The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:

Document Title: Targeting for Reentry: Matching Needs and Services to Maximize Public Safety

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Document No.: 196491

Date Received: August 20, 2002

Award Number: 2000-IJ-CX-0045

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# TARGETING FOR REENTRY: MATCHING NEEDS AND SERVICES TO MAXIMIZE PUBLIC SAFETY

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March 25, 2002

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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

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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.

# Introduction and Overview

One of the most vexing problems facing governors, legislators and corrections administrators across the United States is how to stop the inevitable movement of offenders from institution, to community, to institution, to community, ad infinitum (referred to as churners, see Lynch & Sabol, 2001; Hughes, Wilson, & Beck, 2001). For example, in 1997, there were 587,177 new prisoners admitted to state and federal institutions in this country. At the same time, 528,848 prisoners were released from state and federal facilities across the country. Among new prison admissions, there were 189,765 offenders returned to prison as parole or other conditional release violators (approximately 40% of all new admissions in 1997). And among new prison releasees, it is estimated that about 40% (200,000) will be back in prison within three years for either new crimes or technical violations (Petersilia, 2000). Clearly, there is a subgroup of the federal and state prison population who appear to have integrated periods of incarceration into their lifestyle and life choices. What can and should the correction systems do to "target" these offenders for specialized services and controls to improve reintegration into the community?

In the following report, we examine the offender targeting issue in detail, utilizing data gathered from our review of eight model Reentry Partnership Initiative Programs (note: see Taxman, Young, Byrne, Holsinger & Anspach, 2002 in this series) for an overview of research methodology). We begin by discussing the range of target population criteria used in the eight model programs and then discuss the unique challenges presented by different types of offender typologies, such as repeat offenders, violent offenders, sex offenders, and drug offenders. Then we identify the relevant

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classification, treatment, and control issues that decision makers will have to address as they design and implement their own reentry processes that address the unique needs presented by different offender typologies. We conclude by highlighting the lessons learned from the current wave of RPI models.

## 1. Changing Patterns of Prison Admission and Release

The number of prisoners under state and federal jurisdictions has increased dramatically over the past eight decades. In 1925, there were 91,669 state and federal prisoners and the rate of incarceration was only 79 per 100,000 of the resident population. By the end of 2000, the number of incarcerated offenders rose to 1,321,137, which translates into a rate of incarceration that is 478 per 100,000 residents. The change in the correctional landscape followed the shift in sentencing philosophy from rehabilitation to incapacitation, which grew out of frustration with offenders who refuse to change, the failure of rehabilitative programs to reduce recidivism, and the need to punish offenders for their misdeeds. Paradoxically, the incapacitated approach has resulted in more institution-based punishment for offenders, but less community-based control of the returning home population.

What types of crime do these offenders commit? An examination of the current offense of prisoners in federal and state prisons in 1999 indicates that 51 percent of the offenders incarcerated in state prisons committed violent offenses, 20.7 percent committed drug offenses, and 15 percent committed public order offenses (Beck & Harrison, 2001). For the three out of four offenders released from prison conditionally that year, 50.6 percent were released using a supervised, *mandatory* release mechanism, 36.1 percent for some form of discretionary release via parole, or 13. 3 percent were

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under probation/other supervision. The remaining prison releasees – representing almost a quarter of the total release population (109,896 – 22.2 percent of all releasees) were sent back to the community "unconditionally" with no involvement of the state or federal government in overseeing their return to the community. That is, some type of supervised release (e.g., probation, parole, etc.) was not part of the reentry process. In the vast majority of these unconditional release cases (95 percent), the offender was released from prison due to an expiration of sentence.

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

Despite the growing trend toward the use of mandatory release mechanisms and away from discretionary parole release, we should emphasize that several states (21 in

1997) do not use this release mechanism AT ALL. 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 were not available. Due to changes in parole practices, parole boards are reluctant to release offenders early. The growing trend is for more offenders to be released with minimal time under community supervision, and to be released without community supervision. While some scholars observe that many offenders are better off without community supervision due to the problem of technical violations and recycling of offenders from prison to community to prison (Austin, 2001), others observe that more supervision is required to manage the reintegration process to reduce the potential harm that offenders present to the community (Petersilia, 2000; Taxman, et al., 2002). More research is needed in this area to determine the degree and level of supervised release that is useful to maximize community safety.

