

**Mandatory Substance Abuse Treatment for Parolees Struggling with Addiction**

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## **Abstract**

### **Purpose**

The purpose of this study is to provide recommendations for the criminal justice system to implement and reduce recidivism rates among parolees who are reentering society. This study will review different re-entry programs to determine which have been the most successful for reducing recidivism and why. The re-entry programs will include community and family support programs, provision of community resources, mandatory substance abuse treatment, drug treatment courts, and those programs following the risk-need-response model. These programs will be analyzed to determine the best plan of action for the criminal justice system to reduce recidivism rates among reentering parolees.

### **Methods**

The method of approach includes an extensive literature review of academic articles and data from government websites. The literature consists of reviewing the effectiveness of re-entry programs in regard to reducing recidivism in parolees.

### **Key Findings**

There are programs that are more effective than others, but they may not be effective for all parolees due to their unique needs, risks, and circumstances. A flexible plan that is created for each offender supports the effectiveness of reducing recidivism. The use of the risk-need-response model to assign individuals to programming provided insight on how re-entry plans that are individualized were most successful in reducing recidivism.

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### **Mandatory Substance Abuse Treatment for Parolees Struggling with Addiction**

The United States has the highest level of incarceration rates in the world. There are more than two million prisoners in the United States. Not only does the United States have a significant population of prisoners, but it also the highest recidivism rates (Carson, 2021). There are multiple reasons why the United States has one of the highest incarceration rates and the highest recidivism rates in the world. The “tough on crime” era and poor re-entry programs have played an important role in these issues. Taking a deeper look into re-entry programs is essential to understanding how to reduce recidivism rates. Hundreds, if not, thousands, of prisoners are released back into society without proper treatment options or resources. Substance abuse treatment is a single part of the re-entry programs that could benefit parolees. It has been found that 85 percent of prisoners have an active substance abuse disorder and were typically under the influence of substances when they committed their crime. Substance users typically commit crimes such as theft, armed robbery, and assault. A reason for this is because these individuals are looking for any way to get money or goods to pay for their drugs (National Institute on Drug Abuse, 2020). Digging deeper into understanding and addressing this issue will help the correctional system provide parolees that suffer from a substance abuse problem with a better plan for their re-entry.

An emerging problem the criminal justice system is facing involves the consequences of failed reentry programs. The consequences include high crime rates, more victims, and pressure on federal budgets (Meyer et al., 2016). Those who have a substance addiction and are re-entering society often did not receive proper treatment behind bars (Meyer et al., 2016). Prisoners are not receiving treatment behind bars because the prisoners have negative attitudes towards treatment and due to the fear of stigma. The cost and lack of training for correction

officers are more barriers for the lack of treatment inside prisons (Meyer et al., 2016). When they are not receiving treatment, they are going back out into society and continuing down the same path, abusing substances. Not only are these programs failing parolees behind bars and during their reentry, but they are also leaving society in danger of falling victim to more crimes (Meyer et al., 2016).

All parolees who are being released into society should not have the exact same re-entry program. All re-entry programs should provide unique programming for each offender to meet their needs and make them less likely to re-offend (Bureau of Justice Statistics, n.d.). Program options should include substance abuse treatment, addiction counseling, AA meetings, education, and employment opportunities. These programs will provide plans for substance abusers to get on the right path and not reoffend. One program that should be included in a re-entry program for a substance abuser should be mandatory substance abuse treatment. Most of the prison population suffers from a substance abuse disorder. The prisoners have claimed they were under the influence of one or more drugs when they committed their crime. When they are released back into society without proper treatment or resources, they will resort back into their old ways, re-offend, and find themselves back in prison (Prendergast & Cartier, 2012). The purpose of this research is to examine whether mandatory substance abuse treatment should be implemented in re-entry programs.

