effective programming and link inmate to community resources resulting in lasting changes and a reduction in the inmate population. All of which affect an inmate's ability to remain in the community after release. The biggest of these obstacles is implementing effective reentry programs to reduce recidivism. In this peer review, the history of the prison system, types and effectiveness of programming, barriers to successful reentry and what it takes to transition successfully will be addressed. Based on the literature reviewed there are promising results in the Departments of Corrections ability to reduce cost, have safer communities and less victims through the use of reentry programs.

Descriptor Key Words:

Reentry
Recidivism
Correctional Systems

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Chapter One: Introduction

Incarcerated adults have historically had a difficult time transitioning back into the mainstream of society (community/family life). A study conducted by the Department of Justice's Bureau of Justice Statistics tracked inmates released from prison in 1994 and concluded that more than half (51.8 percent) were back in prison within three years for committing a new offence or violations of parole (Pew Center on the States, 2011). Some factors that make this transition difficult are unemployment, financial obligations and strained family relationships. As a result, recidivism rates have remained high. Reentry programs have been designed to assist in making this transition smooth, effective and long lasting. However, the research is finding that thus far there has been minimal reduction in recidivism rates. This paper will explore resources, education and useful skill sets that, if implemented will assist in fulfilling the goal of reentry programing; reducing recidivism.

Statement of the Problem

The problem to be addressed is the high recidivism rates in corrections despite the implementation of reentry programs. Do reentry programs assist in the transition from prison to the community? Are reentry programs effective in reducing recidivism?

Definition of Terms

Recidivism: a tendency to relapse into a previous condition or mode of behavior; *especially*: relapse into criminal behavior (Merriam Webster's, 2011)

Reentry: A retaking of possessions; a second or new entry (Merriam Webster's, 2011).

Program: a plan or system under which action may be taken toward a goal

Chapter Two: Review of Related Literature

Recidivism: A Brief History of the Problem

Recidivism of correctional clients has remained high over the years. Recidivism is defined as a tendency to relapse into a previous condition or mode of behavior; especially, relapse into criminal behavior (Merriam Webster's, 2011). It is estimated that of the 600,000 people released from prison annually over half will reoffend within three years of release (Rivers, 2010). This in part is due to ex-offenders returning to high risk communities. The recidivism of correctional clients can be reduced through the use of wrap around services as well as other reentry programs. Currently there are 2.4 million American adults incarcerated in federal, state and local prisons and jails. In addition, the number on probation or parole is 5.1 million (Rivers, 2010).

Recidivism is a problem for various reasons. The cost of housing and caring for inmates continues to be a financial problem for the Department of Corrections across the nation. There is a great deal of conflict over the cost of corrections and how to reduce it. Prisons are not the only entity included in this calculation, it also includes community corrections. Spending in corrections has risen over the years nationwide. Currently the prison system costs the American tax payer more than sixty billion dollars annually (Serwer, 2011). Recidivism also has adverse effects on families, the economy and the community as a whole. This is especially true in cases where children are involved.

Correctional systems can be traced back to the sixteen hundreds. As time passed the philosophy progressed and prisons began to be built in 1790. The two most influential penitentiary systems at that time were in Pennsylvania and New York (Villanueva, 2007). The central purpose of corrections is to ensure the sentences imposed by the criminal justice system and court systems

are carried out. The primary goals are retribution, deterrence of future crimes, incapacitation, rehabilitation and reintegration. It appears that reentry was established in the 1990's and was known as weed and seed (Rickman, 2001). Upon its inception this program was a multidisciplinary, community based programs to address violent crime, drug use and drug trafficking in communities eroding from violence as well as social and economic instability (Office, 2005). Since the inception of reentry programs there has been various theories and methods tried. Today there is promising research based evidence that reentry is working to change lives and keep people out of prison.

In 2008/2009 the University of Wisconsin Population Health Institute (PHI) conducted a study of probation/parole revocations for the Wisconsin Department of Corrections. This study was conducted between January 1, 2003 and December 31, 2007. The study population included adult offenders under any form of community supervision probation, parole, mandatory release or extended supervision (Stelle, 2009). The questions the Wisconsin Department of Correction wanted answered are as follows: What are the reasons offenders are revoked without committing a new crime? What are the maladaptive behaviors that lead to revocation? And what alternatives are offered before perusing revocation? To answer these questions PHI reviewed best practices for nationally for policy and the use of graduated sanctions, aggregated historical trends and patterns of 20,315 offenders admitted to prison within the study time frame with no news sentence. PHI conducted a case-level review of two hundred offenders selected randomly to better understand reasons for revocation as well as the decision making of the community corrections agents (Stelle, 2009). It should be noted that sex offenders, temporary holds and alternatives to revocations were excluded from this study.