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

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problems (e.g., lack of skills to obtain employment, substance abuse problems, family problems, individual mental health problems, repeat offending behavior, etc.) they had when they were first incarcerated. In addition, some offenders are returning to the community with new criminogenic traits due to their increased incarceration period and isolation from the community. 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, the communities prisoners return to may be quite different from the community they left. The longer offenders remain in prison, the more likely there will be changes in family, peer associations, and neighborhood dynamics that will have to be addressed during reintegration. All of these changes complicate reintegration.

## A. Offender Targeting for Reentry: An Overview of Current Strategies

Figure 1 depicts the three key phases in the offender reentry process: (1) the institutional phase, (2) the structured reentry phase, and (3) the community reintegration phase. Based on our review of eight model RPI programs (see Taxman, et al., 2002), it appears that the specific features of each of these phases will vary from program to program, in large part due to variations in the types of offenders *targeted* for reentry by program developers at each site. However, it is certainly possible to describe the general strategies used by RPI program developers to address the problems and needs of offenders about to return to the community.

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

# Figure 1: Reentry Partnership Continuum



Figure 1: Reentry Partnership Continuum

- 6 months
- Institution → Structured Reentry → Community/Reintegration
- Surveillance ● Monitoring ● Outreach

**Classification for Risk, Treatment, and Control**

**Treatment in Prison**
- Change
- Education
- Job
- Family
- Drug/Alcohol

**Behavioral Contract**

**In-Prison Meeting with**

**Community Meeting with**

**Police/Community Reintegration Team**
- Housing
- Family
- Job
- Victim
- Community
- Outreach

**Move Target Population to Select Facility**

**Treatment In-Community**
- Change
- Education
- Job
- Family
- Drug/Alcohol

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These program options would likely include education, vocational training, life skills, and of course, individual/group counseling. In three sites, the emphasis has been on providing motivational readiness treatment to prepare the offender to make significant lifestyle changes as they return to the community.  As we have noted in a separate report (see Taxman, et al., 2002), it is our view that reentry programs should be oriented toward preparing inmates for return to the community from the outset of their institutional stay. However, only one of the eight RPI models we visited (Burlington, VT) began the institutional phase during the first several months of an offender's incarceration.  A much more common approach is to begin the institutional phase of the reentry program several months before the offender's targeted release date, or the pre-release phase.  In fact, most of the RPI programs we reviewed had the institutional phase  folded into the structured reentry phase.

*Structured reentry* is the catchphrase for perhaps the most critical step in the offender's reentry process.  During structured reentry, the offender must make the transition from institutional to community control.  In the programs we reviewed, structured reentry began 1 to 3 months prior to the offender's targeted release date and continued through the end of the offender's first month back in the community.  It consists of two distinct components but interrelated stages:  the in-prison and in-community stages, which should be a seamless system of transition.  As depicted in figure 1, the structured reentry process requires coordination and collaboration between and among several distinct "partners" in the reentry process, including the offender, victim, community, treatment providers, police, and institutional and community corrections.  As we have already observed regarding the *institutional* phase, "structured

reentry" will likely be a different experience for offenders released conditionally than for those offenders (about 20 percent of all releasees nationally in 1999) released unconditionally. However, the components of structured reentry likely will require the development of a plan for each returning offender, focusing on such basic issues as: 1) continuity of treatment as offenders move from institutional to community treatment providers and address long-standing criminogenic factors (e.g., substance abuse, mental illness, repeat offenders, etc.); 2) housing options; 3) employment opportunities; 4) family needs and services; and 5) victim/community concerns (e.g., safety, restitution, reparation). Some jurisdictions (i.e., Florida, Maryland, and Nevada) found it advantageous to move offenders closer to their release location during their last few months in prison to facilitate the community reintegration process. In theory, the location of the offender close to home should make it easier to renew family ties, employment and secure appropriate housing and treatment. We suspect that these kinds of community linkages may actually be more important for offenders released unconditionally, without the specific forms of community treatment, supervision and control associated with the typical offender *conditional* release plan.