The research on mandatory substance abuse treatment will provide evidence and resources for parole boards, police officers, parole officers, and other parts of the criminal justice system to utilize. The parole board will be able to determine what parolees need substance abuse treatment, and the parole board and parole officers will be able to work together to design a unique plan for each parolee. Parole officers will have a better understanding of how these

treatment options could benefit their parolees. Both the judges and parole officers want their clients to succeed during this process. The parole board and officers would rather see the parolees benefit from the re-entry program rather than having to place the parolee back in prison. Since parolees will be using treatment and resources, they will be less likely to resort back to what they know best, abusing substances and committing crimes (Stohr et al., 2003). This will ultimately benefit law enforcement and the court system because the successful treatment will keep parolees from recidivating (Belenko et al., 2014).

Reentry serves as a second chance and an opportunity to repair damages caused by their entry into the criminal justice system. Review of academic articles and databases will provide insight on the need for mandatory substance abuse treatment. Evaluation of previous research will reveal the effectiveness of risk-needs-responsivity, drug courts, and elements embedded in mandatory substance abuse. Finally, recommendations will be made from the treatment analysis.

### **Literature Review**

Parolees do not receive the support or supervision they need in communities. Without discretionary sentences, many parolees have little incentive for participating in rehabilitation services (e.g., educational and employment opportunities). The lack of incentive, paired with the “get tough” movement, parolees are not fully equipped to handle the difficulties that they will face upon release (Listwan et al., n.d.).

Parolees who are not receiving adequate treatment and support during their re-entry process are more likely to re-offend (Belenko et al., 2014). These individuals are dealing with stress and newfound freedom upon their release. They often become overwhelmed and resort to what they know best, re-offending and/or using illegal drugs. It is important to recognize this fact and offer parolees support systems and treatment options within their communities.

Mandating substance abuse treatment for parolees who suffered from it before incarceration is beneficial (Prendergast, 2009). Treatment provides parolees with knowledge and resources to stay sober. It also helps them to avoid crimes and health impacts tied to substance use (Prendergast, 2009). The substance abuse programs are facilitated by trained professionals or individuals who have struggled with substance abuse in their lives. This makes it easier to relate to and have a safe place to freely speak about their problems. By having a non-judgmental place to express their feelings allows the parolees to open up, take accountability, and work towards sobriety. The parolees will have individuals they can rely on when intrusive thoughts enter their minds. Whereas, if the parolees are constantly hearing they are a substance abuser or a horrible person, they will mold back into those labels (Prendergast, 2009).

Previous research has surveyed parolees about their thoughts on mandatory substance abuse treatment. These interviews were used to gain information on how parolees perceived the treatment and the offender-officer relationships. Kras (2013) discovered parolees had mixed feelings about the treatment. Some of the participants stated they appreciated the mandatory treatment because they probably would not have searched it out for themselves, and they felt it was beneficial for their reintegration and sobriety. While others claimed they did not want to attend because they felt as it was forced. All the offenders stated they would rather have a choice to attend or not and have a choice regarding which treatment option they would like to attend. The offenders were still in denial about their substance abuse problem and refused any help. As for the officer-offender relationship, the offender's perspectives were that the officers just wanted to make sure they attended the treatment program. Parolees wished their officers would ask about how treatment was going because it meant they cared and were invested in their journeys (Kras, 2013).

The research from Zanis and his co-authors (2003) focuses on the effectiveness of early substance abuse treatment for parolees. This study focused on five hundred offenders with a history of substance abuse before incarceration. Each offender was approved for early parole for substance abuse treatment options. The researchers studied what treatment options parolees went through, how often they attended programming, and how effective the treatment programming was. There were two different options, one was they were released into a substance abuse treatment facility and the other was released directly into the community. Those who stayed at the treatment facility were half as likely to reoffend than those released directly into the community. Parolees who were released directly into the community did not have mandatory treatment but were able to seek treatment themselves. Less than a third of those released into the community went to treatment (Zanis et al., 2002). The parolees in different treatment options were compared with a comparison group of those who did not attend treatment to examine the effectiveness of substance abuse treatment on recidivism. The authors concluded that mandatory substance abuse treatment does reduce recidivism more effectively than offenders who did not have mandatory substance abuse treatment. However, there was not enough evidence gathered to conclude if the parolees stayed sober after treatment (Zanis et al., 2003).