Within the time frame, conducted by the PHI study, 20,315 offenders were admitted to prisons with no new offense. The analysis revealed that the overall number of offenders revoked and admitted to prison with no new sentence increased each year between 2003 and 2007 in all supervision regions except region three (Milwaukee) which stayed relatively stable (Stelle, 2009). It is believed the expansion of resources (WiserChoice, Prison Reentry Initiative) in the region during this time had a significant impact on this trend. During the study time frame there were significant increases in the number of extended supervision as well as probation violators admitted to prison with no new sentence. These offenders represented more than one third of the total admissions with no new sentence, accounting for 7,281 of the 20,315 prison admissions during the timeframe (Stelle, 2009).

Data related to offender behaviors, agent responses, revocation processes and offender characteristics were abstracted from: pre-sentence investigations, supervision violation reports, revocations summary, revocation order, risk/needs assessment results, classification summary, termination summary, supervision rules, revocation hearing disposition, chronological narrative agent contact logs, prison timeline, and circuit court automated program (CCAP) arrest, conviction and sentencing data (Stelle, 2009). The results revealed that the majority of offenders, 89%, had a new offense or documented illegal activity while on supervision. One-third or thirty-three percent committed a new offense that was the basis of the revocation and one-fifth or seventeen percent of all offenders committed a new offense for which they were later convicted and sentenced (Stelle, 2009). Overall, agents filed for revocation on an average of fifteen months after supervision start. However, it should be noted that eighty-one percent of the time agents responded to offender behavior with graduated community based alternatives before filing for revocation (Stelle, 2009).

Upon release, incarcerated offenders who have substance use disorders (SUDs) require effective treatment and/or aftercare, including long term disease management, depending on the severity of their illness. Many also will require help for other co-occurring health problems and assistance in education, training and employment, and with housing and other family and social services (Behind Bars II: Substance Abuse and America's Prison Population, 2010).

Conditionally, released offenders are twice as likely as members of the general population age eighteen and over to be either current users of illicit drugs or binge drinkers. Aftercare programs should include community supervision, integrated services, case management and graduated sanctions. To assure that these practices are implemented effectively, training of probation and parole officers also is essential (Behind Bars II: Substance Abuse and America's Prison Population, 2010).

Since the inception of reentry programs there has been various theories and methods tried. Today there is promising research based evidence that reentry is working to change lives and keep people out of prison. Wraparound was originally developed in the 1980's as a means of maintaining youth with serious emotional and behavioral problems in their homes and communities. This was to be done through identifying gaps in services delivery and assigning organizational responsibility for implementing needs, reducing barriers to obtaining services, and conserving institutional resources by reducing unnecessary duplication of efforts (Goldfarb, 2010). Therefore, wrap around is best described as a comprehensive model that connects high risk individuals to a continuum of services and support to enable them to transition successfully back into their homes and community. These services are individualized, value driven, supportive and culturally competent. The goal of wraparound is reunification with family, education, employment, mental and physical health, financial stability and the reduction of

incarcerations and or placement in mental health facilities (Clement, Schwarzfeld, & Thompson, 2011). The state of Michigan implemented The Michigan Prisoner Reentry Initiative in 2005 as a result of their ever growing prison population. This is a program whose primary goal is to make communities and citizens safer by reducing crime. This is accomplished through a collaborative effort. Agencies involved include Michigan Parole and commutation Board, public policy associates, Michigan Counsel on Crime and Delinquency. As parole dates near, community groups and parole agents reach into the prisons to begin developing a transition plan of structure, support, and supervision. By the time parolees' return home, they have a stable place to live, a job or a path toward employment, and a service and support network that helps them address barriers to their success (Michigan Prison ReEntry Initiative, 2010).