Phase III of the reentry program we reviewed is referred to as the *community reintegration* phase. For many offenders leaving prison, the initial period of adjustment (i.e., the first one or two weeks after release) is actually *less* difficult than the subsequent period of community reintegration. There are a variety of possible explanations for this phenomenon. First, keep in mind that there are essentially two groups of offenders being released from prison: conditional and unconditional releasees. While both groups of offenders will be offered similar support services (e.g., employment assistance, housing

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assistance, and treatment), conditional releasees are being monitored by community supervision agents who have the power to revoke their parole if they refuse this "assistance." No such controls can be invoked for the unconditional releasee population, although the RPI initiative has pioneered the use of a number of informal social controls to reconnect the offender with the community. These informal social controls consist of guardians and advocates in the community who are available to assist the offender with reintegration, particularly helping the offender make linkages with services, employers, and community groups (e.g., faith-based, self-help groups, etc.).

It is certainly possible that after an initial period of compliance and participation, offenders from *both* groups will begin to return to earlier behavior patterns (e.g., gang participation, drug/alcohol abuse). For offenders under conditional release status, the use of behavioral contracts with clearly defined rewards and sanctions may reduce the number of offenders who backslide in this way. However, successful reentry programs must develop alternative mechanisms for fostering compliance among offenders released from prison unconditionally. For example, one site we visited proposed to make "housing" assistance available to offenders actively participating in the reentry program. Stated simply, an offender may be released *unconditionally* from prison, but their participation in the reentry program is conditional on their compliance with the program's rules and regulations in the transitional house (e.g., no drugs or alcohol, limited activities, etc.). If an offender wants to live in housing provided by the RPI, then they will continue to participate in treatment, remain employed, etc. In one RPI model we described above, the housing is provided for up to 90 days. However, the program allows the offender to

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live in transitional housing for an additional 90 to 370 days for a minimal fee as the offender becomes stabilized in the community.

## B. Closing the GAP: Targeting Specific Offender and Offense Types of Reentry

Any discussion of offender reentry must begin by recognizing the magnitude of the reentry problem in this country: approximately 600,000 prison inmates returned to the community in 1999 alone (Petersilia, 2000). While the vast majority of the returning offender population is currently placed on some form of parole supervision in most jurisdictions, a number (20 percent) of offenders – many of them incarcerated for serious crimes – serve their full sentence and are released unconditionally. To many observers, the answer to the question "whom should we target for reentry?" is straightforward: all releasees from our state and federal prison system, regardless of release status, conviction offense type, and/or criminal history. However, an examination of the target population criteria used to select offenders in the eight model RPI programs we reviewed presents a more pragmatic, stakes-oriented view of the targeting issue: do not place "high stakes" offenders into a *new* reentry program. This approach clearly fits the cardinal rule of correctional practice to inaugurate new initiatives by focusing on offenders who are likely to be compliant and less likely to create public out-cry. The "low-stakes" approach is promoted as a means to build community and stakeholder support for new concepts with the expectation that if the innovation is successful then correction officials will expand the target population. As demonstrated in the era of intermediate sanctions (see Byrne & Pattavina, 1992), few programs became institutionalized, and few evaluations showed the merits of the program because many of the offenders were not well suited for the program. In fact, many criminologists continue to argue that we are likely to see the

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largest reductions in offender recidivism when we target the highest risk groups of offenders for program participation. However, program developments may be less interested in recidivism reduction and more interested in the level of re-offending by program developers. When viewed in this light, the question becomes: how much recidivism is one willing (or able) to tolerate?

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

We should emphasize that these ineligible offenders will still return to the community upon release, but they will do so without the specific support and control

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offered through the RPI effort. Since a significant number of the unconditional release population who are "maxing out" of prison are sex or violent offenders, it appears that the very group of offenders that raises most community concern tends to receive the lowest level of correctional supervision and support. The paradox inherent in this decision is that it is precisely the group of offenders being excluded from reentry programs that would most likely benefit from participation in the program, and this is the group that may present some of the greater public safety risks. Recent evaluation findings continue to demonstrate that larger gains in reducing recidivism are likely to occur with high-risk offenders who have a greater likelihood of committing new offenses (Andrews & Bonta, 1996; Taxman, 1998). As the RPI program grows and evolves, it is likely that many of the sites will expand the offender pool to "high stake" offenders. Three of the eight sites we visited understood this issue well enough to place no offense restrictions on reentry offenders for their specialized initiatives. They tend to take a "high stakes" approach to programming to reserve the reentry initiative to offenders regardless of their prior history, seriousness of current offense, or special needs (e.g., substance abusers, mentally ill, violent, etc.) who are returning to specific neighborhoods.

