Rethinking Reentry: a look at how risk-based approaches limit reentry success, and a case for why strengths-based approaches may better reduce recidivism

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Abstract

With nearly 1.5 million people currently incarcerated in the US, an estimated 600,000 people are released from prison annually. Incarceration has profoundly harmful effects on the physical and mental health of offenders, and emerging literature suggests that there are negative health impacts of mass incarceration on affected families and communities, contributing to widening racial health disparities across the US. After incarceration, the community reintegration process, known as reentry, is integral to the health of offenders, their families, and communities. However, there are many barriers to reentry that make the return to society difficult. To aid the reintegration process, reentry programs have become a popular element of the criminal justice system that aim to address some of the many barriers to reentry and reduce recidivism. Despite the increasing popularity of these programs, recidivism and reincarceration rates remain high across the US with 77% of released inmates being rearrested and 55% returning to prison. Most reentry programs are designed to manage offender risk, embracing a commonly used framework known as Risk-Need-Responsivity (RNR). RNR employs a type of risk management that justifies the exercise of correctional control over offenders to reduce potential harm to communities, but in doing so, prioritizes security and custody goals over efforts meant to address underlying personal, social, and environmental risk factors that drive criminal behavior. RNR inherently focuses on offender deficit and problems and does little to consider offender strengths and assets. As a result, programming set in the RNR framework does not engage offenders in the decision-making process concerning treatment and reentry, potentially limiting offender reentry success. This emphasis on

deficit exclusively highlights weakness, whereas an emphasis on strength highlights one's abilities and encourages the exercise of agency and control over the problems in one's life. Strengths-based approaches are standard in most social work practices but have not yet been embraced by the criminal justice system. If reentry programs were to rely less on traditional risk-management models and adopt more strength-based approaches, reentry programs may have a better chance at increased and sustained success by promoting offender engagement, agency, and individual commitment to reentry goals and outcomes.

Table of Contents

List of Tables

List of Figures

1.0 Introduction

1.1 Background

There are nearly 1.5 million people currently incarcerated in the US (Kang-Brown, Montagnet, & Heiss, 2021). An estimated 600,000 people are released from prison annually, with the release rate expected to rise in response to the COVID-19 pandemic (Carson & Golinelli, 2013; Initiative, 2021). At least 95% of all state prisoners will eventually be released from incarceration, but 68% of previously released prison inmates have been rearrested within three years (Hughes & Wilson, 2021). Seventy-seven percent of released inmates have been rearrested and 55% returned to prison within five years of release (Durose, Cooper, & Snyder, 2014). Recidivism – the offense of criminal act(s) that result in rearrest, reconviction or return to prison with or without a new sentence during a finite period (typically three years) following the prisoner's release – is one of the largest issues to be addressed by the criminal justice system (National Institute of Justice).

There are factors known to reduce recidivism. These include older inmate age, no prior history of incarceration, having employment and housing, avoiding peers with criminal or substance abuse behaviors, and integrating into safer neighborhoods (Yahner & Visher, 2008). The process of inmate release includes a reentry period meant to transition offenders from prison to their communities, and reentry programs work to target specific but common barriers to a successful transition. Traditionally, researchers and evaluators assess the effectiveness of reentry programs by determining what "works" or "doesn't work" at reducing recidivism.

While we generally know which reentry program attributes have the greatest effect on reducing recidivism, there is no one program or program element that has produced far-reaching,

1

long-term reduction of recidivism and sustained, complete offender reintegration. There is no effective, overarching narrative to explain this phenomenon, and a risk- or deficit-focused approach to offender reentry acutely hinders our ability to think constructively about the problem (Schlager, 2018). The criminal justice system should consider embracing a paradigm for offender reentry that focuses less on problems and more on strengths by promoting empowerment models that are solution-focused and work to build capacity, produce assets, and enhance motivation. Through strengths-based practice, different and better reentry outcomes may be possible.

1.2 Aims

The objective of this paper is to review the efficacy of previously evaluated reentry programs, discuss the potential causes of limitations to their success, and consider how adapting a strengths-based narrative may positively affect criminal justice systems, specifically the reentry system. I first describe the recent history of mass incarceration and decline of parole in the US to provide context for the social, political, economic, and cultural barriers to reentry, followed by a review of examples of various types of reentry programs to demonstrate that reentry success has fallen short of aspirations and expectations. These reentry programs sought to address the many barriers to reentry and ease the transition from incarceration to the public but focused almost exclusively on managing risk and rarely assessed strengths. I also supply an overview of risk-based practices and review the genesis of Risk-Need-Responsivity. Last, I discuss how the adaptation of strengths-based approaches may be important to improve reentry success and conclude by making key recommendations in the context of strengths-based policy, practice, and research development.

1.3 Definitions

For the purposes of this paper, I adopt the definition of "prisoner reentry program" from Seiter and Kadela (2003). Their definition includes:

1.) correctional programs that focus on the transition from prison to community (pre-release, work release, halfway houses, or specific reentry programs) and

2.) programs that have initiated treatment (substance abuse, life skills, education, cognitive/behavioral, sex/violent offender) in a prison setting and have linked with a community program to provide continuity of care

In defining prisoner reentry programs, Seiter and Kadela considered the rationale for reentry services. They discuss that prisoner reentry programs historically have addressed the difficult prison-community transition (Seiter & Kadela, 2003). There are often prison programs near the end of a sentence designed to aid the prison-community transition, but there is huge variation in those programs – they range from a few hours of orientation about post-release supervision to very thorough practices that prepare prisoners for the challenges of reentry (Seiter & Kadela, 2003). There are community supervision programs that target successful reentry by emphasizing new approaches to individualizing offender management to deal with their risks and needs, and there are programs focused on dealing with specific issues like substance abuse or sex offender treatment (Seiter & Kadela, 2003).

Their definition also includes programs with a link from prison to community even if program content does not specifically target reentry, but an issue, like substance abuse, independently (Seiter & Kadela, 2003). It is important to note that reentry begins at admittance to prison, but not every aspect of correctional operations and programs is part of the reentry process.

For the purposes of this paper, I use the above definition of prisoner reentry program to look at programs implemented only throughout the United States.

1.4 Methodological Approach

Given the broad scope of this paper, it was not feasible to conduct a systematic review. Rather, I use a narrative review based on a targeted search of the research literature and author expertise to identify consistent limitations to reentry success and potential intervention points for strengths-based approaches. Using keywords including "reentry", "parole", "strengths-based", "risk-need-responsivity", "recidivism", "rehabilitate", "vocational", "education", and "substance abuse", I searched PubMed and Google Scholar databases to identify articles published after the year 1990. Articles published within the last decade, systematic reviews, and primary studies with population-wide or national samples were preferential. This paper focuses on reentry practices that are most pertinent to reentry program success as measured by effect on rearrest and recidivism. Where possible, I have included studies that measured other reentry outcomes like employment, sobriety, and life satisfaction. Throughout this review I have used the terms "inmate", "offender", and "reentrant" interchangeably to describe people who served or are serving a one-year or longer sentence in a state or federal prison, but I acknowledge that they are also terms commonly used to describe anyone who has experienced incarceration, including people in jails, detention centers, or holding cells.

2.0 Historical Context of Criminal Justice in America: Mass Incarceration & Reentry

2.1 Health Consequences of Mass Incarceration in America

At its peak in 2009, the United States incarcerated more citizens and at a higher rate than any other country. On any given day, there were 2.3 million citizens incarcerated at a rate of 700 citizens per 100,000 (Wildeman & Wang, 2017). Nearly a decade of improvement later, there were an estimated 1.43 million people in prison, and at year-end 2019, the incarceration rate was 437 people in prison per 100,000 residents (Vera Institute of Justice, 2020). Despite the steady progress made in convalescence from the one of the most fervent and unsparing campaigns in American criminal justice history, the United States remains one of the world's leaders in incarceration.

In the 1950's the rate of incarceration was just 175 citizens per 100,000, which was still higher than many other democratic countries but more on par with global incarceration trends (Wildeman & Wang, 2017). By the mid-1970's, incarceration trends started to spiral upwards largely due to new policy changes and federal initiatives. The narrative surrounding criminal justice shifted away from rehabilitation and towards deterrence and punishment. While the exact causes of the increase in incarceration rate are complex, the shift in narrative justified the passage and adaptation of these new policies that all collectively contributed to the rise and continuation of what is now known as mass incarceration. In the 1970's, the Nixon administration started a campaign known as the "War on Drugs" to crack down on illicit drug use and decrease the crimes and consequences associated with drug dealing and consumption. A decade later, a Reagan administration initiative, "Just Say No", reinforced the same sentiment. Other federal and state policies like the deinstitutionalization of people with mental illness, three-strike laws, mandatory

minimum sentencing, and the adaptation of punitive sentencing like truth in sentencing further pushed the narrative that the American criminal justice system ought to deter and punish rather than rehabilitate and restore (Seiter & Kadela, 2003; Wildeman & Wang, 2017).

However, the implementation of these policies disproportionately affected some more than others. Disparities in mass incarceration by race and ethnicity largely affected poor black and Hispanic communities, particularly the young men of those communities (Seiter & Kadela, 2003). A cohort study examining men born in the late 1960's revealed that 2.8% of white men from the cohort spent time in prison during their 30's compared to 20.3% of black men from the same cohort (Wildeman, 2009). For black men from the cohort who did not complete high school, the risk of incarceration during their 30's increased to 57% (Wildeman, 2009). Even then, this data likely underestimates the number of men who have experienced incarceration because this data only considers those who spent at least one year in a federal or state prison and excludes lesser sentences or time spent in jails (Wildeman, 2009). The result of this was nearly half a century of unjustified disparity in the criminal justice system, which negatively affected and continues to affect the health of those who were and are incarcerated, their families, and their communities.

