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**From Prison Safety to Public Safety:
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*From Prison Safety to Public Safety:
Innovations in Offender Reentry*

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About This Series of Papers on RPI

The Office of Justice Programs of the federal Department of Justice has developed a series of system-wide reentry initiatives that focus on reducing the recidivism of offenders. The initiatives include: 1) Reentry Partnership Initiatives (RPI) which includes formation of a partnership between criminal justice, social service, and community groups to develop and implement a reentry process; 2) Reentry Courts which are modified drug courts that focused on the ex-inmate; and 3) Weed and Seed-based reentry partnerships. The RPI and Reentry Courts are demonstration efforts that do not include any funding for programming; OJP has provided technical assistance to the eight RPI sites and nine Reentry Court sites. The eight RPI sites include: Baltimore, Maryland; Burlington, Vermont; Columbia, South Carolina; Kansas City, Missouri; Lake City, Florida; Las Vegas, Nevada; Lowell, Massachusetts; and Spokane, Washington. This paper is part of a series on system efforts to address the problem of offenders returning to communities after periods of incarceration.

This series is the result of a formative evaluation of the Reentry Partnership Initiative (RPI) conducted by the Bureau of Governmental Research (BGR) at the University of Maryland, College Park. The evaluation was conducted to examine how the eight demonstration sites pursued the implementation of RPI, with a focus on the organizational development across agencies to construct new offender reentry processes. BGR used qualitative research methods, including interviews, focus groups, network analysis surveys of stakeholders, and review of documents, to measure the fidelity of the implementation during the early stage of the RPI process. Many of the sites devoted their efforts to one component given the complex multi-faceted aspects of the offender processing issues. In fact, many of the sites found that the development of the interagency approach fostered new discussions in areas that had long been considered "off-limits" or limited opportunities

including: targeting offenders for services, overcoming societal barriers to reentry, envisioning roles and responsibilities of key agencies and staff, and using of informal social controls along with formal criminal justice agencies. The reports provide an overview of complex organizational challenges that underscore new offender processes. To that end, this series of papers reports on the conceptual framework that the Office of Justice Programs envisioned and the issues that the RPI sites encountered as they began to implement the new model. The papers are part of a series devoted to this end that includes:

- From Prison Safety to Public Safety: Innovations in Offender Reentry
- Emerging Roles and Responsibilities in the Reentry Partnership Initiative: New Ways of Doing Business
- Engaging the Community in Offender Reentry
- Offender's Views of Reentry: Implications for Processes, Programs, and Services
- Targeting for Reentry: Matching Needs and Services to Maximize Public Safety.

The project team included Dr. Faye S. Taxman, Mr. Douglas Young, Dr. James Byrne, Dr. Alexander Holsinger, Dr. Donald Anspach, Ms. Meridith Thanner, and Ms. Rebecca Silverman. We wish to thank and acknowledge the RPI sites and their staff for sharing their experiences with us and acknowledge their tremendous efforts to craft new processes. We would also like to thank our National Institute of Justice program manager, Ms. Janice Munsterman, for her guidance in producing these series of papers.

From Prison Safety to Public Safety: Innovations in Offender Reentry

With nearly 600,000 offenders exiting our federal and state prison systems and returning to the community each year, it is not surprising that offender *reentry* has become synonymous with *offender risk* in the minds of the media, public officials and private citizens. In response to the legitimate public safety concerns of community residents from across the country, the United States Department of Justice has been encouraging new ways of responding to the mushrooming growth in the released (and increasingly unsupervised) offender population. Reviews of past and present efforts in corrections have underscored the difficulties of building transitional and discharge planning into correctional programs. It is evident that individual criminal justice agencies will continue to “muddle through” on this issue as long as they continue to think organizationally (or small) rather than systematically (or big). Getting organizations to move *outside the box* and form system-wide, big picture partnerships to address the reentry issue is a significant first step toward real change in reentry practices. This paper provides a framework for implementing systemic reentry practices based on the experiences of the Office of Justice Program’s eight Reentry Partnership Initiative (RPI) sites.

For too long, offender reintegration has been viewed as an ideal *goal* that corrections officials could aspire to—at least publicly—as long as it didn’t interfere with more immediate concerns about prison safety and control. With the movement towards system wide reentry partnerships, the focus of corrections officials has shifted away from prison safety and towards *public safety*. A public safety goal creates opportunities to address both offender processing and offender change issues that span organizational lines, and, to redefine the role of both governmental and non-governmental agencies in reentry.

The underlying premise of the reentry partnership is that each component of the criminal justice system—police, the courts, institutional and community corrections—plays a role not only in immediate offender processing and control (e.g., arrest, conviction, incarceration, release) but also in long-term offender change (e.g., employment, family, mental health, substance abuse, criminality). A parallel premise is that criminal justice agencies cannot do this alone, and must engage family, community-based service providers, the faith community and other sources of formal and informal support in reintegrating offenders. To reduce risk and increase public safety, the challenge for these collective efforts is twofold: (1) how do we prepare incarcerated and recently released offenders to be productive, contributing members of the community? and; (2) how do we prepare communities to support, sustain, and when necessary, sanction offenders returning under a wide range of release conditions? Drawing from prior relevant research and our own observations of pilot reentry initiatives across the country, this paper presents a working, conceptual model of the offender reentry process, and discusses evidence-based practices in the design and implementation of reentry programs.

Since 1999, the Office of Justice Programs has been instrumental in the development of a series of system-wide reentry initiatives, including the Reentry Partnership Initiatives (RPI) described here, as well as a number of Reentry Courts and Weed and Seed-based reentry partnerships. What these partnership initiatives have in common is a shared belief that the stakeholders must be involved in all stages of planning and implementation. Typically, partnerships include representatives from social control agencies (e.g., institutional corrections, probation/parole, law enforcement, the judiciary), social and human service agencies (e.g., treatment providers, health care agencies, housing, employment, and education service providers, victim advocates), and nongovernmental community support organizations (e.g., faith-based groups, neighborhood

advocacy groups and civic associations). The success of this type of partnership initiative will likely be associated with the ability of individual members to put aside long-standing inter and intra-organizational conflicts and focus instead on the challenge of developing a system-wide offender reintegration plan. We describe the broad parameters of this plan in the following section, as well as the empirical basis for the reentry partnership.