Friedmann and his co-authors (2012) focused on a specific substance treatment option for parolees with related crimes. Collaborative behavior management between parole officers and parolees to determine if it was an effective treatment plan for drug abusers. This type of treatment allowed the parolees and their officers to work together during the sobriety journey. During the check-ins that the authors implemented, they provided questionnaires to the parolees to understand their thoughts and feelings about this treatment option. Many of the parolees stated they appreciated having their parole officer's support their recovery. These findings go together

with the findings from Kras' (2013) research. In the research completed by Kras (2013), the author found that parolees wished their officers were more invested in their treatment rather than just making sure they go. Parolees stated that when their officers asked questions about their treatment, they believed the officers were caring and wanted to make sure they were successful. Overall, researchers have provided data on the significance of the parole officer-offender relationship has on a successful treatment for parolees.

Determining the best mandatory treatment option is not the only aspect needed to support parolees in their reintegration journey. There are elements that are needed to provide an effective outcome, sobriety. Research completed by Platt and his co-authors (1998) concluded that substance abuse treatment is beneficial for sobriety. There are elements that are needed for the substance abusers in order to keep them on track with sobriety. Family therapy, employment interventions, and medical care were beneficial on the road of recovery. When these elements are included in treatment, it supports the journey long-term as abusers can reconnect with their families, find employment to provide for themselves and their families, as well as receive medical care (Platt et al., 1998). This research provides insight on the elements within mandatory treatment that are needed to provide a successful re-entry and sobriety journey for parolees.

A study completed by Wim's (2021) ties into the one from Platt and his co-authors (1998). Wim's (2021) focused on the barrier's substance abuse users face. Instead of targeting the criminal justice system and treatment options for substance abuse, they wanted to hear from the offenders. In their study, interviews were conducted with focus groups to gain an understanding of the barriers the offenders face. Identified barriers included finding treatment options within their communities, transportation to treatment, housing, and other social components, such as community and family support. These are barriers the addicts have

explained they faced every day. Without being able to attend treatment, having a roof over their head, a job to support themselves, or a support system, they will resort back to using illegal substances. Platt and his co-authors (1998) also discussed that these elements are important to a successful journey for the abusers. Without addressing these barriers, the abusers face and just mandating treatment will not be beneficial.

As there has been a growth in the prison population, the growth of drug-related offenses has increased as well. The “war on drugs” movement put the spotlight on these drug-related offenses, which caused the increased prison population in the United States. Research has shown that a majority of the incarcerated population that have abused substances have never received treatment (Wakeman & Rich, 2015). Whether this is because they did not have the resources to receive treatment, they did not believe they had a problem, or because they were surrounded by other addicts while they were incarcerated. These individuals may have the knowledge of types of treatments or where to go and due to the stigma, they may be afraid to ask for help. Often, individuals with addictions surround themselves with other addicts. It allows them to relate to someone and make their behavior seem okay. Whereas, if addicts surround themselves with individuals who do not use illegal substances, they are unable to justify their actions and behaviors.

This is where researchers do not agree. Some researchers believe that re-entry programs should be standard for everyone. Some researchers have stated standard substance abuse treatment is easier to implement. There is no need for training correctional or parolee officers on different programs for mandatory substance abuse, which reduces costs. Researchers also believe standard reentry programs are tougher on crime because it gives the parolees two options, receive treatment or be reincarcerated (Sung & Mellow, 2010). While other researchers believe

unique plans are the best way to create successful re-entries. These researchers understand the uniqueness of individuals whether they are offenders or not. Mandatory substance abuse treatment is not a “one size fits all”. Programs for mandatory substance abuse should be created to best fit the offender. The offenders will then be more willing to attend treatment and stay sober (Sung & Mellow, 2010).