The experience of incarceration, regardless of length or frequency, negatively impacts health. During incarceration, prisoners have increased prevalence of infectious diseases, chronic medical conditions, substance abuse disorder, vitamin D deficiency, and mental health disorders (Fazel & Danesh, 2002; Wildeman & Wang, 2017; Wilper et al., 2009). The conditions and practices of incarceration in the US are often harsh and can exacerbate mental health disorders (see also Fazel & Danesh, 2002; Wilper et al., 2009). For example, the placement of a prisoner in solitary confinement increases the short-term and long-term risk of fatal self-harm (Wildeman & Wang, 2017). Health consequences linger long after release as mounting evidence suggests that

incarceration has harmful effects on the health of prisoners over their life course (Wildeman &
Wang, 2017). In their Series paper, Wildeman and Wang state that "in considering the lifelong
health effects of incarceration, the period after release is of critical importance" (2017, p. 1464).
Generally, most individuals who experience incarceration spend much more time out of prison
than in prison. Most of that free time occurs after release from incarceration since most individuals
experience incarceration by their late 30's, which has huge implications about the importance of
the reentry process.

Past incarceration has clearly harmful effects on health. Former prisoners experience the
health consequences of incarceration for about six times as long as their actual incarceration
sentence (Wildeman & Wang, 2017). Upon release, there is lack of continuity of care. Patients
with chronic conditions are often released without medications or a follow-up appointment with a
community provider (Visher & Mallik-Kane, 2007), and many patients who are given a
prescription at release do not end up filling them (Baillargeon, Binswanger, Penn, Williams, &
Murray, 2009). Past prisoners are also less likely to have a primary care physician,
disproportionately use emergency departments for general healthcare needs, and have high levels
of hospital admissions (Frank, Wang, Nunez-Smith, Lee, & Comfort, 2014). Furthermore, high
risk of mental health problems in the previously incarcerated population compounds with barriers
to care, ultimately preventing the continuation of essential health care (Turney, Schnittker, &
Wildeman, 2012) These disparities in healthcare access and use raise questions about how the lack
of access to health insurance or general healthcare resources, gaps in health literacy, and the
general financial constraints of the reentry process may negatively affect health.

Before the Affordable Care Act was passed, four out of every five former inmates were
uninsured at release, and many of those who did have insurance did not have the financial resources

to pay for costs associated with care (Cuellar & Cheema, 2014). While the passage of the Affordable Care Act has expanded eligibility for public access to health insurance, several states have refused to accept the federal expansion of Medicaid coverage. This in addition to recent partisan efforts to strip it of its benefits, any potential that the Affordable Care Act had to diminish the long-term health consequences of incarceration have been attenuated. Compounding with the barriers to healthcare, former prisoners often have little to no access to housing, face discrimination in housing and employment, lack family support (Wakefield & Uggen, 2010; Western, 2006), and individuals with drug felony convictions are prohibited from services such as public housing and food stamps (Garland, 2001). Even among those who find employment, individuals with history of incarceration earn an average of 30% less than similarly qualified individuals with no history of incarceration (Wakefield and Uggen, 2010; Western, 2006). Evidence shows that the physical, social, political, and economic discrimination and ostracization of individuals with history of incarceration has a direct, long-lasting, deleterious impact on health.

There are also indirect consequences of mass incarceration on the health. The incarceration of one person often has implications for the health and wellbeing of affected families and communities. Incarceration exacerbates financial hardships, disrupts relationships, increases stigma, and reduces social support for affected families (Wildeman & Wang, 2017). This is especially true for incarcerated fathers whose incarceration status has implications for their co-parents and/or partners and children. According to Glaze and Maruschak, the Bureau of Justice Statistics notes that 52% of state and 63% if federal inmates reported being a parent to an estimated 1.7 million children (2008). Given that mass incarceration disproportionately affects black individuals, one can extrapolate that mass incarceration also disproportionately affects black families.

In another cohort study by Wildeman, data revealed that black children born in 1990 had a 25.1% chance of their father being sent to prison, and the probability doubled (50.5%) for fathers who did not finish high school (2009). Incarceration of a parent is associated with various negative health outcomes including elevated child mortality, increased risk of behavioral and mental problems throughout childhood, and a variety of health issues like substance abuse (Roettger, Swisher, Kuhl, & Chavez, 2011; Wildeman, 2014; Wildeman & Wang, 2017). Incarceration decreases the ability for an individual to financially contribute during incarceration and limits earning potential after incarceration (Geller, Garfinkel, & Western, 2011), which may cause or worsen tensions among a family unit. During incarceration, keeping in touch with an incarcerated family member is costly and may further financial strains (Binswanger et al., 2007). Incarceration disrupts family relationships and romantic unions (Lopoo & Western, 2005); having an incarcerated family member, reintegrating a recently released family member, the social stigma surrounding incarceration, and the potential for reduced social supports available for affected families can all put stress on these relationships (Braman, 2004; Comfort, 2009; Turney et al., 2012).

Violent crime is one of the most immediate threats to public health in communities, but the repercussions of mass incarceration within communities, if not mitigated, may present more understated but far larger public health consequences. At a community level, high levels of neighborhood incarceration is associated with poor population health including asthma, STIs, and psychiatric morbidity (Wildeman and Wang, 2017). The racial disparities in mass incarceration compound with overarching racial health disparities, often concentrating in poor communities of color. A Black individual is more likely than the overall population to know someone who is incarcerated, have an incarcerated neighbor, or have a confidante incarcerated (Lee, McCormick,

Hicken, & Wildeman, 2015). This reflects larger systemic and structural inequities like disproportionate enforcement of policing, higher conviction rates for equal crimes, harsher sentencing, and lesser public investment in social institutions for black individuals and in black communities. The uneven distribution of mass incarceration and its consequences could be a significant contributor to racial health disparities (Wildeman and Wang, 2017).

Over the past several years, soaring costs, overcrowding, a spotlight on overly aggressive policing in historically minoritized communities, and a global pandemic have engendered agreement that mass incarceration has failed and should be reversed. Consistent, insistent, and persistent calls for racial and social justice have challenged current narratives surround criminal justice demanded the abandonment of punitive justice in favor of restorative justice. These efforts ignited discussions about criminal justice among politicians at all levels of government. However, the new challenge ahead is ensuring that as individuals are released from incarceration, there are efficacious social systems in place that help facilitate the reentry process by promoting successful, sustained reintegration back into communities and preventing recidivism.

2.2 The Pendulum of Parole and Reentry

In a speech nominating Al Smith at the Democratic Convention in Madison Square Garden on June 26th, 1924, Franklin D. Roosevelt launched reentry into the national spotlight, ushering in an era of considering offender reentry as a social and political responsibility (Golway, 2018). FDR's speech was the first major gesture of moving reentry into national politics, and the rhetoric of his administration set the foundation for the subsequent rise of reentry as a modern social movement. As the federal, state, and local governments began to develop programs and

organizations dedicated to the reentry process, the task of ensuring community reintegration led to the conception of parole (Rothman, 1980). After World War II, a post-war economy and need for men to return to work justified the rise of what is known as "disciplinary" or "industrial" parole (Jonson & Cullen, 2015; Simon, 1993). The cultural belief of the time was that the discipline of routine work "instills moral fibers" and all parolees had to have a job and keep it to avoid reincarceration (Jonson & Cullen, 2015). However, economic instability and rising unemployment in the late 1940's made finding and keeping a job difficult (Jonson & Cullen, 2015).

In the 1950's, parole agents began to develop close working relationships with offenders in a clinical model, delivering catered treatment services to offenders because they realized that employment, alone, was not enough to ensure successful reentry (Simon, 1993). By the 1960's, increased concern for parolees' well-being led to "community reintegration" efforts like halfway houses to further support released offenders as they transition back into their communities (Latessa & Smith, 2011). Prisoner release on parole peaked in the mid-1970's with 72% of prisoners begin released by parole boards (Clear, Cole, & Reisig, 2013). However, this high rate of discretionary release drew political criticism from liberals and conservatives and ignited the attack on the rehabilitative ideal that historically defined reentry (Cullen, 2013; Cullen & Gilbert, 2012). There were bipartisan concerns with indeterminate sentencing and parole release, but for differing reasons. For liberals, parole board personnel lacked the expertise and political insulation to make equitable, unbiased decisions about who should or should not be released from prison (Jonson & Cullen, 2015). Conversely, conservatives believed parole boards were too lenient and that parole increased the risk of premature release of dangerous offenders back into communities (Jonson & Cullen, 2015). In unity of agree to disagree, the political response was the abolition of parole boards and the adaptation of determinate sentencing in 20 states (Petersilia, 1999). Among states

that preserved parole, certain types of crimes made offenders ineligible for parole release, and eventually all states restricted sentencing discretion by passing mandatory minimum sentencing laws, truth in sentencing, and lifetime or longer sentences for those with "3 strikes" (Johnson, 2011; Torny, 1996, 2013).

Where reentry was once a universal practice, the dismantling of parole resulted in no national standard and mixed elements of determinacy and indeterminacy between and within states (Jonson & Cullen, 2015). The consequence was that one in five inmates "maxed" out their sentence – serving the entirety of it in prison – and were released back into their communities with no post-release supervision or support (Pew Charitable Trusts, 2014).

Soon after, a new model of supervision, "managerial parole", replaced the clinical model of parole and emphasized close surveillance as a way to deter misbehavior (Simon 1993). Managerial parole involved risk assessment practices like intensive supervision, drug testing, electronic monitoring, and revocation for non-compliance (Simon, 1993). The underlying assumption was that those who enter the criminal justice system will likely be involved for a lifetime, and this logic was used to justify divestment in rehabilitation and enrichment services (Simon, 1993). The model no longer promoted rehabilitation by emphasizing post-release support and services, but instead managed risk through deterrence and sanction.

Eventually, the attack on and destruction of parole ceased. Come the turn of the millennia, parole boards largely kept the authority to make decisions about discretionary release, and some states even restored parole granting function (Rhine, 2011). The term "reentry" became popular in correctional and public policy spheres, and there were conversations about the failures of the existing system (Rhine, 2011). It became clear that society could no longer ignore that 95% of the prison population will reenter society and that the existing system was setting them for

reincarceration. Mere surveillance was not enough – there was a need for programs to help offenders navigate the barriers of reentry and make the burdensome transition from prison to the public.