Overview of RPI

Eight states began planning local Reentry Partnership Initiatives (RPI) under the support and guidance of the Office of Justice Programs (OJP). In inviting the states to take part in the federal initiative, OJP outlined a reentry infrastructure that emphasized collaborative involvement of corrections, probation/parole, law enforcement, victim organizations, treatment agencies, housing agencies, and other community groups. The OJP offered a unique information sharing process in support of the states. The assistance included on-site reviews by federal justice staff, multi-site cluster conference meetings, and guidance on key components of the reentry process. The strategic planning and discussion sessions did not include any demonstration funds – each site was on their own to define, develop and implement a partnership suitable to the socio-political environment of the reentry site. The eight jurisdictions—although unique in organizational context, staffing levels, target populations, and program design features—have developed RPIs that reflect a consensus view of reentry as a structured process that spans incarceration and community release. The program models suggest a common commitment to reducing harms to communities caused by released offenders. Developed to varying degrees at the sites, this view requires a thoughtful inventory of shortfalls in services, supervision, and support for returning offenders, along with an assessment of how these gaps affect public safety. In the end, the partnership generates a collective sense about where resources (fiscal, staffing, services, etc.) are needed to maximize public safety

and minimize community harms, and how these resources are made available to reentering offenders.

The eight sites selected as model reentry partnership initiative programs during 1999 by OJP are as follows:

- Baltimore, Maryland
- Burlington, Vermont
- Columbia, South Carolina
- Kansas City, Missouri
- Lake City, Florida
- Las Vegas, Nevada
- Lowell, Massachusetts
- Spokane, Washington

The following describes the underlying issues and conceptual framework evolving from these partnerships.

Supervision and Release Status. Each of the sites brought unique histories, priorities, and strengths that determined both the RPI plans and how they were implemented. Central to the design of most programs was the supervision conditions of prison releasees in the state. Typical of the release practices nationwide, offenders in these jurisdictions leave prison under a diversity of release conditions, as depicted in Table 1. Three RPI jurisdictions operate in states where most offenders are released unconditionally with no supervision requirements (Massachusetts, Florida, and Nevada), two RPI sites are in states where conditional release is the overwhelming choice (Vermont and Missouri), and three RPI sites are in states where there is a mix of conditional and unconditional releasees (Washington, Maryland, and South Carolina). (Note: See Fact 1 on Impact of Sentencing on Release Patterns).

One issue that must be addressed by program developers at the outset is which of these groups of returning offenders, or some combination of them, will serve as the target population. In some reentry sites (e.g., Florida, Massachusetts, Missouri) planners originally focused exclusively

on unconditional releasees but later chose to expand the target population to include conditional releasees, at least in part due to problems they encountered convincing unconditional releasees to volunteer for programs that include community surveillance and service components. Getting inmates to volunteer for reentry programs is a perennial challenge (Taxman, 1998), because offenders perceive programs as limiting their options as well as reducing their anonymity (to supervision agents, service providers, family and neighbors) upon return to the community. This population proved to be a difficult target for each site. Ignoring unsupervised, unconditional releasees in offender reentry programs, however, reduces their stakes in the community and their visibility to both formal and informal forces of control and support.

Table 1: Conditional and Unconditional Releases of Sentenced Prisoners From Model RPI Jurisdictions*

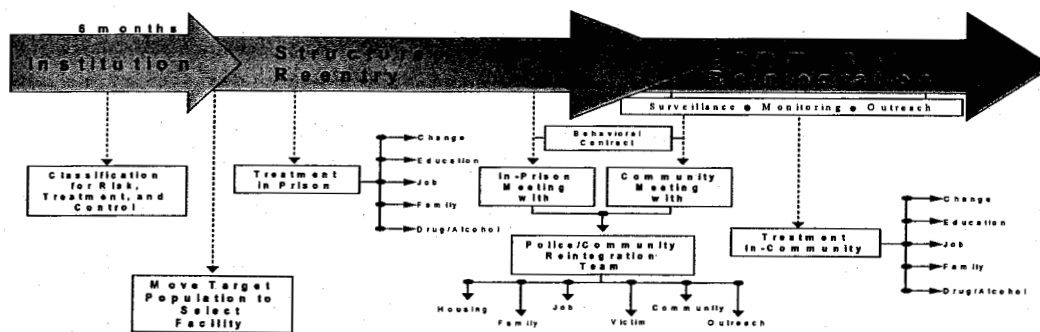
	<u>Total</u>	<u>Conditional (%)</u>		<u>Unconditional (%)</u>	
Vermont	1,026	936	(91.2%)	90	(8.8%)
Maryland	10,117	9,119	(90.1%)	998	(9.9%)
Washington (State)	5,867	4,017	(68.5%)	1,850	(31.5%)
Nevada	3,782	1,843	(48.7%)	1,939	(51.3%)
Missouri	10,467	9,520	(91.0%)	947	(9.0%)
Florida	23,854	9,018	(37.8%)	14,836	(62.2%)
South Carolina	7,418	4,326	(58.3%)	3,042	(41.7%)
Massachusetts	3,056	994	(32.5%)	2,062	(67.5%)
Nationwide – all states	471,233	383,631	(81.4%)	87,602	(18.6%)

- Source: Adapted from Sourcebook of Criminal Justice Statistics 1999, (Table 6.68), p. 53

A. Key Steps in the Reentry Process

Figure 1 provides an overview of the key steps in the conceptual reentry process, which fall into three distinct but intertwined phases: institutional, structured reentry, and community reintegration. The model depicted in Figure 1 is similar to the model developed by Altschuler and Armstrong (1994) for providing intensive aftercare to high-risk juveniles returning from detention. Altschuler and Armstrong view aftercare as a continuing process that begins at the point of entry to the institution, prepares the youth and family for return to the community, and provides seamless supervision and support during the period of transition and while under custody in the community. Echoing core principles of the intensive aftercare model, the best RPI sites have attempted to implement programs that center around a system of overarching, integrated case management, where the collective efforts of justice agencies, service providers, family and other community supports are devoted to enhancing the offender's accountability and productivity in the community. These efforts seek to strengthen the offender's stakes in becoming a contributing member of the community in such roles as parent, partner, neighbor, and worker.