This initiative has shown promising results in helping parolees become law abiding thereby reducing recidivism. Since its inception through mid-year 2010 this initiative engaged 25,000 prisoners. Of those 22,500 had been paroled by year end 2009. Tracking of these cases has shown a relative rate reduction of thirty- three percent fewer returns to prison for parole violations or new crimes (Michigan Prison ReEntry Initiative, 2010). That is a 2,793 fewer returns to prison through mid-year 2010. Furthermore, recidivism rates for parolees in 1998 were 45.7 %, this recidivism number reduced to 36.4 % for parolees in 2006. The results also show that Michigan's overall parole revocation rate for 2009 at one hundred ninety-five per one thousand parolees; the lowest since before record keeping in 1987 (Michigan Prison ReEntry Initiative, 2010).

In order for any reentry philosophy to work successfully a proper risk and need assessment must be conducted on an individual bases for the inmate. For example, the COMPAS assessment tool is an evidence based rehabilitation tool for offender success launched by the

California Department of Corrections in 2007. COMPAS stands for Correctional Offender Management Profiling for alternative Sanctions. This tool is used with inmates in secure settings as well as offenders in community corrections to assist in placement, supervision and case management. COMPAS assists in determining who to target, what to treat and how to go about it. The assessment consists of a series of questions used to determine overall risk potential and criminogenic needs profile. Data is collected on inmate's history of substance abuse, education, family background, criminal activity and social functioning. Once the assessment is complete inmates are placed in appropriate programs to aid in their successful reentry into the community. (COMPAS Assessment Tool Launched, 2009). COMPAS is part of the Public Safety and Offender Rehabilitation Services Act of 2007 which is part of Assembly Bill 900 which is a major effort to reform California's prison system by reducing prison overcrowding and increasing rehabilitative programming. Previously CDCR (California Department of Corrections and Rehabilitation) assigned offenders to programming on a first come first serve bases. This practice virtually ensured offenders were not getting the rehabilitation programming they needed. Currently with COMPAS offenders with the highest risk to reoffend are given priority. Low risk offenders are provided with rehabilitation programs that focus on work, life skills, and personal growth rather than rehabilitation treatment programs. Research has shown placing low risk offenders in intensive rehabilitation treatment programs have minimal reduction or even an increase in recidivism (COMPAS Assessment Tool Launched, 2009).

For moderate to high risk male offenders and parolees needs are assessed based on criminal behavior. Research indicates a varied combination of risk factors drive criminal behavior. These include; educational-vocational-financial deficits, anti-social attitudes and beliefs, anti-social and pro-criminal associates and isolation, temperament and impulsiveness,

familial-marital-dysfunctional relationships, alcohol and other drug disorders and deviant sexual preferences. It should be noted, separate COMPAS assessment is provided to female offenders (COMPAS Assessment Tool Launched, 2009).

Barriers: Risk Factors Contributing to Recidivism

There are a number of potential pathways whereby the risk of re-incarceration may increase among parolees who are diagnosed as having co-occurring psychiatric and substance use disorders. As they reenter their home communities, most former inmates are faced with a variety of social and economic challenges, including finding housing and employment, reestablishing connections with family, managing finances, and accessing health care (Baillargeon, 2009). Dealing with these challenges along with initiating and maintaining community-based treatment for both mental illness and a substance abuse problem may be exceedingly difficult (Baillargeon, 2009). Parolees with these conditions may face increased hardship in gaining and keeping employment (Baillargeon, 2009). Even those with occupational skills may face discrimination by prospective employers. Moreover, for parolees who do find employment, the presence of a psychiatric or substance use disorder may hinder their ability to complete successful job training, carry out daily work-related tasks, and interact with fellow employees (Baillargeon, 2009).

Substance abuse and addictions are key factors in the growing inmate population as well as a huge predictor of recidivism. Between 1998 and 2004, arrests for drug law violations have increased. Among substance-involved inmates, those who have committed a crime to get money to buy drugs have the highest average number of past arrests, followed by inmates who had a history of alcohol treatment or were under the influence of alcohol or other drugs at the time of their crime. More than three-quarters (77.3 percent) of convicted prison and jail inmates who