### **Methodology**

The research question that will be focused on is what type of parolee substance abuse treatment should be included for the most successful re-entry process. The hypothesis is that substance abuse treatment options that address support barriers will be part of the most successful re-entry programs for parolees. Alcoholics Anonymous, cognitive behavioral therapy, drug treatment courts, sobriety houses, and officer-offender management are the types of treatments focused on in this research. Information from the Bureau of Justice Statistics was used to gather data on the number of prisoners and parolees who suffer from substance abuse problems. Scholarly articles will be referenced on substance abuse programs and their effectiveness for parolees as well. These articles provide evidence on whether substance abuse treatment is beneficial for the success of parolee re-entry. To ensure validity in the measures, referencing the Department of Justice’s databases and scholarly articles will provide data and evidence of the prisoner and parolee population as well the effectiveness of substance abuse programs. This will ensure that the research data is about substance abuse treatment options only. This research can be conducted in other locations and by other researchers. This research is looking at the most successful substance abuse treatment options for parolees. As there are prisons and parolees throughout the United States, another person could conduct research in another location to determine which options are most successful. The more research that is

conducted, especially in other locations, will give the criminal justice system a clearer idea of how these treatments work and which ones are most successful. Substance abuse treatment may not work for all addicts. Everyone is unique and will need a treatment plan based on them. One treatment option may work for someone and not work for another. This must be considered when suggesting treatment options.

### **Results**

There have been hundreds of different programs introduced in communities with the goal of reducing recidivism. It is important to research components of mandatory substance abuse programs during reentry to determine which are most effective for parolees. Completing research on programs that are and are not effective will provide insight into which components are most effective. These programs have the same goals in common but use different components to reach the goal.

Research is limited for what is more effective for reentry support and programs. One of the evidence-based models, the risk-need-responsivity, is known for the success of rehabilitation for criminals around the world. It was developed in the 1980s and first formalized in 1990, but this model has continued to prove successful. This model looks at how high of a risk the parolee is to recidivate, their unique needs that need to be met to reduce the chances of re-offense, and appropriate interventions for their learning style and motivation. The risk-need-responsivity model is one of the most influential models for the treatment of offenders (Public Safety Canada, 2008). The United States Department of Justice discusses the importance of individualized plans for each offender (Illinois Criminal Justice, 2023). Individuals are not the same, whether they are criminals or not. Not everyone learns the same, thinks the same, or sees the world the same. One plan may work for one parolee but not for the other. This is the main argument on why offenders

need their own unique plan for when they are released to reduce recidivism rates. These unique plans should start being drafted long before the individual the is released for the model to be successful.

The first section of this model is risk assessment and focuses on whom to target. The main targets for this model were individuals who had the highest risk factors, such as substance abusers or those with mental illnesses. After this model was first introduced, the assessment of the offender was in the hands of the correctional staff, parolee officers and prison staff, clinic staff, psychologists, and social workers. These staff members used their professional training and experience to make judgements as to the level of supervision for parolees.

Evidence-based tools began to be developed to help avoid these decisions being based on only staff judgements. One of these tools focuses on the use of quantitative scores for the severity of certain behaviors, such as substance abuse. These scores determined the likelihood of reoffending. The higher their score, the more likely they were to reoffend (Public Safety Canada, 2008). The offenders who are more likely to reoffend need more intensive intervention than those who are less likely to reoffend.

The next section of this model is the needs, which is about what should be done. This model identifies needs based on offending behavior rather than needs that are not related to offending behavior. Criminogenic needs are dynamic risk factors that are directly linked to criminal behavior (Public Safety Canada, 2008). An example of this is if an offender has an antisocial personality, they are likely to be impulsive, pleasure seeking, aggressive and irritable. An offender with this major risk, intervention goals are to build self-management skills and teach anger management (Public Safety Canada, 2008).

The final section of this model is responsivity, which focuses on how the work should be delivered. It maximized the offender's ability to learn from rehabilitative intervention by providing cognitive behavior treatment and tailoring intervention to the learning style, motivation, abilities, and strengths of the offender. It should cover both general and specific responsivity. General responsivity is aimed at influencing behavior. It is based on established cognitive social learning methods. Specific responsivity involves personal characteristics that regulate an individual's ability and motivation to learn, such as mental health issues (Taxman, 2014).