Figure 1: Reentry Partnership Continuum



Phase I of the reentry model is the traditional *institutional phase* where the offender is assessed, classified, and placed in an appropriately secure facility and, ideally, in treatment, vocational, or educational programs that address identified needs. In our view, the most advanced reentry program would be oriented around preparing inmates for returning to the community from the outset of their prison stay. Unfortunately, most inmate classification and placement systems are driven by short-term priorities—maintaining security and maximizing use of scarce correctional space. At the institutional phase, the challenge reentry presents is to balance these immediate, pragmatic concerns with the long-term goals of increasing public safety and reducing recidivism. Regardless of when the corrections department can begin the process, the goal of this initial reentry phase should be to develop and implement an individual treatment plan based on a valid and systematic assessment of the offender's risk, needs and strengths. Despite current resource constraints, RPI sites that have strong institutional components have begun this process several months *before* the offender is eligible for parole or mandatory release, thus focusing the last several months of incarceration on reentry.

Once an individual is identified and selected to participate in the reentry program, the second *structured reentry phase* begins. Transcending organizational and physical boundaries, structured reentry begins in prison and carries over into the first month or so in the community. This period is characterized by increasingly intensive preparation for release, formalizing basic elements of the reintegration plan, and establishing stable connections in the community. The goal is to develop a realistic plan to minimize risk of failure upon reentering the community. The core plan must first ensure that basic survival needs are met at release—food, shelter, and a legitimate source of financial support. Meeting these basic needs has become more of an issue in recent years as changing sentencing practices have led prisoners to endure longer periods of incarceration and

isolation from the community; offenders have also lost access to prison education, treatment, and services (Mumola, 1999), due to diminished resources and public perception that such services are unnecessary.

Preparing for release is greatly facilitated by moving offenders to facilities near the communities to which they will return and placing them in treatment programs devoted to reentry—programs that might provide opportunities to rehearse new behaviors in realistic community settings, sensitize offenders to victims, and build motivation and readiness for change. Before release, offenders meet with community supervision agents, local service providers, police, victim advocates, and family members and other members of the community. Several RPI sites have developed innovative models that ensure involvement of community representatives in reentry, in the form of guardians (Washington), advocates (Maryland), or reparation panels (Vermont and Missouri). For programs that target unconditional releasees who leave prison with no supervision requirements, community attachment is a potentially valuable approach to begin linking offenders to prosocial activities. During structured reentry, offenders sign behavioral contracts that set priorities, specify supervision requirements and service participation, and detail sanctions for not complying with the contract. As soon as possible after release they meet with the same case management team (or in some cases a reparation panel); together they reassess and update the reentry plan, seeking stabilization during the first 30 days in the community.

Phase III of the process begins in the second month after release and continues until the termination of the supervision period. In the *community reintegration* phase, the focus shifts to sustaining gains made in the initial release period, refining and maintaining the reentry plan, and achieving independence from the formal case management process. Traditionally, the responsibility for reintegration has resided with the resource-poor supervision agency—parole or probation. RPI

has helped realign this responsibility, sharing it among the partnering agencies and the community. Non-governmental service agencies, faith-based and neighborhood organizations, family members, and local residents shoulder more of the efforts than under more traditional correctional approaches. At the same time, the role of formal social control agencies—corrections, parole, probation, police—shifts from a singular focus on the offender to enrolling these other forms of support as partners. The traditional social control agencies continue to attend to the offender, but use supplemental informal social controls provided by the family, local residents, employers, and other members of the community. The emphasis is building a community-based foundation for all services, regardless of whether they are informal or formal. The community reintegration phase incorporates a wide range of offender change strategies. Resources will be made available for offenders who need skills training (e.g., jobs, education), family or individual counseling, substance abuse treatment, housing and/or health care. In the best RPI programs, planners have recognized the importance of establishing a seamless system of services for offenders that ensures continuity between institutional and community-based programming. For offenders on conditional release status, this phase of the program involves formal surveillance and controlled activities on the part of supervision agents. For unconditional releases, surveillance and control responsibilities fall to community police officers, volunteer guardians, reparation panels, or other neighborhood representatives. By working hand-in-hand with community organizations and representatives, the partnerships provide a collective presence that offenders have not experienced before. As one correction commissioner informed a group of offenders, reentry is not waiting for the offender to fail, it is about preventing failure.

B. Evidence-Based Practice: Incorporating Research Into the Reentry Efforts

Most corrections policymakers and practitioners readily acknowledge that transition and discharge planning has been inadequate, due to three related problems: (1) lack of resources, (2) unclear job responsibilities; and (3) the conflicting goals of the myriad of agencies and organizations. Far too often, administrators and budget directors have taken the view that the “other” agency is responsible for providing resources to support reentry. At best, different agencies administer each step of the reentry process, dividing it among institutional corrections, community corrections, and community organizations. At worst, offender reentry falls through the cracks. To be successful, reentry initiatives must overcome organizational boundaries, reconstitute a commitment to community safety, and design service models that are research-driven. In this section we discuss the current state of knowledge about offender transition and reintegration.

Much has been learned during the last decade about what works in corrections—from studies of substance abuse treatment, contingency management, intermediate sanctions, and system-wide reforms—and much of this empirical knowledge can be applied directly to reentry program development. Table 2 provides a list of empirically based principles relevant to reentry that are derived from nearly 30 years of research on correctional (Sherman, et. al., 1997; Taxman, 1999) and substance abuse and mental health treatment interventions (NIDA, 2000, and Surgeon General, 2000). The era of single, stand-alone programs, whether in prison or in the community, is closing as studies show the need for integrated, complementary programming, provided over relatively long durations (Taxman, 1998; Simpson & Knight, 1999; NIDA, 2000). Behavior change is possible if offenders are provided with tailored, sequential programming that addresses their individual needs. These and other principles listed in Table 2 provide a framework for developing structures and

programs at each phase of the reentry process—institutional, structured reentry, and community reintegration.