Reentry quickly metamorphized from a niche public policy concern to a modern social movement. All levels of government, correctional and legal professional associations, faith-based groups, and non-profit organizations began to embrace reentry (Thompson & Rhine, 2011). Academics began constructing reentry as a social issue, working to provide solutions and calling for reformations at every level of the correctional system (Petersilia, 2003; Travis, 2005). The emphasis shifted from deterrence and punishment to the development of programs that facilitated the successful return of prisoners to the community, intrinsically linking the idea of reentry to rehabilitation. New programs and interventions were based on the premise that offenders face personal and situational risks that, if left unaddressed, would likely result in reincarceration (Jonson & Cullen, 2015). Reentry developed strong bipartisan support, leading to the passage and amendment of one of the largest pieces of reentry public policy initiatives in the US – the Second Chance Act of 2007 (Listwan, Jonson, Cullen, & Latessa, 2008).

The economic collapse in 2008 increased the momentum of the reentry movement as the cost of mass imprisonment was no longer sustainable or justifiable, requiring an increased rate of prisoner release (Jonson & Cullen, 2015). Not only did releasing prisoners become a main priority, but so did keeping them out of prison (Jonson & Cullen, 2015). Reentry finally found its political purpose – reducing recidivism.

The challenge now, as it was then, is designing effective, evidence-based programs that produce sustained, long-term outcomes like preventing reincarceration. However, mass incarceration has changed the landscape of criminal justice in America, and the return to

rehabilitation-centric programs does not necessarily mean that there will be the same historical success in promoting reentry. There are still many economic, political, and sociocultural barriers to reentry that must be addressed through ongoing implementations and evaluations of novel reentry programs.

3.0 What Makes Offender Reentry So Difficult?

3.1 The Many Barriers to Reentry

The purpose of reentry programs is to facilitate the transition from prison to community by providing relevant services that work to encourage successful reintegration and prevent return to criminal behavior. Notwithstanding, reentry is no small feat. There are social, financial, political, mental, and logistical barriers to reentry, all of which are clouded by stigma. A study by the Vera Institute of Justice in New York City interviewed prisoners to determine reentry progress and better understand what contributed to a successful transition from prison to communities. During the interviews, the ex-offenders discussed barriers to or challenges of their reentry. They identified finding safe, reliable housing, reconnecting with family and friends, finding a job, substance abuse, continued involvement in crime, and the effect of parole supervision as the biggest issues upon reentry (Nelson, Deess, & Charlotte, 1999). Those interviewed were also concerned about having few vocational skills and inadequate work history (Nelson et al., 1999), citing their age at release, lack of employment at time of arrest, and history of substance abuse as barriers to finding a good job (Nelson et al., 1999). 50 of the 66 prisoners interviewed stated that they had no one to meet them as they exited prison or got off the bus in New York City (Nelson et al., 1999), highlighting the lack of preparation, communication, and follow-up regarding reentry.

These findings echoed broader trends observed across the US. Upon release, most offenders live with their family or friends until they can find a job, accumulate financial resources, and find their own housing (Seiter & Kadela, 2003). The inherently difficult and stressful transition from prison to the community makes it difficult avoid relapse, and many re-entrants quickly return

to substance abuse (Seiter & Kadela, 2003). Studies have found that reentering individuals experience significantly increased risk of mortality, particularly from overdose, suicide, and homicide, during the early post-release period (Lim et al., 2012; Rosen, Schoenbach, & Wohl, 2008). Another study found that death rates among released prisoners were 3.6 times greater than the general population and 10 times the expected of overdose death rate (Binswanger, Blatchford, Mueller, & Stern, 2013). Risk of death was particularly high in the first week after release (Binswanger et al., 2013), pointing to the need for implementation of reentry services immediately following release. Generally, lack of stable housing, insufficient income, and the potential for substance abuse relapse make it difficult to avoid return to crime (Seiter and Kadela, 2003), increasing the likelihood for re-arrest, recidivism, or premature death.

Re-entering prisoners and the communities welcoming them have a symbiotic relationship, but a lack of social cohesion and community stability make the reentry process more difficult for both parties (Anderson, 1990). Community-level issues like poverty and persistent unemployment make communities vulnerable to higher levels of crime, drugs, family disorganization, and demoralization (Anderson, 1990), creating a disadvantageous environment for those going through the reentry process. In a review of the effects of mass imprisonment on a neighborhood in Tallahassee, Florida, researchers found an increase in crime in the community associated with an increase in the arrest, removal, and imprisonment of community members (Rose, Clear, & Scully, 1999). This raised concerns about the effectiveness of the prison system at deterring crime and rehabilitating misbehavior and further suggested that little opportunity for offender reintegration destabilizes communities by increasing isolation, anonymity, and crime (Rose et al., 1999). These findings imply that there is a negative, cyclical effect – ineffectively returning offenders to their

16

communities destabilizes the communities, and destabilized communities make it more likely for

reentrants to re-offend, potentially further destabilizing the community.

As outlined in Healthy People 2020, there are social determinants of health (SDoH) that

are the "conditions in the environments in which people are born, live, learn, work, play, worship,

and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks"

("Social Determinants of Health," 2020). Using a "place-based" organizing framework, Healthy

People 2020 identifies five key areas of SDoH: economic stability, education, social and

community context, health and health care, and neighborhood and built environment (Figure 1).

Each of these five determinant areas reflects several key issues that make up the underlying factors

that either contribute to or forestall good health ("Social Determinants of Health," 2020). Prison

reentry is a multifaceted issue, and various underlying factors that play into violence and crime,

incarceration, and the previously discussed barriers to reentry are all in the arena of SDoH. While

SDoH like incarceration and crime/violence are listed explicitly under social and community

context and neighborhood and built environment, respectively, various other factors that hinder

successful reentry like employment, housing instability, poverty, educational attainment, civic

participation, and environmental conditions, just to name a few, are also all SDoH (Table 1; "Social

Determinants of Health", 2020).

This organizing framework has emerged as one of the top strategies for addressing SDoH

and has been used to identify evidence-based resources and interventions implemented at state and

local levels. Understanding the relationship between individual and community is fundamental to

understanding how SDoH impact health ("Social Determinants of Health", 2020). For decades, the

criminal justice system almost exclusively focused on individual-propensity for crime rather than

environmental context, resulting in subsequent practices and policies aimed at modifying

individual behavior by intervening with the individual decision-making process. While it is necessary to promote individual behavior change in curbing criminal activity, failing to consider and address the community-level social and economic conditions that affect individual behavior misses key patterns of social and environmental engagement that influence individual decision-making.

In 1939 and 1947, Edwin Sutherland developed then revised the Differential Association Theory to predict the tendency for criminal behavior, rejecting previously held notions that criminal behavior is inherited and that criminals are biologically different from noncriminals (Bosiakoh, 2012). Instead, Sutherland explained that criminal behavior is a result of differential social function, and that learned motivations, rationalizations, and attitudes affects one's actions but not one's identity (Bosiakoh, 2012). Essentially, criminal and noncriminal behaviors are the expression of the same needs and values, often sharing of the same goals, but the difference between the two is the means of their pursuit. Sutherland (1939, 1947) asserts that "a person becomes criminal because of excess definitions favorable to the violation of law over definitions unfavorable to violation of law," implying that criminality is not predestined, rather, a consequence of the failure of society to meet one's basic needs. In the case of reentry, offenders who have no way to soundly express their needs upon return to their communities will likely revert to criminal behaviors and potentially return to prison. Hence, the goal of reentry programs is to help meet the needs of returning offenders and reduce recidivism by addressing some of the many personal and community-level barriers to reentry. In aiding to offender return to society, it is absolutely necessary for reentry practices to consider the importance of the reciprocal relationship between individual-community and the role of SDoH in determining the most effective ways to intervene and promote maximum reentry success.

3.2 Challenges in Delivering Effective Reentry Programs

It is well understood that prisons do not reduce the criminality of inmates. The American carceral system does not attempt address the underlying issues that cause criminality, but instead relies on the promise of punishment to deter it. Not only is this approach ineffective, but it further risks public health and safety. Evidence suggests that the effect of imprisonment on reoffending is likely null or criminogenic (Cullen, Jonson, & Nagin, 2011; Nagin, Cullen, & Jonson, 2009). This is both contrary to the theoretical purpose of incarceration and counterproductive to reentry efforts as it creates added challenges that then need to be addressed during the reentry process. Reentry programs serve to address some of those underlying criminogenic issues as a way to prevent re-offense. However, no reentry program or reentry model has proven efficacious at preventing recidivism because the factors that drive criminal behavior are complex, difficult to assess, and even more difficult to address. The result of this broken, clunky criminal justice system is a revolving door vulnerable to high rates of offender recidivism.

In a study of recidivism rates in the US, data from 272,111 reentering inmates across 15 states (nearly 2/3 of the national re-entering population) revealed that 67.5% had been rearrested for a new offense, 46% had been reconvicted, and 25.4 % had been resentenced to prison within 3 years – returning a majority, 51.8%, of the population back to prison (Langan & Levin, 2002). Failure of reentry was most pronounced within the first six to twelve months following release (Langan & Levin, 2002). A more recent study from 2014 corroborated these findings, highlighting a trend in the criminal justice system. Durose, Cooper, and Synder (2014) examined data from 404,638 prisoners in 30 states from 2005 to 2010 and found that 67.8% of former inmates were arrested for new crimes within three years of release. Similar to Langan and Levin's findings, failure was highest in the time shortly after release – 36.8% were rearrested within six months and

56.7% by the end of the first year (Durose et al., 2014). The consistently high recidivism rates reflect the failure of the criminal justice system to properly identify and address the underlying causes of criminogenic behavior. Despite the increasing popularity of the reentry movement over the past several decades, there are few reentry programs that substantially reduce recidivism on a large scale.

Implementation of many programs has been, at best, lackluster in places, and inmate investment in program participation largely mirrors the investment made by program staff in the participants' success and program's mission (Lindquist, Ayoub, & Carey, 2018). Lack of visibility and failure to promote services available before also hampers reentry success. 1997 data from California shows that only 2.5% of state inmates who were in high need of drug treatment received professional treatment (Petersilia, 2008). Almost half of California offenders released in 2006 did not participate in work or treatment programs during their prison sentence (Petersilia, 2008). National data from 1997 shows that only 27% of inmates participated in vocational programs, 35% in educational programs, and 13% in prerelease programs (Lynch & Sabol, 2001).