have been incarcerated three or more times prior to their current sentence suffer from a substance use disorder, compared with 67.0 % of those with one or two prior incarcerations and 54.8 % of those with no prior prison or jail sentences (Behind Bars II: Substance Abuse and America's Prison Population, 2010). Although re-incarceration rates have declined slightly, they remain high, particularly among substance-involved offenders. In 2006, 48.4 % of all inmates had a previous incarceration, 84.8 % of all inmates (1.9 million) were substance involved (Behind Bars II: Substance Abuse and America's Prison Population, 2010). Data related to offender behaviors, agent responses, revocation processes and offender characteristics were abstracted from: pre-sentence investigations, supervision violation reports, revocations summary, revocation order, risk/needs assessment results, classification summary, termination summary, supervision rules, revocation hearing disposition, chronological narrative agent contact logs, prison timeline, and circuit court automated program (CCAP) arrest, conviction and sentencing data (Stelle, 2009). The results revealed that the majority of offenders, 89%, had a new offense or documented illegal activity while on supervision. One-third or thirty-three percent committed a new offense that was the basis of the revocation and one-fifth or seventeen percent of all offenders committed a new offense for which they were later convicted and sentenced (Stelle, 2009). Overall, agents filed for revocation on an average of fifteen months after supervision start. However, it should be noted that eighty-one percent of the time agents responded to offender behavior with graduated community based alternatives before filing for revocation (Stelle, 2009).

Over the past four decades there have been several important trends that include widespread deinstitutionalization of persons with serious mental illness, the increase in drug-related arrests, and the reduction of community based mental illness in the U.S. correctional system. Approximately ten to twenty percent of U.S. prison inmates are estimated to have an axis

A major mental disorder of thought or mood, such as major depressive disorder, bipolar disorder, or schizophrenia. Moreover, a majority of inmates with serious mental illness have a comorbid substance use disorder (Baillargeon, 2009). Parolees with mental health and substance use disorder are frequently required to attend community-based treatment programs as a condition of their supervised release; this requirement provides correctional administrators with the leverage necessary to compel treatment participation and adherence. Former inmates who violate the conditions of their parole may face a number of sanctions that range from minor measures, such as increased drug testing, to more intermediate sanctions, such as confinement in a residential treatment program, to the most severe sanction: parole revocation and incarceration in the prison system. Approximately forty percent of parolees are returned to prison as a result of revocation each year (Baillargeon, 2009).

Mental illness is also a key factor in prison populations as well as recidivism. In New York the percentage of incarcerated mentally ill in local jails and prison was estimated to be 15% a percentage similar to what it was in New York in the late 1980's. For some, this lack of change was surprising (Rotter & W., 2011). Available literature shows there are more incarcerated individuals with mental illness than it is in the community (Baillargeon, Hoge, & Penn, 2010). A recent analysis of eight studies yielded an average twelve month prevalence rate of 15% for the severely mentally ill. It should be noted that the severely mentally ill was restricted to schizophrenia and other psychotic disorders, bipolar disorders and major depressive disorder (Baillargeon, Hoge, & Penn, 2010). The shift in the locus of care from the state hospital to Community-based treatment agencies, known as deinstitutionalization, has been widely implicated as one of the major contributors to the disproportionate processing of the

mentally ill through the criminal justice system. Deinstitutionalization was based on a vision, delineated by the Joint Commission on Mental Illness and Health of reducing the need for prolonged hospitalization through creation of a community-based system of mental health clinic and intensive psychiatric treatment centers (Baillargeon, Hoge, & Penn, 2010). To date it appears deinstitutionalization has not worked as well as once thought.

The severely mentally ill struggle with some of the same issues as addicts after being released to the community. Factors specifically associated with recurrent criminal behavior include substance abuse, education and vocational opportunities, family support and homelessness (Rotter & W., 2011). Additional factors include antisocial factors, including antisocial associates, personality traits and cognitions; despite the fact some antisocial thinking, such as externalizing, rationalization and entitlement may be more prevalent among the mentally ill offending populations than among general offenders (Rotter & W., 2011). Successful reentry of the severely mentally ill can prove to be difficult as they are more likely to experience homelessness and less likely to gain employment. They also have difficulty obtaining consistent community based care for their mental illness which is often exacerbated by the presence of comorbid substance abuse, a combination that is strongly associated with relapse and criminal recidivism (Baillargeon, Hoge, & Penn, 2010).