Research has also indicated that the timing of interventions can affect their effectiveness in achieving behavior change and reducing the likelihood of recidivism (Taxman, 1999). Program interventions that are part of the structured reentry process should complement positive psychosocial changes that the offender undergoes in making the transition to the community, while addressing the profound changes and challenges faced by newly released offenders. Focus groups held with offenders in several of the RPI sites revealed that they confront four common themes: (1) the offender's role in society, (e.g., stigma); (2) the offender's acknowledgement of the harm that they have done to family and community; (3) the offender's doubts about becoming a self-sufficient, self-supporting, and contributing member of society; and (4) the offender's uncertainties about acknowledging the need for help, and utilizing support and community services to address physical, social, and psychological needs central to successful reintegration.

In our experience, offenders readily articulate these issues. It is evident that the best intentions of partnering agencies will be undermined if their reentry programs do not bridge the gap between these agencies' perceptions and beliefs about what is best for the offender, and the knowledge, experience, beliefs, and feelings of the offender. In some RPI sites, for example, program designers assumed offenders would be willing to be under additional community supervision in exchange for access to free community-based services on demand. They were surprised when almost no one took them up on the offer. In this example, the program planners had to establish interventions during institutional and structured pre-release phases that focused on building offender motivation and readiness for change, to provide a foundation for the reintegration phase. In some cases, program developers also had to empathize with their potential clients,

Table 2: Evidence-Based Principles of Reentry Programming

- **Informal social controls** (such as family, peer, and community influences) have a more direct effect on offender behavior than formal social controls (see, e.g., Gottfredson and Hirschi, 1990; Byrne, 1990).
- **Duration** of the intervention is critical to offender outcomes. Behavior change is a long process that requires a minimum of 12 to 24 months. The period of incarceration and reintegration provides a sufficient period to bring about change.
- **Dosage** of the intervention is critical to change. Intensity and frequency are important to assist the offender in making critical decisions that affect the likelihood of success. Intervention units should be matched to offenders' risks and needs, and their readiness for change. Often, intensive interventions are more effective when they are preceded by treatment focused on building offender motivation and advancing their readiness for change (Taxman, 1999; Simpson and Knight, 1999). Intensive services should be followed by support services provided during stabilization and maintenance periods to reinforce treatment messages (NIDA, 2000 and Surgeon General, 2000).
- **Comprehensive, integrated, and flexible** services are critical to address the myriad needs and risk factors that affect long-term success. Offenders typically present diverse deficits and strengths, and programs are effective when they can meet the multiple needs of individuals. Valid assessment tools should be used to prioritize needs, and services must be integrated so there are not competing demands and expectations placed on offenders.
- **Continuity** in behavior-change interventions is critical (Taxman, 1998; Simpson, Wexler, Inciardi, 1999). Interventions, either in prison or in the community, should build upon each other. Pitfalls to avoid are incompatible clinical approaches or inconsistent messages to offenders.
- **Communication** of offender responsibility and expectations is necessary. A behavioral contract that articulates the structured reentry and community reintegration process is an effective tool for conveying these expectations and consequences for non-compliance (Taxman, Soule, Gelb, 1999; Silverman, Higgins, Brooner, Montoya, Cone, Schuster, & Preston, 1996).
- **Support** mechanisms are critical to long-term success. Support mechanisms can involve the family, community, and informal agencies (e.g., religious organizations, Alcoholics Anonymous, spouse support groups, etc.). The support mechanism links the offender and the community and provides the ultimate attachments (NIDA, 2000).
- **Offender accountability** and responsibility is key. A system of sanctions and incentives must ensure that the offender understands expectations and rules, and the offender should take part in the process of developing these accountability standards. The offender must be held accountable for actions taken both in prison and the community; the partnership should support constructive, pro-social decisions.

and recognize that offenders' past experience with law enforcement, supervision agencies, and treatment providers left them dubious about the real intentions of these agencies and staff. To give the RPI partnerships any chance at success, reentry program staff will have to convince clients that the intent is to support their reintegration in the community. Efforts to find fault, increase revocations, or speed a return to the justice system will only undermine the reentry goals.

At critical junctures in the reentry process, RPI models include a series of timed interventions that address evolving psychosocial needs and emerging challenges during the institutional, structured reentry, and reintegration phases. Prior research has suggested certain critical junctures that correspond to offenders' progressive psychological processes, including: 1) preparation to live independently; 2) readiness to address intra-and interpersonal issues; 3) ability to be self-sufficient and self-directive; 4) readiness to request assistance to stabilize self; and 5) maintenance of stabilization efforts (Prochaska and DiClemente, 1986; Simpson and Knight, 1999). For the reentering offender, critical junctures occur approximately at six months and again at 30 to 45 days before release, the weeks on either side of release, 30 days post-release, 60 days post release, and thereafter.