More recent data shows that the prevalence of treatment services in prisons is high, but inmate participation is low (Taxman, Pattavina, & Caudy, 2014). Per the National Criminal Justice Treatment Practices survey, 74% of prisons offered outpatient substance abuse programs but only 13.3% of inmates participated (Taxman et al., 2014). Even more alarming, only 4.7% of offenders with the specific need for treatment actually gain access to the appropriate services (Taxman et al., 2014). Most prisons also offer educational programs, vocational training, and job readiness programs, but only 7% to 8% of adult prison inmates participate on any given day (Taxman et al., 2014). This evidence points to a massive gap in the availability of prison reentry programs and their implementation, suggesting issues in the translation of concept into practice.

However, it is important to urge that there is little room for shortcomings or mistranslations if we want reentry efforts to be successful. Most prisoners have little to no material welfare at the time of release; many have only enough money for a one-way bus ticket, a single set of clothing, and no more than 60 days' worth of prescription medicine (Community Corrections Research Team, 2011; Rukus & Lane, 2014). People with criminal records, especially those with drug-related offenses, can be barred from public housing and must depend on their families or friends to house them with no financial aid to support their stay from the government (Alexander, 2010; Jonson & Cullen, 2015; Travis, 2005). Upward of one-third of offenders are unemployed at the time of their most recent arrest and the many challenges returning offenders face make finding employment difficult (Bushway, Stoll, & Weiman, 2007; Petersilia, 2011), let alone employment that pays a living-wage. Taxman, Perdoni, and Caudy (2013, p. 82) report that seven in 10 offenders in community corrections have "some type of substance abuse disorder," and an estimated 16% of offenders under correctional supervision have a serious mental disorder (Manchak & Cullen, 2014).

The many barriers to reentry make any and all reentry efforts as pertinent and critical as the next, but fragmented implementation and inconspicuous practices do little to help offenders achieve their reentry goals. Nonetheless, we cannot merely fault program implementation – we must also consider how and why program design and theoretical approaches to practice may negatively affect offender participation and limit reentry outcome potential.

4.0 Reentry Programs, Risk-Needs-Responsivity, and the "What Works" Model

4.1 Popular Elements of Reentry Programs

Based on the many barriers to reentry, reentry programs work to address the varying needs of prisoners throughout their reentry process. There are some common and essential needs that programs prioritize to best increase the likelihood of reentry success, and there are popular program types commonly implemented to meet those needs. Below, I present a series of evaluations of popular reentry program types and discuss their "what works" findings. These program types include vocational and work training programs, education programs, substance abuse treatment programs, and programs for violent or sexual offenders. Many of these programs had ambitious goals of reducing community-level recidivism, and while some yielded promising results, the effects on recidivism and long-term reentry outcomes fell shy of their aspirations.

4.1.1 Vocational and Work Programs

Finding employment generally the biggest concern among released prisoners and many reentry programs prioritize offender employment, however addressing employment is complex. Employment-focused reentry programs are fairly straightforward but vary in where and how they are implemented. Some work to increase offender employability by providing employment during incarceration, providing vocational training, assisting with job searches and placement, or any combination thereof. Vocational training and/or work release programs are considered one of the most effective interventions to help reduce recidivism and improve job readiness skills (Seiter &

Kadela, 2003). In an innovative experiment, Turner and Petersilia in 1996 randomly assigned 218 offenders to treatment or control groups as a way to beginning assessing the effect of vocational training on reentry outcomes. They found that the program did succeed in preparing offenders for release and eased the transition from prison to the community, but program participation did not significantly decrease the likelihood of a rearrest (Turner & Petersilia, 1996). A longitudinal evaluation of the Post-Release Employment Project produced more promising findings. Data collected from over 7,000 federal inmates demonstrated significant and substantive training effects on in-prison misconduct reports and post-prison employment and arrest rates for program participants when compared to non-participants and a baseline group of other inmates (Saylor & Gaes, 1992, 1997). These two foundational experiments provided evidence that vocational and work programs had significant potential to favorably effect reentry outcomes for inmates who participate, justifying continued investment and further evaluation of the matter.

More recently, the Transitional Jobs Reentry Demonstration looked to establish whether transitional job programs and subsidized employment were more effective than simpler, cheaper programs that only conduct simple job search and referral services. Inmates were randomly assigned to control and treatment groups across various program sites. The treatment groups were offered temporary, minimum-wages jobs and additional employment services like job coaching, search assistance, job placement, and post-placement services (Jacobs, 2012; Redcross et al., 2011). Program participants worked 30 to 40 hour a week, and some sites offered $1,500 bonuses for participants who got and held unsubsidized jobs (Jacobs, 2012; Redcross et al., 2011). Follow-up studies found that programs substantially increased employment in the early post-release period by providing jobs to many who would have otherwise not had work, and the highest placement rates in unsubsidized jobs were at the sites that offered retention bonuses (Jacobs, 2012; Redcross

et al., 2011). However, employment gains faded as program participants left transitional work, and the program did not increase regular employment during or after the program participation period (Jacobs, 2012; Redcross et al., 2011)

An evaluation of an employment-focused reentry program in Southern California produced similarly flat results. In this program, participants attended job readiness training classes, completed an employment readiness course, and were assisted with employment placement (Farabee, Zhang, & Wright, 2014). Investigators conducted interviews one year after release and collected arrest records two years after to assess participant outcomes. They found that year-one outcomes were similar for the control and treatment groups; there was no statistical differences in full-time employment, re-arrest rate, re-incarceration rate, and the two groups also had similar housing arrangements, no observed effects on substance, educational attainment, and overall health (Farabee et al., 2014). There were higher rates of job placement among program participants immediately following release, but the early success tapered off as time lapsed.

There was, however, more encouraging success with programs that emphasized and played to reentrants' strengths. The Milwaukee Safe Streets Prisoner Release Initiative sought to provide vocational skills assessments and access to soft skills training on top of traditional vocational training (Cook, Kang, Braga, Ludwig, & O'Brien, 2015). It gave access to reach-in services, substance abuse treatment, remedial education, and work release for minimum security offenders nearing the end of their sentence (Cook et al., 2015). Inmates also participated in the Breaking Barriers life-skills and cognitive-behavioral program designed to change behavior, thinking, and attitudes known to contribute to criminality (Cook et al., 2015). Data from the first six months revealed that the treatment group worked more hours than the control group and received higher median earnings (Cook et al., 2015). By the end of the first year, overall arrest rate and re-

incarceration rate for the treatment group were lower than that of the control (Cook et al., 2015), suggesting that a strengths-based approach to vocational training and placement may be more efficacious at addressing the dynamic risk factors for criminal behavior and producing long-term reentry success. An important detail to note, however, is that this program was limited to reentrants 35 years-of-age or younger which fails to address the issue of older reentrants having limited opportunities post-release due to their age and lack of employment history.

It is clear that vocational programs can help inmates develop job skills associated with better post-release employment outcomes (see also Lindquist et al., 2016; Visher, Winterfield, & Coggeshall, 2005). Inmates who receive employment services prior to release are more likely to have post-release employment, and the effects are especially pronounced for participants who lack recent employment success or have little employment history (Lindquist et al., 2016; Newton et al., 2018). The positive effects of ex-offender employment can extended beyond individuals and to their broader communities by facilitating positive social connections, increasing income and financial stability for families, strengthening the community tax base, and lowering the overall crime rate (Lindquist et al., 2016; Solomon, Dedel, Travis, & McBride, 2004). There is also evidence that some employment interventions can benefit ex-offenders with substance abuse issues (Newton et al., 2018).

While vocational and work training programs are appealing due to their effect on positive, short-term outcomes and ability to implement on a large scale, the overall success of vocational programs has fallen short in proportion to the substantial investment of public funds into them, raising questions about the efficacy and sustainability of these programs. There is a lack of empirical evidence linking program participation with sustained employment success, challenging the premise that engagement with employment, alone, reduces risk of re-offense. Evidence of long-

term success was more promising for vocational programs that were more holistic and incorporated strength-based approaches. Future design and implementation of vocational programs can pull the viable features of past programs and set them within framework that promotes the profound cognitive and behavioral changes necessary to ensure reentry success.

4.1.2 Education Programs

Educational attainment remains a consistent issue among the prison population. At year-end 2018, 29% ($n = 51,436$) of Federal Bureau of Prisoners (BOP) inmates had not attained a high-school diploma, general-equivalency degree, or other equivalent certificate before entering prison (*Data Collected Under the First Step Act, 2019*, 2020). Adding complexity to the issue, a total of 13% of BOP prisoners ($n = 23,567$) identified English as their second language (*Data Collected Under the First Step Act, 2019*, 2020). Prison administrators have worked to address this problem by offering a variety of different pre- and post-release services aimed at bolstering educational attainment, but there are mixed results in the success of these programs. Educational services range from offering GED classes to assisting inmates in earning a bachelor's degree after release, and programs often try to incorporate vocational training and apprenticeships, making education programs integral components of reentry programming.

Generally, education programs help increase educational achievement scores but do not ultimately decrease recidivism (Seiter and Kedela, 2003). The Learning, Instruction, and Training = Employment (LITE) program in Kentucky aimed to reduce recidivism by increasing the literacy levels of state and local inmates (Vito & Tewksbury, 1999). 105 inmates participated in a 6-week program that, upon its completion, did increase reading and math competencies by up to three reading levels but did not reduce recidivism rates (Vito & Tewksbury, 1999). However, the

program intended to have an employment component that was never fully implemented which may have thwarted its effect on recidivism (Seiter & Kedela, 2003).

A study of prison behavior and post-release recidivism of Texas inmates revealed similar outcomes. Researchers assessed a cohort of over 14,000 inmates released between March 1991 and December 1992 and found that prisoners that participated in education programs showed increased academic achievement (Adams et al., 1994). Recidivism rates improved slightly for prisoners who participated for 200 hours or more, but only if they previously had the lowest level of academic achievement (Adams et al., 1994). Overall, there was minimal effect on cohort recidivism rates (Adams et al., 1994).

Yet, fresh analyses of prison education programs produced stronger results: education program participation coincides with less risk of reoffending compared to nonparticipation. In a massive study of more than 92,000 men admitted into Ohio prisons between January 2008 and June 2012, Pompoco, Wooldredge, Lugo, Sullivan, and Latessa (2017) compared the rates of misconduct during incarceration and rates of return-to-prison between Ohio prison education program participants and nonparticipants. They found that completion of GED classes, college class, or vocational training programming coincided with significantly lower rates of return-to-prison for new crimes or parole violations (Pompoco et al., 2017). Inmates who completed their GEDs saw 6.1% fewer prison returns within 3 years, 5.6% fewer for college class completers, and 4.2% fewer for vocational training and apprentice completers (Pompoco et al., 2017). These findings show noticeable reductions in return-to-prison rates for education program participants.