Programs: Types and Effectiveness of Reentry Programs

During the past three decades, the importance of identifying and implementing effective offender rehabilitation and reintegration strategies has escalated as incarceration rates have accelerated. As a result, the concept of reentry has evolved and offers various resources at different stages of the reentry process. One component that seems to be effective is drug courts. Drug courts began on the federal level in 1992 and branched out to the states (Vance, 2011).

Drug courts are for non-violent, substance abusing offenders and are designed to manage offenders through a comprehensive program of supervision, drug testing, treatment service and immediate sanctions and incentives (Vance, 2011). This type of system allows for problem solving and collaboration to take place between the judiciary, prosecution, defense bar, probation, law enforcement and treatment service agencies. Successful completion of these courts can result in charges being dropped or record being expunged from the record. Available research suggests that drug courts have been successful in reducing recidivism and that more research is needed to identify what aspects make them effective (Vance, 2011).

The concepts of drug courts have been adapted by other “problem solving” courts to address other forms of chronic behaviors such as driving under the influence, domestic violence and homelessness. Another type of problem solving court that has become increasingly common is reentry courts (Vance, 2011). This was first proposed as a method to manage post-prison reintegration in 1999. It was proposed by then director of the National Institute of Justice Jeremy Travis and then attorney general Janet Reno. These reentry courts were set up to use positive reinforcement and promote positive behavior by the returning offender (Vance, 2011). It would also use the power of punishment, using graduated range of swift, predictable sanctions to ensure individuals stays on the right track just as drug courts do (Vance, 2011).

The district of Oregon was one of the first in the country to implement a federal reentry court program. The court was developed to address a public safety and health crisis caused by unprecedented levels of methamphetamine use (Vance, 2011). At this time Oregon social service agencies were more methamphetamine abusers than any other state and the rate of revocation had rose above the national average. There was an offender treatment committee formed to research the best way to manage offenders on supervision, treatment programming and

foster meaningful partnerships with the Federal Bureau of Prison, treatment programs and state and county social service agencies (Vance, 2011). The following are the foundational principles the reentry court program was based on;

- Transitional planning
- Multidisciplinary training in evidence-based practices for the reentry court judge
- Use of an integrated case management and law enforcement perspective for the reentry court probation office
- The research-informed use of monitoring, sanctions and rewards
- Research-informed use of a continuum of services designed to enhance accountability and reduce barriers to reentry
- Establishment of quality data collection and evaluation systems to measure the effectiveness of the reentry court program at the individual and community levels.

The reentry court operated in a non-adversarial manner, encouraging, challenging or sanctioning participants in ways that differ from their conventional roles. Participants enter voluntarily into reentry court waiving certain due process law, enter into and abide by terms of a contract. They are subject to random urinalysis and other monitoring. Sanctions are designed to teach accountability, encourage progress and are immediate and proportionate to the violation. Progress is measured on a monthly basis and includes all components of the multi-disciplinary team (Vance, 2011). The program was evaluated by the University Of Oregon College of Education and the court. A total of one hundred and fourteen people were included in the study. There were twenty-eight people in a “comparison group” (individuals under traditional supervision outside the reentry court context), twenty-five people in the “Current Reentry Court Participant group,” and thirty people in the “Reentry Court Termination Group.” The authors

concluded “it appears that the comparison group outperformed the treatment groups on multiple, important dimensions. For example, the comparison group underwent less monitoring and supervision and had fewer drug and mental health services and yet had more employment and fewer sanctions (Vance, 2011).”

Thinking for a Change is another reentry program that is being used across the nation. It was developed by the National Institute of Corrections. The program is being used with men and women at least eighteen years of age and was classified as “high risk”, “medium risk” or “high need” by the probation agents. This program is designed to target interpersonal problem-solving skill and social problem-solving skills. The curriculum consists of twenty-two group sessions twice a week for two hours over eleven weeks. The sessions focus on cognitive restructuring, social skills training and problem solving (Golden, Gatchel, & Cahill, 2006). As part of the curriculum and group process the participants were allowed to vote on how many absences and how many incomplete assignments would constitute removal or absence. It was determined by most groups that three to four absences constituted grounds for removal and three missed assignments counted as an absence.