Table 3: Critical Junctures in the Reentry Process

Timing	Attending to Offender Public Safety Goals	Key Partnership Activities
Entrance to Prison	<ul style="list-style-type: none"> • Assess for Risk and Need Factors • Develop Institutional Plan to Address Risk Factors 	<ul style="list-style-type: none"> • Provide comprehensive programming geared toward skill deficits • Facilitate Family/Community Visits to strengthen ties to the community • Assess and then modify programming based on offender needs
(at least) 6 Months Before Release (Prison--Reentry)	<ul style="list-style-type: none"> • Motivate Offenders for Crime Free Lifestyle • Address Risk Factors to Recidivate • Address Responsibility in the Community (e.g., parent, support, etc.) • Assume Responsibility for harm to community 	<ul style="list-style-type: none"> • Move Offender to correctional facility close to community • Offer Motivation Readiness Interventions • Facilitate Family/Community Visits • Assign Community Support (Guardian) • Address "shame" of being an ex-offender • Provide victim impact/awareness groups • Identify role as a 'parent' (if appropriate)
30 Days Prior to Release (Prison--Structured Reentry)	<ul style="list-style-type: none"> • Develop Reentry Plan • Verify Reentry Plan • Strengthen Informal Social Controls • Establish Community Linkages • Clarify community supervision plan 	<ul style="list-style-type: none"> • DOC→Supervision→Treatment→Enforcement→Housing (share information) • Ensure Reentry Plan has stable housing (for 30 days)/services • Establish Network in the community for services (easy access/prioritize care) • Identify employment options • Facilitate Family/Community Visits • Address Community Responsibility Issues • Facilitate communication with formal supervision agencies
30 Days After Release (Structured Reentry)	<ul style="list-style-type: none"> • Identify Risk & Protective Factors • Link with Community Network • Readjust plan of supervision • Outreach to releasees 	<ul style="list-style-type: none"> • Reaffirm housing/employment/services connections • Modify supervision plan • Utilize incentives and rewards for participation in support services • Strengthen family/community issues • Address non-compliant issues that present risk factors • Provide outreach to offenders in "crisis" • Provide routine drug testing and, if needed, treatment services

Timing	Attending to Offender Public Safety Goals	Key Partnership Activities
31-180 days after Release (Reintegration)	<ul style="list-style-type: none"> • Identify Risk & Protective Factors • Link with Network in Community • Readjust supervision plan • Outreach to releasees 	<ul style="list-style-type: none"> • Reaffirm housing/employment • Modify supervision plan • Utilize incentives and rewards • Strengthen family/community issues • Address non-compliant issues that present risk factors • Provide routine drug testing and, if needed, treatment services
181+ days (Reintegration)	<ul style="list-style-type: none"> • Readjust supervision Outreach to releasees • Enhance Quality of Life 	<ul style="list-style-type: none"> • Strengthen informal social controls • Strengthen prosocial activities • Provide halfback processes

C. Issues and Challenges: Designing a Reentry Program

In the following section, we describe key issues that must be addressed by policy makers and program planners in developing a reentry partnership initiative. Our discussion in this section is specifically on design issues, and interweaves program elements and experiences of the eight RPIs studied in our research. The discussion focuses on decisions that must be made in the areas of target population selection and the design of each of the three phases of the RPI, while incorporating many of the principles and best practices outlined in the first sections of this paper.

Choosing a Target Population. One of the most critical components of any reentry program is the criterion used for identifying the program's target population. There are a number of targeting questions that must be addressed by program developers. We highlight these questions in Table 4 below. Obviously, the specific components of reentry programs will vary by the target population selected. We have highlighted the variation in target population across the 8 RPI model sites in Table 5. As you can see by examining the targeting decisions made by program developers at these sites, a number of issues must be addressed about this facet of program design.

Table 4: Target Population—Questions to Consider

- (1) Will there be any offender types excluded from the program due to the nature of their conviction offense and/or criminal history? Length of incarceration?
- (2) Will offenders with a diagnosed mental illness be excluded from the program?
- (3) Will offenders with serious medical problems (e.g., AIDS) be excluded from the program?
- (4) Will participation in all phases of the program be mandatory or voluntary?
- (5) Which community (or neighborhood) will be targeted for the program? (And what are the criteria for selecting this community?)
- (6) Will the program target both conditional and unconditional releases?
- (7) How will prison officials identify an offender who may reenter a targeted community? Will only offenders who lived there at the time of their arrest be identified? Or will offenders who plan to *return* to the targeted community be selected?

Perhaps the single most important targeting decision that program developers will have to make is how to balance offender risk with the public's tolerance for *any* crime. For example, much of the recent research on sex offenders, particularly sex offenders who are currently in treatment, suggests that this group of offenders is not likely to recidivate (Alexander, 1999). However, the public panic about this group of offenders makes a discussion of risk level irrelevant. Program developers in four of the eight sites we visited have excluded offenders convicted of a sex offense from participation; at two of these reentry sites, offenders with a history of sex offenses, regardless of their conviction offense, are excluded. In this instance, the stakes (e.g., publicity, public outcry) associated with even one sex offender recidivating while in the reentry program are too high, despite the offenders relatively low recidivism risk.

The paradox inherent in any reentry program's decision to exclude a group of offenders from participation is that these excluded offenders are still returning to the community at the same

time, regardless of reentry program participation. In terms of recidivism reduction, there is a growing body of research that demonstrates that it is *high-risk* offenders who benefit the most from this type of intensive intervention (see e.g., Taxman, 1998; Andrews and Bonta, 1994; Byrne and Pattovina, 1992). While providing services to violent or chronic offenders often involves political risks, the biggest gains in public safety and cost savings are achieved when resources are targeted to exactly these kinds of offenders. This is an important factor to consider when deciding whether to exclude violent offenders, sex offenders, mentally ill offenders, and/or high-risk offenders from participation in the reentry program.

D. Phase I: The Institutional Phase of Reentry

Preparing for release should begin when the offender first enters prison and starts serving his/her sentence. Rationally, a commitment to increasing public safety and reducing recidivism affords no wasted time in focusing offenders on their role and responsibilities as members of the community, and providing institutional interventions that help them develop the skills needed to become productive parents, partners, neighbors, employees, and role models for others at risk for offending. Admittedly, this is an ideal scenario; many corrections departments cannot begin reentry programming until the final several months before release due to any number of resource constraints.