More recent studies and meta-analyses suggest that education programs may produce a significant and substantive effect on reducing recidivism (Davis, Bozick, Steele, Saunders, & Miles, 2013; Pompoco et al., 2017), indicating that education programs are among the most

promising and encouraging reentry program components. However, increasing educational attainment alone does not address many of the barriers to reentry, but education does synergistically interact with other reentry efforts to produce better reentry outcomes. Education programs are associated with increased academic achievement test scores and competencies which may help address broader factors like limited literacy, numeracy, and language barriers that effect post-release employment (Davis et al., 2013; Graffam, Shinkfield, & Hardcastle, 2008). Education programs are available in 9 out of every 10 prisons, yet participation is limited and there is room for improvement in the variety and quality of implementation. Education is a key determinant of offender reentry success, but it must be paired with other program elements to really maximize its effect at reducing recidivism, thus introducing the opportunity to incorporate novel approaches into educational programming.

4.1.3 Substance Abuse Rehabilitation Programs

Substance abuse is an individually penetrating issue as substance abuse disorders often affect criminal behavior, employment, social supports and relationships, mental health, physical ability, housing, and can cause social marginalization and ostracization. Thus, targeting substance abuse treatment in incarcerated populations is a top priority among correctional administrators. Popular program types include drug abuse education, nonresidential drug abuse treatment, residential drug abuse programs, and community treatment services (Federal Bureau of Prisons). Inmate participation in substance abuse programs during incarceration helps lower drug use during reentry and increases likelihood of post-release employment (Lindquist et al., 2016; Robbins, Martin, & Surratt, 2009). Continuity of care for behavioral health and substance abuse treatment is an important part of improving and maintaining individuals' post-release health and well-being

(Lindquist et al., 2016). Drug abuse treatment strategies are continuously evolving and advancing, as correctional and criminal justice professionals believe that treating substance abuse can improve a variety of personal, health, and reentry outcomes (Federal Bureau of Prisons).

A quasi-experiment tested for substance abuse treatment effectiveness among 2,315 federal inmates and showed that the treatment program significantly reduced recidivism rates and rates of relapse of drug use (Rhodes et al., 2001). An evaluation of New York City's Stay N' Out therapeutic community (TC) program showed that after 3 years of risk, those who completed the program had significantly lower arrest rate (26.9%) than those who had different drug treatments (34.6%, 39.8%) or received no treatment (40.9%) (Wexler, Falkin, Lipton, & Rosenblum, 1992). However, the positive effect in reducing recidivism maxed-out after 12 months of participation. While the exact cause is complicated, the evaluators speculated that after 12 months, offenders are usually denied parole and the clients may become frustrated and slowly reduce their TC participation (Wexler et al., 1992).

In systematic review from 2020, Moore et al. assessed prisoner reentry interventions from the 10 years prior that addressed substance abuse. They identified 34 unique interventions geared towards addressing offender substance use from 112 full text articles. Twenty-one of the interventions conducted substance use treatments in house, and 13 facilitated connections to treatment. In a review of 31 studies that assessed several recidivism outcomes (e.g., rearrest, reincarceration), 18 (58%) found reduced recidivism for the treatment group on at least one indicator (Moore, Hacker, Oberleitner, & McKee, 2020). The results of this analysis gave no indication that any one treatment approach or modality had more success than others, and the authors put forth concern about the limited scope of the interventions and expressed doubt that current approaches will significantly reduce recidivism (Moore et al., 2020). All of the previously

presented studies, reviews, and analyses highlight the various benefits of substance abuse treatment programs, such as lowering substance use rates and increasing likelihood of employment. However, there is limited evidence thus far to show that solely treating substance use or prioritizing substance use treatment does more than little to reduce offender risk of recidivism.

4.1.4 Sex Offender and Violent Offender Treatment Programs

The goal of the sex offenders treatment programs is to prevent recurrence of sexual offending by teaching the social skills necessary to strengthen self-regulation and prepare for the return to a life free of sexual offense ("Sex Offender Commitment Program," 2021). Violent offender programs take a similar approach and are designed to reduce an offender's propensity to commit further violent crimes by delivering individually-tailored cognitive-behavioral interventions. The intensity of treatment for both program types is matched to an individual's risk level of reoffending, so that high-risk offenders receiving more intensive and extensive treatment.

In a study of a cognitive skills training program, Robinson (1996) randomly assigned 2,125 offenders to either a treatment group or control group. Offenders were subject to a 12-months follow-up after release to discuss reentry outcomes and status. Study results showed that the completion of cognitive-behavioral therapy reduces offender reincarceration rate by 11% in comparison to the control group, however, the therapy was not as effective for offenders with high level risk of recidivism compared to offenders with a moderate risk (Robinson, 1996). An assessment completed in the same year by Barbaree, Seto, and Maric (1996) indicated that voluntary completion of a cognitive-behavioral therapy program by violent sex offenders did not reduce risk of recidivism as there was no significant difference in recidivism rates between treatment and non-treatment groups. However, the authors note that offenders who did not

complete the treatment had a higher recidivism failure rate within the post-release follow-up period in comparison to those who completed the treatment (Barbaree et al., 1996).

Over 20 years later, a meta-analysis of 27 controlled studies containing 7,062 violent offenders and more than 13,000 records produced similarly promising but short results (Papalia, Spivak, Daffern, & Ogloff, 2019). The analysis examined whether psychological treatments with adult violent offenders are effective in preventing community recidivism and institutional misconduct and found that, overall, treatments did help reduce recidivism (Papalia et al., 2019). However, nonsignificant moderator analyses could not identify association trends and the impact of other variables on reentry outcomes. The authors assert that the "findings regarding the impact of psychological treatment are promising", but note that multimodal treatments are more strongly associated with positive treatment effects on recidivism (Papalia et al., 2019), indicating that cognitive-behavioral therapy, alone, is not enough to significantly reduce recidivism. Generally, there are few well-controlled studies and inconsistent reporting of evaluation findings, limiting our evidence and understanding of the effectiveness of sexual and violent offender programs on reentry outcomes. There is a need to conduct further, high-quality research to assess the mechanisms of action and effectiveness of individual treatment components in order to determine which combination of treatments produce the best outcomes for offenders.

4.2 The Potential Ceiling of Risk-Needs-Responsivity

Designing the most relevant and effective correctional programs requires us to try to answer the question, "what works for whom?" Early work to answer this question in the 1920's and 1930's focused on identifying potential risk factors to re-offense and developing tools to help

parole boards assess parole candidates, establishing a precedent regarding the conceptualization and measurement of risk variables (Taxman, Thanner, & Weisburd, 2006). Risk was assessed by examining an offender's criminal history – the age of first arrest, number of prior arrests, number of incarcerations, severity of offense, and so on – and release decisions were made by determining likelihood of success in the community based on risk (Taxman et al., 2006). However, risk only considered administrative data and did not examine individual behaviors.

The administrative data approach to risk stuck around for 50 years with minor advancements made in the development of risk assessment tools until the Wisconsin Risk and Needs assessment was developed in the early 1980's (Taxman et al., 2006). This new tool helped assign offenders based on their risk factors to different services designed to assist in the prison-community transition, and considered "dynamic factors" like mental health status, substance abuse, attitude and orientation, family functioning, criminal social networks, employment, and other pyscho-social functions in addition to historical administrative data (Taxman et al., 2006). Risk assumes that past criminality will affect the ability of an offender to engage in prosocial behaviors, and need refers to the degree to which deficits exist and considers how deficits contribute to criminal behavior (Taxman et al., 2006).

The Wisconsin Risk and Needs instrument improved upon earlier risk assessment tools by recognizing that static, administrative risk factors do not identify or work to address offender needs in promoting successful reentry (Taxman et al., 2006). However, this model made the assumption that personal risk factors are pathological, indicating a lifelong propensity to criminal involvement. Management of risk justified the exercise of correctional control over offenders to reduce potential harm to communities, and the model prioritized security and custody goals over the goal of addressing the underlying risk factors that drive criminal behavior (Taxman et al., 2006). The

Wisconsin Risk and Needs instrument set the precedent for the development of the Risk-Need-Responsivity (RNR) concept, which is the risk-assessment model most commonly embraced today.

In addition to developing risk-assessment tools to inform release decisions and allocation of treatments and resources to offenders, there were rising efforts to develop classification schemes to group offenders based on psycho-social factors in order to better match treatment services to individual offender needs, introducing the concept of responsivity (Taxman et al., 2006). The RNR concept emphasizes the use of a valid risk-assessment tool to identify dynamic factors that contribute to criminal behavior and assigns offenders to suitable treatment programs that include relevant clinical and control components designed to address the needs identified by the assessment. However, fluctuations in rhetoric and attitudes around criminal justice policy and practice over the past several decades affected application of RNR in the development of risk tools and treatment classification schemes. As a result, there have been few advancements in measuring criminogenic factors and reentry outcomes which in turn affects the design, function, implementation, and availability of treatment programs and services.

There is evidence to show that the RNR model contributes to our understanding of which program components are more likely to lead to improved offender outcomes (MacKenzie, 2000; Sherman et al., 1997). However, the foundational premise that addressing offender needs will reduce criminal behavior is not scientifically sound since there is no established statistical relationship between criminogenic variables (i.e. risks and needs) and recidivism (Taxman et al., 2006). Common needs of reentering offenders including housing, employment, mental health status, and substance use may or may not be related criminal behavior, and addressing those needs through correctional programming may or may not affect desired reentry outcomes.

33

Taxman et al. (2006) used an experimental study of substance abuse programming to examine some of the issues inherent to the RNR concept, and their findings indicated that RNR may benefit from other perspectives and approaches to capture the complexity of issues regarding reentry. The "what works" literature has helped identify programs or program elements that improve offender outcomes but fails to consider the convoluted relationship between needs and criminal behavior. The RNR model works to assess offender risks and needs and assign programming based on findings but does not engage offenders in the decision-making process regarding their treatment. Thus, the RNR model misses out on a key consideration – offenders possess strengths, not just needs and risks. One's own strengths are often best suited to address one's own deficits, and working to incorporate offender strengths into offender treatment may produce better reentry outcomes.