There was a study done on the “Thinking for a Change” program to determine the impact on recidivism as well as the impact on skill deficiencies the program was designed to address. The study showed mixed results for recidivism, it appeared to be reduction in future criminal offences, and although the differences were not statistically significant there was a thirty-three percent reduction in new offenses among completers (Golden, Gatchel, & Cahill, 2006). The result for problem-solving showed a positive effect among completers of “Thinking for a Change.” Improved problem solving skills provided encouragement that those acquired skills may help curb criminal activity.

Transition: Implementing What Works

It would make sense with the information given, that service providers play a significant role in the lives of inmates. Both in the institution and during the reentry process as well. Providing treatment services for addictions in the institutions is particularly difficult due to the culture of the institution. Inmates typically are resistant to sharing traumatic or emotional events in their lives as most often it is seen as a sign of weakness. Inmates do not want to be taken advantage of or talked about thus this type of disclosure is looked down upon. The belief is that you have to be strong and tough. Also, with that culture is an attitude of you against me when it comes to authority figures. Participants have to be willing to challenge belief system, identify feelings, show concern for others and be accountable for their behavior to begin the change process. This is challenging as it is unfamiliar territory and they do not know what to expect. Once the barriers are broken rebuilding the fractured personalities is essential. This is done through various means; for example, positive praise, increased self-esteem through education and better relationships with significant others.

Successful reentry is the goal of programs provided to inmates. However, inmates may not release for years after receiving the service. The point is that they are more prepared upon their return to the community. One exception is the Earned Release Program. This is a program that addresses substance use, alcohol and other drug abuse education, victim impact, reintegration as well as cognitive behavioral issues. This is a six month alcohol and other drug abuse residential program offered to inmates within the prison system. Participants in this program learn how to become accountable for their thoughts and behaviors as well as hold others accountable. They also learn how to compromise and display empathy for others. This is often the beginning of them realizing that they are not the only ones affected by their behavior.

Participants in this program begin building the relationship with their parole agents while working on a reentry plan. One of the requirements of this program is that three calls are placed and facilitated with the social worker/treatment specialist and inmate to discuss problems, progress and release plans. This reduces a great deal of the anxiety associated with release as the inmates know where they will live, continued treatment is set up and they are made aware of additional resources. Upon completion of this six month program inmates go home on extended supervision to implement the skills they have learned to become productive members of society. At that point it is up to the individual to follow through with the release planning. These often include continued treatment, employment information as well as information on where and how to get other services. This is where wrap around comes into play. Through this continuum of care and support these individuals seem to be more motivated to keep going through the adversities they are faced with. When this happens you have productive members of society, better communities and money is saved.

Chapter Three: Conclusions and Implications

The Michigan Prison Reentry Program (MPRI) has produced promising outcomes. Michigan prison population has been reduced by twelve percent and twenty prisons have been closed as a result of the MPRI (Pew Center on the States, 2011). Michigan Department of Corrections show that parolees who release after participating in the MPRI return thirty-three percent less frequently than inmates who do not participate in the program. A look at all offenders released from Michigan prisons show that parole revocation for both new crimes and technical violations are at their lowest levels since record keeping began twenty-three years ago (Pew Center on the States, 2011).

In 2004 Missouri recorded a recidivism rate of 54.4 percent, making them the third highest among the states. Missouri also ranked highest for the proportion of released offenders imprisoned for technical violations. This contributed to an overall increase of twelve percent in Missouri from between 1999 and 2004. Missouri has implemented “e-driven supervision.” The “e” stands for evidence which uses a new assessment tool to categorize parolees and supervision levels. Since 2004 after the implementation of “e-driven supervision” the recidivism rate has steadily dropped and reached a low of 36.4 percent for offenders released in 2009 (Pew Center on the States, 2011).

Most states have begun to implement strategies to break the cycle of recidivism. Coordination of offender services with government agencies to address health, housing, community and faith based organizations are included in these efforts. Research shows that strong evidence based practices can reduce recidivism by fifty percent. Powerful result were seen in Arizona where changes in legislation and efforts to implement evidence based practice has shown a thirty-one percent drop in new felony convictions of probationers over the past two

years. In 2004 forty-one states responded to the Pew survey, Pew calculates that if these states could reduce their recidivism rates by ten percent they could save more than 635 million in averted prison cost in one year. The drop in recidivism would mean less crime victims and states could reach their goals of less crime and lower costs (Pew Center on the States, 2011).

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