Table 5: Target Population Criteria Used at Each RPI Jurisdictions

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

Of the RPI sites, only Vermont has conceptualized the reentry process as one that begins at the point of inception to prison and continues throughout the person's incarceration. In Vermont, under the Offender Responsibility Plan, the offenders develop a restorative justice plan within 45 days of initial incarceration. Programming for addressing harm to the community in general and the victim in particular occurs in prison and continues in the community (continuity in programming). The state of Washington's Offender Accountability Act, signed into law in 1996, addresses reentry issues through highly structured assessments and Offender Accountability Plans (OAP) that begin early in custody. However, the state currently offers very little formal institutional programming for inmates. Maryland's Department of Corrections has developed plans for early, statewide reentry programming, but these program initiatives are years from implementation. Florida is the one RPI site that moves RPI participants to a facility closer to their target community (Lake City) a few months before release, while Maryland and Missouri take advantage of existing movement protocols and draw RPI participants exclusively from pre-release facilities located in the large urban areas (Baltimore and Kansas City) to which these offenders return.

Other jurisdictions have altered standard transfer protocols to facilitate reentry programming. In Nevada for example, only offenders at one of the state's medium security facilities have access to the treatment component of the reentry program. If an offender at a minimum-security facility wants to participate, he must ask to be transferred to the higher security level facility, which is tantamount to trading increased freedom (at a minimum security facility) for quality treatment (at the medium security facility).

In addition to determining when to begin the institutional phase of the reentry program and where to locate it, program developers must also decide what types of treatment or services to provide to the inmates targeted for the program. Too often, these decisions are driven by

convenience, based on a particular treatment already in place. An alternative recommendation made by a treatment program director at one reentry site was to develop the institutional and reentry phases of the program along the lines of many prison-based therapeutic communities. Once the target group for the reentry program has been identified, they are moved to a segregated unit of an institution, where they do their time apart from the rest of the prison community, and where they are placed in a separate, stand-alone treatment program. Upon the completion of the intensive, in-prison phase of the program, the offender may be moved to a work release facility, where he/she will begin the program's structured reentry phase.

Even if program developers do not integrate the therapeutic community model into the institutional phase of reentry, there are a number of other issues that must be addressed regarding the design of the institutional treatment program. As we noted earlier, decisions regarding treatment type (and duration) will be affected by the needs of the target population selected for reentry. At minimum, we anticipate that the institutional treatment phase of the program will include an educational component, an employment readiness/job training component, and a group sessions that encourage readiness for change component, incorporating some combination of substance abuse treatment, life skills training, and individual/group counseling. The success of these interventions will be determined, in large part, by the ability of program developers to integrate the treatment provided during the program's institutional phase with the treatment and services provided in the structured reentry and community phases of the program.

One possible strategy that can be utilized to improve system-wide coordination is the identification of a *boundary spanner*, which has been described as the individual who is responsible for facilitating the movement of offenders across (and through) traditional system boundaries (English, 2001; Taxman & Bouffard, 2000). The role is critical at both the policy and operational

level. In terms of policy development, the boundary spanner role will likely be incorporated into the duties and responsibilities of the project director. The project director is committed to interagency policies that promote reentry goals. However, it would certainly make sense to define a similar role for key individuals involved in day-to-day operational control activities, such as the designated reentry case manager. Focusing on treatment for the moment, it would be the boundary spanner's responsibility to develop and implement a treatment plan for the offender that begins in the institution and continues in the community. At the operational level, the boundary spanner would work with the offender (client) on recidivism reduction efforts.

E. Phase II: Structured Reentry

Historically, the transition from prison to community has been difficult, due to the nature of the prison experience itself (e.g., sentence length, institution location, quality and availability of treatment services and health care, etc.), as well as limited scope of the transition process. Offenders are released from prison every day across this country with no money, no job prospects, no skills or training, health and substance abuse problems, and no stable place to live. In addition, it is estimated that one in five offenders in prison today has a history of mental illness, which underscores an important point: a significant proportion of the offenders reentering our communities from prison can be classified as multiple problem offenders (Ditton, 1999; Clear, Byrne, Dvoskin, 1993). Structured reentry will require a system-wide effort to address the multiple needs of this population. To date, the most compelling feature of the reentry efforts we have reviewed is the emphasis placed on reentry planning and transitional services for these high-risk offenders during the critical months before release and weeks immediately following—the structured reentry period.

Reentry Points. The first issue that must be addressed by program developers interested in fully implementing the three-phase model described here is how to define the point at which an offender moves from the institutional phase to the reentry phase of the program. One strategy would be to transfer all reentry participants to the *same* facility several months before release to facilitate the discharge planning process. Florida's reentry program uses this strategy, moving offenders close to their "home" communities so that they can begin work (via work release) in the same jobs and in the same communities they will live upon release. Other reentry programs—in Nevada, Washington, and Maryland—a have used a similar location strategy, although the time before release is much shorter (30-45 days).

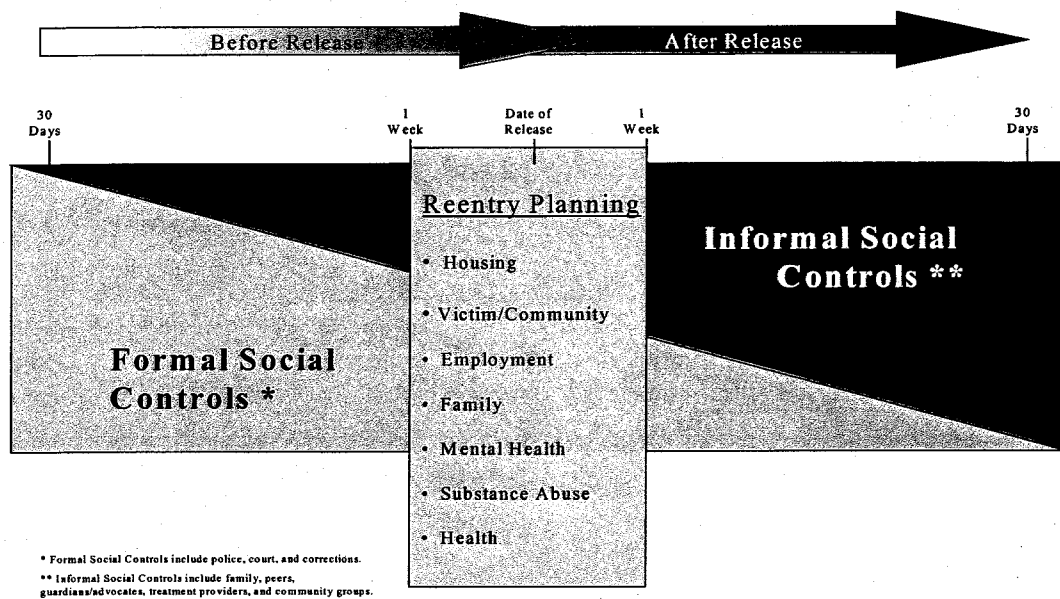
Development of Discharge Plan. A second issue that must be addressed regarding the structured reentry phase is: who should develop the discharge plan? It is our view that a multi-agency partnerships team should be involved in the development of the reentry plan. Ideally, this reentry team should include representatives from all three phases of the reentry program. At a minimum, this team should meet when the offender enters the institutional phase (approximately six months prior to release), during reentry, and one week prior to release. In addition, it is critical that this same team meet with the offender in the community within a week or two after release) to assess the offender's initial progress and ongoing service needs, and to update the reentry plan.