5.0 A Case for Strengths-Based Reentry

As the field of reentry grows in its knowledge, understanding, and depth, it is important to consider how current models, assumptions, and practices may limit reentry success. Reentry program evaluators often seek to determine the effectiveness of a program by dividing reentry practices into what "works" and what "doesn't work" at reducing recidivism. Most available literature on reentry uses this "what works" model to assess specific, individual-level programming and make assertions about what reentry practices are best (Carter & Sankovitz, 2014; Schlager, 2018), therefore guiding future decisions about evidence-based reentry program design. However, the "what works" dichotomy is fundamentally rooted in a risked-based or deficit-focused approach that limits the ability to appropriately address issues regarding reentry and constructively think about what "successful" reentry looks like.

Social work principles and practices have historically resembled the medical model (Rapp, Saleebey, & Sullivan, 2005). The medical model is optimized to diagnose problems and assign treatments based on the presentation of symptoms (Rapp et al., 2005). The goal of the model is to identify abnormality or disorder, inherently emphasizing lack and deficit. The application of the medical model in social work practice reinforces the ideas that people with problems are fundamentally different than people without problems (Schlager, 2018). One group lacks what the other one has, and one group needs assistance where the other one does not – creating a dynamic of "us-versus-them" (Schlager, 2018).

The endless pursuit of finding problems makes the medical model a bit of a self-fulfilling prophecy; it forces one to see themselves as unfit or unwell and in need of help. Someone who sees themselves as such may feel as though they must find someone else to provide a solution

(Weick, Rapp, Sullivan, & Kisthardt, 1989). The problem, itself, becomes the lynchpin of the relationship between helper-helpee (Schlager, 2018), as the relationship would not exist without it. The emphasis on the problem between helper-helpee perpetuates the relationship to the point where the person in need of help is unable to recognize their own strengths, preventing them from seeing their abilities as part of the solution (Staudt, Howard, & Drake, 2001). The inability to see and use one's own strengths strips agency from the person in need of help, creating a dynamic of the helper "knowing best" (Schlager, 2018). This can keep the helpee stuck in a revolving door of seeking assistance for problems that they have little role in creating solutions for (Weick et al., 1989).

What traditional deficit- or problem-based approaches fail to consider is that people possess strengths, characteristics, and assets that are inherently valuable and can positively affect their lives. The emphasis on deficit, problems, or, in the case of reentry, risk, exclusively highlights weakness and belittles individual potential. Conversely, an emphasis on strengths highlights one's abilities and encourages the exercise of agency and control over the problem in one's life (Schlager, 2018). The conservation of agency promotes personal investment in the problem-solving process and development of solutions, resulting in greater commitment to desired outcomes and goals (Sousa, Ribeiro, & Rodrigues, 2006; Weick et al., 1989). Incarceration punishes criminal offenders by stripping them of their agency, and a failure to restore that sense of agency may hinder the reentry process by preventing offenders from seeing or believing in their ability to change.

At the foundation of strengths-based practice is the premise that accepting responsibility for one's prior actions produces the ability to change one's future behavior (Clark, 1997). People have "undetermined reservoirs of mental, physical, emotional, social, and spiritual abilities that

can be expressed" or, rather, realized (Weick et al., 1989, p. 352). By emphasizing capabilities rather than deficits, strengths-based approaches allow people to work towards positive personal growth rather than focus solely on their problems (Schlager, 2018). Offenders learn to see themselves as part of the solution, not merely the cause of a problem. While current reentry practices and the RNR framework for reentry do highlight unaddressed needs that may contribute to criminal behavior, they almost exclusively outsource treatments and solutions.

The current process for assigning or referring inmates to reentry programs generally entails a diagnostic interview to assess individual need and risk. Strengths-based assessments use a similar process but work to promote an equal power dynamic between the professional and the client (i.e., inmate), making the client feel valued and considered in the decision-making process (Cowger, 1994; Kisthardt, 2009). Despite their similar structure and function, strengths-based assessments emphasize one key element that is often brushed-over or is an afterthought in risk-need assessments: goal setting.

The collaborative effort between professional and client to set goals encourages the client to articulate their own plans for achievement and think introspectively about how their own strengths and abilities will help reach them. The role of the professional is not to determine the client's goal for them, but to instead assist the client in setting reasonable and specific goals that have the potential to impact behavior (De Jong & Miller, 1995). Goals are inherently resource-centric; professionals can help the clients identify and access resources within the client's local communities that will help them achieve their goals (Kisthardt, 2009). The realization of one's own strengths, abilities, and accessible resources drives the client's investment in setting and achieving their goals (Cowger, 1994).

The strengths-based approach is now the standard in the field of social work, however, it has not yet been embraced by the criminal justice system. There are elements of reentry that are strengths-based, but their flimsy application does not reflect of the overall narrative that re-entering prisoners are a potential risk to society (Schlager, 2018). The reentry movement cultivated social desire and political will in the US to recognize that punishment without treatment does not reduce recidivism (Gendreau, Goggin, Cullen, & Paparozzi, 2008; Gibbs, 1985; Taxman, 1999; Walters, Clark, Gingerich, & Meltzer, 2007), and this understanding remains the central strengths-based feature of modern reentry. In most cases, there are better reentry outcomes (i.e., lower recidivism rates) for offenders who received treatment in comparison to those who don't, but the effect of reentry services on these outcomes could be and ought to be more significant.

The criminal justice system must understand and accept that justice-involved people and the general population engage with the world the same way – there is no reason to believe that offenders respond differently to rudimentary principles of learning, thinking, and motivation than everyone else (Schlager, 2018). However, the system functions as if the two populations are fundamentally different in the regard. Current reentry and community supervision practices emphasis risk-management and ground themselves in problem-focused approaches. Risk-needs assessments highlight problems or specific areas of deficit that case management plans are then designed to address. They do not work to find strengths, they do not motivate the offender to change, and they do not ensure equity in the solution. Reentry will have the best chance to for increased and sustained success when predicated on strengths-based criminal justice practices that promote engagement, agency, and individual commitment (Schlager, 2018). Melinda Schlager (2013) names three strengths-based principles that support this idea: collaborative officer-offender relationships, offender empowerment, and community cooperation.

Strengths-based approaches are inherently collaborative and create an environment that encourages change by focusing on activities that influence future behavior (Schlager, 2018). The hallmark of strengths-based case management is the creation of a plan centered around finding strengths to reach desired goals in addition to addressing needs. Collaboration between community corrections officers and offenders is necessary for effective case management, and the adaption of strengths-based perspectives and reorientation of officers from "practitioner-as-all-knowing" to "practitioner-as-collaborator" positively affects offender reentry outcomes (Schlager, 2008). Confrontational case management styles show limited efficacy (Hubble, Duncan, & Miller, 1999) and produce twice the resistance and half the number of positive client behaviors in comparison to collaborative, offender-centered approaches (Miller, Benefield, & Tonigan, 1993). Officers who embrace confrontational or authoritative styles in their interactions with offenders will lose the trust of their clients, likely reducing case plan adherence and offender reentry success.

The purpose of a collaborative officer-offender relationship is to center the needs and desires of the offender and give them control over their own destiny. Offenders who are empowered and feel like they can change will be more likely to seek change (Schlager, 2018). Society usually marginalizes people with little sense of empowerment and forces them to rely on other people in positions of power to make decisions for them (Schlager, 2018), and this is especially resonant for offenders who have agency stripped from them during incarceration. If offenders have more agency, they are more likely to actively engage in the reentry process, deepening their investment in and dedication to change. Much like the general population, offenders respond best to positive reinforcement (Clark, 2009). Reentry programs, officers, and case managers must always look to motivate and engage offenders in an effort to help them reach their goals (Clark, 2009). In order to motivate and engage, reentry professionals must understand

an offender's primary aspirations and passions and use that knowledge in a way that helps the offender continually progress; the unwillingness or inability to do so makes the reentry process less effective (Schlager, 2018). As it stands, the current reentry system does little to embrace collaboration and promote empowerment seeing that its main concerns are detecting problems and managing risk.

Interaction style between officer-offender regarding case-load is critical to reentry the reentry process (Irwin, 1970). If an offender is off-track or is having trouble reaching their goals, it is essential that an officer employs productive interventions that meaningfully help the offender readjust. It is important that the case plan outlines specific, measurable steps that incrementally progress to help offenders achieve their short-term and long-term goals (Schlager, 2018). Goals should be fluid – the completion of one goal should seamlessly transition into a new one. (Schlager, 2018). Continued success in reaching goals helps offenders build social capital, and individuals with higher levels of social capital tend to have better outcomes related to health, happiness, and employment (Berner et al., 2020). Social capital is defined as "connections, networks, or relationships among people and the value that arises from them that can be accessed or mobilized to help individuals succeed in life," and it produces information, emotional or financial support, and/or other resources (Berner et al., 2020, p. 1). Local, state, faith-based, and nonprofit human service programs and organizations can create and use social capital to increase employment, reduce poverty, and improve offender, family, and community well-being (Berner et al., 2020). Leveraging social capital can help offenders achieve their reentry goals and strengthen communities by returning productive members to society.

Cooperation from communities is key to successful offender reentry, and the relationship between offender-community must be symbiotic (Schlager, 2018). Offenders possess human

capital that produces economic movement and value, and communities have social capital that provides resources and relationships that support offenders during their reentry process. Offenders capable of leveraging their human capital in their communities are most successful at making the necessary changes for successful reentry (Draine, Wolff, Jacoby, Hartwell, & Duclos, 2005). Strengths-based approaches to criminal justice requires the coordination of community-based resources and availability of social capital (Schlager, 2018). A strengths-based case management plan that identifies the needs of the offender, how the offender's community can meet those needs, and the degree to which the community is willing and able to provide necessary services is most likely to produce successful reentry outcomes (Draine et al., 2005). The cooperation among and between community and reentry service providers promotes offender empowerment and maximizes the chance for reentry success (Maruna & King, 2004). Ensuring a cooperative and supportive environment that encourages offenders to play an active role in owning their reentry process helps the reentry system move beyond its current, passive practices and in the direction of strengths-based applications (see also Bazemore, 1998; Maruna & LaBel, 2012).