The reentry plans should include support for employment, behavioral health, housing, and social support. Stable employment has been identified as a high priority for returning individuals (Illinois Criminal Justice, 2023). Behavioral health interventions, such as therapeutic communities and cognitive behavior therapy, help individuals with mental and substance abuse problems. Therapeutic communities are groups living together with similar issues. They are able to talk about their problems and support each other as they are working through their bad habits. Cognitive behavior therapy addresses the issues relating to mental health and substance abuse. It allows the individuals to manage their feelings, take responsibility for their actions, develop problem-solving skills, and increase coping skills. Supportive housing provides parolees with affordable housing that also includes substance abuse treatment. Social support is another role that supports parolees. Without a support group, the parolees have nothing to look forward to and have someone to lean on when needed (Illinois Criminal Justice, 2023).

In 2016, research was completed in Allegheny County, in Pennsylvania regarding a reentry program for prisoners (Willison et al., 2014). This program uses a two-phases with an overall goal of reducing recidivism. The first phases focus on programs and services to prepare

the prisoners for release. Phase one happens while the individuals are still incarcerated, using a risk/need assessment, education, employment, prevention programs, housing, supportive classes, and a unique twelve-month plan for post-release. Criminological needs are dynamic risk factors that are proven to reduce recidivism (Willison et al., 2014). These factors include the lack of literacy, poverty, and social skills. Phase two goal is to help the individual follow their twelve-month program and make changes when needed. This two-phase program showed a significant impact on the probability of future arrests. The participants in this program had a ten percent change of rearrest, compared to 34 percent for those who were not in this program (Willison et al., 2014).

Drug treatment court research was completed in 2011 in Baltimore City (Gottfredson, 2019). This drug treatment court focused on reducing rearrests and reconvictions for drug involved individuals with a history of criminal and drug addictions. The drug treatment court used close supervisions, allowing the judges to provide comprehensive treatment programs, and facilitated academic, vocations, and prosocial skills. Overall, the drug treatment court was effective in reducing recidivism when substance abuse treatment was mandatory. During the follow-up, participants had a significantly lower recidivism rates than those who did not have mandatory substance abuse treatment (Gottfredson, 2019).

A supportive housing program for those who find themselves incarcerated was introduced and studied in Denver during 2020 (Cunningham et al., 2021). This program focused on supportive housing, treatment, including psychiatric, individual, and group therapy, substance abuse treatment, and community support. This program was effective in reducing recidivism and mental health but did not effectively support those with substance abuse problems (Cunningham et al., 2021).

In 2008, research was completed in Washington that targeted prisoners whose mental health was seen as instrumental in their offense (Theurer & Lovell, 2008). This program included different components to support these mentally ill prisoners. The first component happened while incarcerated and included assessment and treatment planning. Component two focused on the post-release case management services. Supportive housing, co-occurring disorder treatment, substance abuse treatment, and community support were other components involved in this program. Overall, this program was effective in reducing recidivism (Theurer & Lovell, 2008).

### **Recommendations**

Individuals being released from prison are faced with challenges related to employment, housing, behavioral health, and social support. Helping the parolees reduces the risk of recidivism while increasing the quality of life (Illinois Criminal Justice, 2023). Reentry is a critical transition for individuals returning to their communities. Individuality makes it difficult to have a program that supports each parolee. Unique mandatory substance abuse plans need to be created to best support the parolees and their new roles in the communities.

Reentry is not a “one size fits all” (National Institute of Justice, 2023). The individual’s pathway into the criminal justice is unique just as their needs as they reentry society. (NIJ, 2023). Standard mandatory treatment is not beneficial nor effective for parolees, community, or the criminal justice system. Standard programs do not evaluate parolees’ risks or needs, therefore are not providing the necessities for successful treatment. Each parolee is unique and had their unique path into the criminal justice system which means their reentry process needs to be unique as well. Therefore, a mandatory plan that assesses the risks and needs of the parolees with a substance abuse problem is the most effective program.

The risk-needs-responsivity model provides the most effective plan of action for mandatory substance abuse treatment. This model is the only model that evaluates the parolees in order to create their mandatory reentry treatment plan. It focuses on the risks and needs of the offenders to shape a unique plan they can follow through. The risk-need-responsivity model will be able to determine the risks and needs of parolees with substance abuse problems.