Strengthen Informal Social Controls. A third design issue that must be addressed involves the strategies for strengthening informal social controls. It is our view that structured reentry represents a transition from formal to informal social control mechanisms. Research on the impact of formal and informal social control mechanisms suggests that formal mechanisms offer short-term control while informal mechanisms lead to long-term change in offender behavior (see, e.g. Gottfredson and Hirschi, 1990; Byrne, 1989). From a public safety perspective, it certainly makes

sense to develop strategies that break the cycle of incarceration—release—reincarceration. With this goal in mind, one of the essential elements of a successful reentry plan will be a strategy for strengthening informal social controls.

There are three informal social control such mechanisms that should be mentioned at this point: (1) employment, (2) family, and (3) peers/community members. The reentry plan must address each of these three areas in a comprehensive, systematic manner. Since many offenders have difficulty in one or more of these areas due to a variety of other problems, such as mental illness, substance abuse, and health/housing issues, they too must be addressed during this stage in the reentry process. Figure 2 highlights the key features of the structured reentry process that must be addressed to promote offender change.

Figure 2: Overview of Structured Reentry Phase



Staffing and Resources. A fourth design issue is centered on staffing and resources: will new staff and resources be utilized to facilitate structured reentry, or will existing staff and resources be utilized? Existing staff often resists the expansion of their roles and responsibilities, especially if they are asked to do so without input or monetary compensation. However, the creation of new staff positions to coordinate the reentry process may create conflict with existing staff and actually hinder coordination, at least in the short-term. Based on our review of the reentry programs at the eight model jurisdictions, it appears that new staff may be necessary, particularly if the concept of boundary spanner is to be applied to this phase of the reentry process. Similarly, it does appear that additional resources will be needed to address the needs of offenders during structured reentry in areas such as employment, housing, treatment, and mental health.

In the structured reentry model we describe here, reentry progresses through a series of stages that typically begin during the structured reentry period and continues through much of the community reintegration phase. The focus of the initial transition planning process is on a survival package of necessities surrounding the offender's release: Where will they live? What is their family situation? Do they have a job or a job prospect? How will they address any ongoing problems (e.g., substance abuse, mental health, physical health)? Answers to each of these questions will provide the basis for the structured reentry plan. The reentry plan will include an assessment of the offender's needs (especially "criminogenic" risk factors that are linked to recidivism such as substance abuse, unstable housing, poor family and community ties, etc.) and their strengths in these same areas. Reentry case managers should have access to an inventory of services first delivered in prison and now available after release. Utilizing this seamless system of assessment and service provides, the multi-agency case management team can facilitate the offender's transition from institutional to community services.

Upon release from prison, offenders under some form of conditional release are required to report to their supervising officer. In some jurisdictions, this meeting occurs on the date of release; in others, the offender is required to "report in" within 24 to 48 hours. For offenders released conditionally, it makes sense to have the offender meet with a supervising officer *that same day*. In the Las Vegas, Nevada reentry program, offenders literally take a bus from prison to the parole office, where they sit (with all their possessions) and wait to meet their parole officer. The officer first conducts an on-site drug test, followed by a short (15 minute) intake interview. The results of this initial test are used to develop an initial plan for the newly released offender, including a schedule of office visits and a review of housing and employment prospects. Since offenders in Nevada are only given twenty-one dollars to assist in their transition to the community, most offenders will require immediate, short-term transitional services. For this reason, early contact with the released offender is an important feature of the community phase of structured reentry in Nevada.

Once the short-term needs of returning offenders are addressed, the case management team typically turns to orienting the offender to the community. At this point, the offender should have secure housing, be employed or in a job training program, and attending any needed treatment or service. Once the offender has completed the initial intake and orientation phases of community reentry, he/she should be able to begin the process of community reintegration.

F. Phase III: Community Reintegration

For reentry to be successful, it will be necessary to first reintegrate the concept of community into community-based corrections (Byrne, 1990). How the offender becomes integrated in the community will largely dictate the degree to which the reentry process favorably affects public safety. Case management and supervision play central roles in facilitating this integration.

Concern over offender reentry is one of several factors that has sparked renewed interest in

supervision after decades of neglect. New models of supervision were spurred further by a growing body of research showing that a narrow focus on monitoring and surveillance has negative effects, leading to more technical violations and recycling through the criminal justice system (see e.g., Petersilia, 1999; Byrne and Pattovina, 1992). More sophisticated models are now emerging that redefine the nature of supervision services (Rhine, et al., 2001; Taxman & Byrne, 2001).

Three of the RPI sites have on-going efforts in case management and supervision that reflect some of these reforms. Vermont is well known for the focus on restorative justice throughout the correctional system that relies on the use of community reparation boards to promote responsible and corrective behavior. The model depends on the community to be an active partner in determining the content of the offender's institutional confinement (e.g. program participation, apology to victim, etc.), the context of release decisions (e.g. review of progress in treatment, reparation plans, reintegration strategy, etc) and the amendments to the plans based on the offender's progress. Community supervision is reshaped to empower the boards to determine how offenders make amends and restitutions. The restorative justice model uses a cognitive behavior approach to assist the offender in developing new responses to traditional issues. For example, the graduated sanctions practices require offenders to analyze their negative behavior and responses. The offender is required to come up with an alternative response with the agent. This process is a learning experience for the offender with an emphasis on long-term change in response patterns.