While there has been more recent literature about the importance and promise of strengths-based reentry, there are few available program models that outline how to shift the paradigm away from risk and towards strength. However, of the handful that have been implemented, preliminary data support the potential success of strengths-based approaches. For example, The Fresh Start prisoner reentry program implemented in Connecticut is a strengths-based reentry program that provides services to men pre- and post-release. Fresh Start was designed to be consistent with best practice literature and deployed case managers that "adhered to the principles of strengths-based case management, which included focusing on individual strengths rather than deficits; building a strong and essential case manager–client relationship; delivering interventions that were based on

41

the clients' self-determination; using assertive outreach interventions; promoting client's continued learning, growth, and change; and actively mobilizing community resources to support client's strengths and needs" (Hunter, Lanza, Lawlor, Dyson, & Gordon, 2016, p. 1303).

In focus groups used to qualitatively evaluate the effects of the program, program participants expressed initial hesitations about the services that the program would deliver. However, though the efforts of the case managers who worked with the participants, the honesty, respectfulness, and commitment to helping them identify their strengths and reach their goals eased their concerns (Hunter et al., 2016). Participants highlighted the trust they had in the program staff and the support they received in working towards their goals (Hunter et al., 2016). Specific program strategies identified as favorable by program participants included program culture, responsivity to needs, and the focus on strengths (Hunter et al., 2016). Participants' risks were assessed prior to their release from prison and case managers kept awareness of risks, but they were not the primary foci of service delivery (Hunter et al., 2016). Instead, case managers worked with participants to build on their identified strengths. This is consistent with strengths-based practice as offenders are seen as valuable, worthy of investment, and capable of change. The findings support the potential of strengths-based approaches to prisoner reentry.

6.0 Practice and Policy Implications

6.1 It's Time to Shift the Paradigm

There are fiscal, political, and common sense arguments to support shifting the reentry paradigm away from its risk-/deficit- based approach and towards a strengths-based approach. Funding the current criminal justice system is preposterously expensive, not sustainable, and not efficacious. Communities affected by mass incarceration may suffer from irreparable economic damages. The displacement of a core part of the local workforce hurts local economies, decreases municipal tax revenue, weakens community social structures, reduces social capital, and limits economic opportunities for community members. The lack of a stable and skilled workforce often drives employers out of communities (Western, 2007). This can cause ripples throughout the community as local demand for smaller, supportive businesses like restaurants and childcare services dwindle, forcing them to close.

Communities in financial crisis struggle to produce adequate goods and services to support community members (Schlager, 2018). Prolonged economic instability prevents communities from investing in the lives of their citizens, and the lack of emphasis on communal identity disconnects resident from community. Strengths-based practice would help energize community relationships, specifically between community-reentrant, encouraging offenders to play an active role in reframing communal identities (Bazemore, 1998; Maruna & LeBel, 2012). Communities that engage with community members provide better opportunities for offender integration, acceptance, and success (Schlager, 2018).

Without strengths-based practice, offenders live "in" but not "among" their communities (Schlager, 2018). Offenders often cannot vote – many jurisdictions actively restrict or abolish offenders' rights to vote, sometimes permanently (American Civil Liberties Union, 2021). Collectively, state disenfranchisement laws prevent approximately 5.85 million Americans with felony and, in some states, misdemeanor convictions from voting (American Civil Liberties Union, 2021). Elected officials from communities with high rates of incarceration often do not represent the majority, and laws passed do not necessarily reflect the needs or desires of the community at large (Uggen & Manza, 2004).

Voter disenfranchisement is the suppression of democracy; promoting citizen engagement in the civic process is the expansion of democracy. Constituents who are unable to participate in the civic process feel disconnected or unwelcome in their community causing the erosion of social capital and collective efficacy (Uggen & Manza, 2004). Strengths-based efforts that encourage complete and unconditional assimilation of offenders back into communities promotes inclusion rather than exclusion, creating a positive and rewarding atmosphere that can help offenders reach their goals (Schlager, 2018).

Promoting inclusion, redemption, and agency makes people feel worthy. This is especially important to emphasize as offenders leave an environment of exclusion, vilification, and powerlessness. People who feel valued by their peers want to contribute and are more motivated to change (Schlager, 2018). People who positively transform themselves engage in behaviors that promote prosocial beliefs and support for actives like education, employment, and community engagement (Schlager, 2018). Strengths-based practice puts forward the idea that people engaged and invested in the health and well-being of themselves and their community are not likely to commit crimes.

6.2 Improvements to Individual Programming

Independent but not mutually exclusive of strengths-based practice, this review identifies many potential areas for improvement among previously evaluated reentry programs. It is clear that there is a need for additional supports and initiatives to promote employment and increase the employability of reentering prisoners. Individuals with a criminal record, especially among historically minoritized groups, face discrimination in the labor market (Bushway, 2004; Pager, 2007) and earn an average of 30% less than similarly qualified individuals with no history of incarceration (Wakefield & Uggen, 2010; Western, 2006). Political protections like stronger anti-discrimination laws can promote equitable hiring and fair, competitive wages for those with history of incarceration. Federal, state, or local tax incentives can also stimulate offender employment by encouraging employers to hire individuals returning to their communities and give them much needed work opportunities and experience.

Retention of post-release employment remains an issue. Vocational and work training programs help increase employment during the transitional period immediately following release, but they do not guarantee long-term employment success. The most successful programs, such as the Milwaukee Safe Streets Prisoner Release Initiative, played to the offenders strengths, helping place them in jobs they had greater personal interest in (Cook et al., 2014). However, the positive effect on employment did not last more than six months to one year after release, in most cases (Cook et al., 2014). One vocational reentry program, the Transitional Jobs Reentry Demonstration, offered sizable retention bonuses at some of its implementation sites for individuals who got and help jobs beyond the duration of the program (Jacobs, 2012; Redcross et al., 2010). Though the program did not increase regular employment after the program period, the highest post-program placement rates were at the sites that offered the retention bonuses (Jacobs, 2012; Redcross et al.,

2010). These two evaluation observations highlight the importance in promoting offender investment in post-release employment. Applying strengths-based principles to many of the common features of vocational programs may better match offender interests, passions, and personal goals to post-release employment, causing offenders to connect deeper to and find purpose in their work. Offering monetary incentives to offenders for continued work can buy more time for offenders to adjust to the demands and routine of employment, make positive social connections to peers, learn relevant skills, and gain valuable experience. Furthermore, monetary incentives would help reduce the strain of some of the financial barriers to reentry.

Employment is congenitally linked to education. There are several positive influences associated with the completion of at least a high school diploma or GED on reentry success (Irving, 2016). Bolstering educational services could be a catalyst for offenders securing post-release employment, increasing the ability to financially support one's children and family, restoring a sense of agency and control over one's life, and ultimately promoting desistance from criminal activity. Potential areas of intervention include increasing access to educational programs before, during, and after incarceration, providing academic support like tutoring services to prisoners pursuing education, addressing unmet mental health needs, learning disabilities, or substance abuse issues, and helping to manage physical health conditions that may impede one's ability and/or willingness to learn. Generally, increasing access to services, assisting in the completion of at least a high school degree or GES, and helping to address physical limitations and disabilities would synergistically benefit both educational attainment and post-release employment.

Positive social interactions and relationships can also improve reentry outcomes. Men who have more in-person contact with their families during incarceration are more likely to have post-release employment, better able to financially support their focal children, and are more likely to

have successful intimate or coparenting relationships (Lindquist et al., 2016). However, the costs, limited visiting hours, and red tape make visitation time consuming and expensive. Generally, promoting strong social networks can have a positive influence on post-release outcomes like recidivism and substance use (Barrick, Lattimore, & Visher, 2014; Cochran, 2014). Policies that target facilitating family contact during incarceration can strengthen relationships that help inmates avoid further criminal activity, promote better intimate or coparenting relationships, and encourage a parent's support of their children after release (Lindquist et al., 2016).

Despite the wide variety and availability of reentry programs, participation in programs is low and often prematurely diminishes. As time elapses, participation in reentry programs decreases even though self-reported needs for services remain constant or sometimes increase with time (Lattimore & Visher, 2010). Most reentry services are available during incarceration and for a short period after release. Recidivism is most likely to occur within the first three years after release, a period much longer than the duration of most reentry programs. A study of 401,288 state prisoner released in 2005 found that an estimated 68% of released prisoner were rearrested within three years of their release (National Institute of Justice). Eighty-two percent of all prisoners arrested during a nine-year post-release period were arrested within the first three years (National Institute of Justice).

As the incarceration rate decreases and inmate release rate increases, the money once used to fund incarceration should be reallocated to supporting the re-entering population. Reentry programs need sustained funding to provide continuous services that support offenders as they transition back into their communities. It is important for services to be available to offenders during the transitionary period with the highest risk of recidivism, three years post-release. Additional funding could also enable reentry programs to offer enticing incentives to active

participants with high-fidelity, potentially increasing the number of participants and duration of participation. The purpose of reentry programs is to provide offenders with the tools, knowledge, and resources necessary to successfully reintegrate back into society with the goal of preventing recidivism. If offender reentry is to be taken seriously, the criminal justice system ought to invest just as much money into helping rehabilitate people as it does to punish people.

7.0 Limitations and Future Directions

The limitations of this paper must be noted. To start, operationalizing the definition of "risk-based" versus "strengths-based" programming is difficult. Until recently, few programs have historically not specifically identified one way or another. Risk management is *de facto* in criminal justice practice, so there has been no real need to explicitly state the framework of the practice. Within the last several years, there have been a handful of reentry programs that have explicitly identified as strengths-based. However, many have either not been in effect long enough to properly evaluate or they have just simply not been evaluated.