Previous research has been conducted to determine if mandatory substance abuse treatment is more effective than not. Studies have shown recidivism rates were significantly lower for parolees receiving mandatory substance abuse treatment than those who were not. Extensive research has proven the effectiveness of the risk-needs-responsivity model on reduced recidivism rates (National Institute of Justice, 2023). This model can provide the parolees with a unique plan that is catered for and may be adapted to best fit their needs.

The model determined the level of risk the offender has and why. From there, the need of the offender is determined, and in this case, it would be mandatory substance abuse treatment. Finally, the offender is provided with their personalized reentry plan that includes mandatory substance abuse treatment.

Mandatory substance abuse treatment fits well into this plan because every substance abuse treatment plan will not work for every parolee. Uniqueness, as the risk-needs-responsivity has focused on, is an important element to understand for treatment. Mandating a parolee to be admitted into a substance abuse treatment center may be effective for some parolees but not all of them. While supervised parole with mandatory weekly substance abuse counseling is effective for a percent of the parolee population with substance abuse problems (National Institute of Justice, 2023).

The type of mandatory substance abuse treatment would be determined back on the risks and needs of the offender. If the offender is at higher risk, due to several previous convictions involving illegal substances, inpatient treatment may be more effective. Low risk offenders, such as offenders with their first convictions, may have a better outcome with supervised parole and mandatory weekly substance abuse counseling (National Institute of Justice, 2023).

Individuals have different risks, needs, learning styles, and personalities whether they are offenders or not. Implanting unique substance abuse treatment plans, such as the risk-needs-responsivity model, is the most effective way to reduce recidivism rates. Reducing recidivism rates will not only support parolees, but the entire criminal justice system and our communities. Crime and victim rates will drop, federal budgets will not be as tight, and creating more stabilized families who were impacted but individuals with substance abuse convictions.

### **Conclusion**

The United States have the highest incarceration and recidivism rates in the World. Without an effective reentry program, these numbers will continue to rise. Prisoners who are being released back into society without any guidelines or support. They often find themselves reoffending and back in prison, because it is easier than being out in society. The parolees do not have the basic needs to thrive such as a support system, stable housing or employment, food. Most importantly they do not have the knowledge about community resources to support their re-entry journeys or treatment options. This will continue to be a problem for the criminal justice system until new and improved re-entry plans are implemented.

Each offender is unique which means they need unique re-entry plans that best support their success. Analyzing research on re-entry programs that have been implemented to dissect successful elements to create the most effective re-entry program is essential.

After further research into the reentry programs, it has provided insight on which mandatory substance abuse treatment options are effective and those that are not. Re-entry programs that focus on one or two ideas, such as community support or stable employment, were not effective in reducing recidivism rates. While re-entry programs that focus on multiple needs parolees have proved to be most effective. Dissecting different re-entry programs to determine successful elements and mending them together to form a program that fits each parolee is most effective. Every offender is unique which means reentry programs need to be flexible to support each offender. Since each offender is unique, mending successful elements for different programs allows for unique plans to be created.

The risk-needs-responsivity model is the only program that has analyzed plans that are created for each offender. It is not “one fits all” program and acknowledges the differences in individuals. This model determines the risk of each offender and puts them in a category from low to high-risk offenders. The model then goes into understanding the needs of each offender. Again, since every offender is unique, the offenders will not all have the same needs. Finally, this model creates a plan for the offender to follow that addresses those needs. The risk-needs-responsivity model allows for changes in the plans, so the elements of the reentry programming package can best suit each parolee.

Due to society’s failings at promoting successful re-entry, research should continue to be conducted to find the most successful programs and plans for parolees. Throughout this research paper, information was provided about how mandatory substance abuse treatment should be one element of unique reentry plans for parolees. This paper also makes recommendations for mandatory substance abuse programs as a part of a reentry plan. It also provides insight on the types of elements in plans that work better than others. Overall, reentry plans that are created

using the risk-need-responsivity model best encourage parolees to take part in mandatory substance abuse programs.

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