In Washington State, the Offender Accountability Act (OAA) provides an infrastructure that similarly emphasizes quality contact standards. Each offender's Accountability Plan is subjected to ongoing, continuous evaluation and reassessment done in concert with the offender and the Community Corrections Officer. Protocols developed under the Act require the use of behavioral contracts and a wide range of prescribed incentives and sanctions that seek to encourage prosocial development. The Washington site is unique in its plans to employ measures to assess the level of

safety in neighborhoods to which clients return. Under OAA, guardians from the neighborhood bring local knowledge about place safety and supports to the case management process. Along with neighborhood-based police and corrections officers, guardians are positioned to encourage involvement of family members, ministers, self-help groups, and other less formal providers of services and support. In the final stages of reintegration, guardians can also help the RPI client to become involved in local community groups as a provider and role model, rather than the recipient of services. In the Washington model, successful reentry graduates may eventually become guardians for newly released offenders just entering the structured reentry phase of the process.

In Maryland, the Division of Parole and Probation has adopted a proactive community supervision (PCS) model that incorporates research-driven practices of problem-solving and offender management (Sachwald, 2001). PCS is unique in seeking to fundamentally change offender-agent contacts and relationships. Using motivational interviewing techniques tailored to offender management issues, the agent's role is redefined as a conduit for change. Instead of going through the motions of office reporting, PCS is based on quality contact standards that define how the offender and agent relate. The model ties drug testing, treatment, sanctions, and incentives into a programmatic framework. Proactive community supervision integrates accountability into the fabric of supervision through behavioral contracts and administrative and court-ordered sanctions and incentives. The organizational culture of supervision is refocused on public safety and empowering the offender to assume a prosocial lifestyle.

Independence and involvement in the community characterize the endpoint of the community reintegration phase of offender reentry. Moving to independence requires passing through earlier stages that begin with addressing necessities (e.g., food and shelter, as well as family and peer associations) and move to stabilization and maintenance. From a behavioral change perspective, reintegration spans the period of supervision. It must be focused on the risk factors that

are likely to affect the offender's success in the community and be tailored to the psychological shifts experienced by ex-offenders. To achieve independence, the offender must shed old roles and images and develop new ones as productive members of the community. Reintegration involves constructing roles as family members, employees, and citizens. Many of the RPI sites are starting to turn to these issues as more offenders are being released under the auspices of the partnership.

Conclusion

Reentry partnership initiatives represent a new approach to an old problem: community supervision failures. It is apparent that offenders fail in community settings because of a combination of factors, including the offender's own resistance to lifestyle change and the ineffectiveness of both formal and informal social control mechanisms. The three-phase reentry strategy described in this report addresses these problems directly. Reentry program developers have offered a new vision for corrections, which emphasizes the need to change—rather than control—offender behavior. In essence, the focus on community involvement that is at the core of these programs represents recognition that for offender change to occur, the community must be involved from the outset.

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Fact Sheet 1: Impact of Sentencing Policy on the Changing Pattern of Release from Prison

In 1997, 495,972 adult offenders were released from state and federal prisons across the country. About three out of four offenders released from prison that year were released conditionally (77.8% of all releasees), using a supervised, mandatory release mechanism (50.6% of conditional releasees) or some form of discretionary release via parole (36.1% of conditional releasees) or probation/other (13.3% of conditional releasees). The remaining prison releasees – representing almost a quarter of the total release population (109,896 – 22.2% of all releasees) were sent back to the community “unconditionally” with no probation or parole involvement. In the vast majority of these unconditional release cases (95%), the offender was released from prison because his (or her) sentence had expired.

Obviously, any discussion of the impact of our returning prison population on community safety must begin by recognizing the fundamental changes in release policy in this country over the past decade. Supervised mandatory release is now the most commonly used release mechanism by state prison systems while the vast majority of federal offenders are not released until the expiration of their sentence. Focusing for a moment on regional variations in release policy, we find that prison systems in the Midwest (35.4% of all releasees) and western states (77.2% of all releasees) are more likely to rely on the supervised mandatory release mechanism than either expiration of sentence or discretionary parole release. In the northeast, the pattern is noticeably different: discretionary parole release is the most common release mechanism in these states (60% of all releases). This was also the pattern found in southern states, although there is clearly a lower rate of discretionary parole release (33% of all releasees) and more use of expiration of sentence (30% of all releasees) and/or supervised mandatory release (22% of all releasees) in this region.

Despite the growing trend toward the use of mandatory release mechanisms and away from discretionary parole release, we should emphasize that several states (21 in 1997) do not use this release mechanism *AT ALL*. Interestingly, there were six states (Maine, Massachusetts, Ohio, Delaware, Florida, & Nevada) that relied more often on expiration of sentence than on any other release option and in four of these states, supervised mandatory release was not available. Our point is that due to the reluctance of parole boards to release offenders early, offenders are spending longer periods of time in prison. Since many states have opted *not* to develop policies and procedures to allow supervised mandatory release, we suspect that more and more offenders will be “maxing-out” of prison in these jurisdictions. Do these offenders pose a greater threat to community safety than either the parole or mandatory release population? At this point, we do not know the answer to this question. But we do know that offenders are now serving a greater proportion of their sentences in prison and regardless of the *method* of release, they are returning to the community with the same problems (e.g., lack of skills to obtain employment, substance abuse problems, family problems, individual mental health problems) they had when they were first incarcerated. While they were incarcerated, the communities they used to reside in may have improved (e.g., due to community mobilization and betterment activities, a better economy, community policing, etc.); or they may have deteriorated. In both cases there is likely to be resistance to the notion that these offenders are returning to their community.

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