In my examination of risk-based programming, the programs did not explicitly state that they were risk-based but did discussed the use of standard risk-based practices including but not limited to administering risk assessments, assigning and/or limiting programming based on identified risk, monitoring, and revocation. Conversely, strengths-based programs often identify specifically as strengths-based because they are non-standard and look to specify differences in framework. There are risk-based programs that have strengths-based elements, such as motivational interviewing, but the overall focus of the program is still to emphasize and mitigate risk. As the field of reentry has evolved, more and more reentry programming has begun to incorporate strengths-based practices. However, the use of strengths-based practice does not entail a strengths-based model. I have deemed the programs presented in this paper as risked-based because of their stated deployment of common risk-based procedures before, during, and after program participation, independent of strengths-based elements. In discussion of these programs, I do mention specific incidents of strengths-based practices, though they do not represent the overall paradigm. Furthermore, there has been no established definition elsewhere in the literature

of "risked-based" or "strengths-based" programming. Given the complexity of reentry programming and lack of transparency within the criminal justice system, the equivocal definitions of what is "risk-based" and "strengths-based" programming is a major limitation of this paper.

In reviewing the literature, there were also limitations of the search and exclusion processes. Incongruencies in the language of the literature may have resulted in missed publications on the matter. Reentry is a broadly used term most used in reference to prison reentry, but also applies to other forms of incarceration or treatment residency. Reentry programs are also often tailored to specific populations such as violent offenders or men younger than 35, resulting in discordance of comparable outcomes. One aim of this paper was to review consistent limitations to the success of risk-based reentry programs, but lack of universal practices and applications made deducing any general theme between programs difficult. Therefore, my literature review was limited to the programs with little to no restrictions on the participant population demographic. This is something to be addressed in future research on the matter.

Per the "what works" model of reentry evaluation, measuring recidivism is the gold standard for assessing the efficacy of a reentry program. While preventing recidivism is key to successful reentry, and it is important to understand a program's effect on reducing recidivism, recidivism is merely an outcome. Ideally, reentry programs respond to offender needs in real time to employ appropriate interventions before rearrest or recidivism occur. Measuring recidivism alone may not speak to the intrinsic value of reentry programs and does not allow reentry practices the chance to intervene to the best of their ability.

There is a need to find more abstract markers that help predict reentry success. Future research may want to consider more holistic measures of success – does the client feel optimistic about their future? Do they feel empowered? Has their sense of self-efficacy returned? Where is

their locus of control? It is known that incarcerated individual who feel in control of their lives may have lower levels of stress, lower rates of depression, stronger problem-solving abilities, and greater belief in their ability to influence reentry outcomes, all of which may affect the reentry process (Mackenzie & Goodstein, 1986; Reitzel & Harju, 2000). The use of strengths-based assessments would help evaluators identify potential predictors of success as well as improve the depth of understanding of the needs, desires, and motivations of reentrants for the programs working to reintegrate them.

Generally, risk- or deficit- based practices are by far the most common treatment approach of reentry programs. There are a handful of purely strengths-based reentry programs, but few have been evaluated. Future research can look to discern how to effectively combine the many elements of reentry into holistic, synergistic, strengths-based programming. Such programming would be better suited to meet the multitude of offender needs, be more responsive to fluctuations in progress or personal turbulence, and improve long-term reentry success.

8.0 Conclusion

It is encouraging to see the beginning of what is, hopefully, a long-term transformation of the US criminal justice system. National calls for the reformation of and accountability in policing has put an international spotlight on the American criminal justice system, and recent legislation at local, state, and federal levels prioritizing criminal justice reform is a promising sign that America is turning away from its dark history of mass incarceration. Nonetheless, there is still much work to do, and as the front-end of the criminal justice system begins to reconfigure, it is important to not overlook the back end of the system – particularly the reentry process. Incarceration is known to have negative, long-term effects on the health and well-being of inmates, their families, and their communities. Decades of mass incarceration has severely disadvantaged many already marginalized communities across the nation and contributed to widening health disparities.

Ensuring that offenders successfully and productively reintegrate back into their communities is essential in promoting public health. There are various barriers to reentry, many of which are systemic issues at organizational, community, cultural, and public policy levels. Designing and implementing programs to aid in the reentry process does and will continue to improve the quality of life for returning inmates and their families, particularly benefiting historically minoritized communities of color that have been disproportionately targeted and harmed by mass incarceration. Promoting successful reentry also improves public safety by preventing re-offense, dampening community crime and violence, and reducing recidivism.

There is no one-size-fits-all model for successful reentry. Every offender has a unique set of needs, circumstances, and environments that determine the services and resources they will need

throughout the reentry process. Current literature does support that holistic, comprehensive programs appear to hold more promise than highly specified programs at reducing recidivism and producing positive reentry outcomes (see also Bushway & Reuter, 2002; Newton et al., 2018). However, risk-centric approaches like Risk-Need-Responsivity are commonplace in reentry program design and implementation, which introduce a potential ceiling to reentry success by perpetuating the idea and professional dynamic that offenders are socially problematic, a chronic risk to public safety, and/or are likely to be career criminals. Risk-centric approaches limit offenders' ability to reintegrate by failing to empower them and restore agency in a profound way that promotes positive and sustained cognitive and behavioral changes, which are necessary to produce favorable reentry outcomes.

Given these limitations, it is time to consider shifting the criminal justice paradigm to a new narrative grounded in strength. Rather than reinforcing the risk-centric status quo that perpetuates negative, toxic stereotypes, reentry programs and practices ought to promote the idea that every single person has inherent value and is willing and capable to productively contribute to the betterment of society.

Table 1 Social Determinants of Health as Barriers to Prison Reentry

Neighborhood & Built Environment	Health & Health Care	Social & Community Context	Education	Economic Stability
• Access to foods that support healthy eating patterns • Crime and violence • Environmental conditions • Quality of housing	• Access to health care • Access to primary care • Health literacy	• Civic participation • Discrimination • Incarceration • Social cohesion	• Enrollment in higher education • High school graduation • Language and literacy	• Employment • Food insecurity • Housing instability • Poverty

Source: Healthy People, 2020

Figure 1 Social Determinants of Health

Source: Healthy People, 2020

54

Appendix A
Vocational and Work Programs

Author(s)	Program/Intervention	Summary of Major Findings
Turner & Petersilia (1996)	Washington State's prison work release program	• ~ 25% of all prisoners released successfully transitioned into community through work release • Few inmates committed crimes while on work release • **No significant differences in recidivism between work release and nonwork release groups**
Saylor & Gaes (1992)	Post-Release Employment Project	• Program participants were more likely to be employed in halfway house and community and were more likely to make slightly more money than non-participants • Program participants less likely to have been revoked from parole 6-months and 12-months after release
Saylor & Gaes (1997)	Post-Release Employment Project	• Program participants were less likely to recidivate at the end of one year than program participants • Program participants were less likely to be recommitted to federal prisons as much as 8 to 12 years after their release
Jacobs (2012)	Transitional Jobs Reentry Demonstration	• Program substantially increased subsidized employment early during transition period, but did not increase unsubsidized employment at the end of program period • **No significant differences in key measures of recidivism over the two-year follow-up period between participant and non-participant groups**
Redcross et al. (2011)	Transitional Jobs Reentry Demonstration	• **No significant differences between recidivism rates during the first year of follow parole**, however, program participants were less likely to recidivate for a parole violations
Farabee et al. (2014)	*STRIVE employment model	• **No significant differences between group comparisons of any of the major intervention outcomes.**
Cook et al. (2015)	Milwaukee Safe Streets PRI	• Increased subsidized employment rates and earnings during significantly reduced likelihood of rearrest during first year • **No significant differences in reimprisonment rate for program participants and non-participants during the first year after release**

NOTE: PRI = Prisoner Release Initiative
*Program was unnamed but used the STRIVE employment model

Appendix B
Education Programs

Author(s)	Program/Intervention	Summary of Major Findings
Vito & Tewksbury (1999)	LITE	• Program participants showed improved literacy skills and seemed to benefit from individual instruction • **No significant difference in recidivism rates between program participants and non-participants**
Adams et al. (1994)	TDCJ-ID & Windham School System	• **No significant difference in reincarceration rates between Windham participants and non-participants** • A greater number of hours of participation was negatively related to recidivism and positively to prison misbehavior • No relationship between program participation and length of time before reincarceration • Program participation had a strong relationship in major and minor disciplinary infractions
Pompoco et al. (2017)	Ohio Prison Education Programs	• Completion of vocational training and apprenticeship programs, GEDs, or college classes at any point during incarceration coincided with lower return-to-prison rates within 3 years after release

NOTE: LITE = Learning, Instruction, and Training = Employment, TDCJ-ID = Texas Department of Criminal Justice – Institutional Division

Appendix C
Substance Abuse Rehabilitation Programs

Author(s)	Program/Intervention	Summary of Major Findings
Rhodes et al. (2001)	DAP	• Treatment reduced criminal recidivism and relapse to drug use for male inmates, but not female inmates
Wexler et al. (1992)	Stay N' Out TC	• TC was increasingly effective at reducing recidivism during the first 12 months, however, positive effects tapered off after 12 months of participation
Moore et al. (2020)	EBTs	• 18 of the 31 studies that assessed recidivism outcomes found reduced recidivism for the treatment groups for at least one outcome • 7 of the 13 studies that assessed substance use outcomes found reduced substance use for treatment group for at least one indicator • Results were not consistent for any one particular treatment approach or modality

NOTE: DAP = Drug Abuse Program (with in-person residential drug treatment programs), TC = therapeutic community, EBTs = evidence-based treatments

Appendix D
Sex Offender and Violent Offender Treatment Programs

Author(s)	Program/Intervention	Summary of Major Findings
Robinson (1996)	cognitive skills training program	• Program participation seemed to have a moderate impact on recidivism, but it was more successful with certain types of offenders and no effect on others • Violent offenders, sex offenders, and drug offenders who completed the program had lower recidivism rates than their counterparts in the control group • Programs effects were more pronounced for programs provided in the community compared to in an institution
Barbaree et al. (1996)	Warkworth Sexual Behaviour Clinic	• Highly antisocial offenders who behaved poorly in group treatment were more likely to fail on conditional release • **No significant difference in recidivism rates between treatment and non-treatment groups**
Papalia et al. (2019)	*psychological treatments	• Treatments with violent offenders significantly reduce violence and general/nonviolent recidivism • Multimodal treatments were associated with the strongest treatment effects

*defined as "talking therapies" with broadly stated aim or intention to reduce violent, aggressive, or otherwise antisocial behavior including but not limited to cognitive behavioral therapy, cognitive therapy, behavior therapy, schema therapy, dialectical behavior therapy, and motivational interviewing

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