## Table 1: Target Population Criteria Used in RPI Jurisdictions

| Florida | <ul><li>No sex offenders</li><li>No psychological disorders</li><li>No escape</li><li>A satisfactory prison adjustment rating</li><li>6-7 months from their release date with plans to return to Lake City area</li></ul> |
|---|---|
| Maryland | <ul><li>No prior convictions for a sex offense or any crimes against a child</li><li>Males only</li><li>Offenders in MAP (Mutual Agreement Program)/CMP (Case Management Process) will be mandated, mandatory releasees may volunteer</li><li>Offenders must be returning to one of three "high risk" Baltimore neighborhoods</li></ul> |
| Massachusetts | <ul><li>No offense restrictions</li><li>Voluntary participation for expiration of sentence cases</li><li>Mandated participation under consideration for parolees/split sentence cases</li><li>Offenders must be returning to Lowell upon release to be eligible</li></ul> |
| Missouri | <ul><li>No sex offenders</li><li>At least one year remaining on their sentence when released from therapeutic community institution</li><li>Sentenced and lived in Jackson County areas prior to incarceration</li><li>Must have contact with their own children (under 18)</li><li>Must agree to encourage and support family participation</li></ul> |
| Nevada | <ul><li>No history of violent or sex offenses</li><li>No history of (diagnosed) mental illness</li><li>Must have lived in one of three targeted zip code areas at time of arrest.</li></ul> |
| South Carolina | <ul><li>No offense restrictions</li><li>Male and female offenders who addresses at the time of arrest/conviction are residents within the targeted zip code area in North Columbia</li><li>Both offenders released to supervision and "expiration of sentence" offenders may participate</li><li>Unemployed and underemployed offenders from this area are targeted.</li></ul> |
| Vermont | <ul><li>No offense restrictions</li><li>Offenders in state prison with at least 6 months minimum terms, if they plan to return to the old north end area of Burlington</li></ul> |
| Washington | <ul><li>No sex offenders</li><li>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</li><li>Only "high risk" offenders (level A or B) are eligible</li></ul> |

As part of developing the RPI initiative, each team had to consider the state of knowledge about the reintegration "challenges" posed by a wide range of institutionalized offenders. Decisions made about who to "target" for specialized reentry programming will affect the structure and purpose of the RPI model being developed. As we have reported here earlier and in separate reviews (see Taxman, et al., 2002) high risk offenders, particularly sex offenders (however the pool is defined) have been excluded from participating in the five of the eight model reentry programs we reviewed. Of course, sex offenders, and other excluded offenders in these jurisdictions are still returning to the community, either on conditional or unconditional release status - they simply do not have access to the model programs, staff, services, and support that are being designed to maximize public safety.

Below we will summarize the information what we currently know about different types of offenders who will be returning to the community from our state and federal prison systems. The national statistics do not illustrate the tremendous variation in characteristics of offenders that occur by state and region. For program planners and developers, it is critical to examine state-specific, as well as regional specific information about the characteristics of institutionalized offenders, as they begin to design and implement effective reentry programs for their particular jurisdictions.

**Sex Offenders.** What is a sex offender? To many observers, the answer is obvious: anyone convicted of a sex-related crime. In 1997, for example, there were 1,046,705 offenders in our state prison system: 2.6 percent of these incarcerated offenders were convicted of rape, while another 6 percent were convicted of some other form of sexual assault. By comparison, only a fraction of the federal prison population (8

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percent of 88,018 federal prisoners) would be classified as sex offenders. Many

offenders currently in prison for other crimes have a criminal history that includes at least

one sex offense conviction as an adult, and an unknown number of our state prison

population have a juvenile record for sex offending. Taken together, approximately one

in five offenders returning from state prison facilities to the community each year could

be categorized as sex offenders. The sex offender category consists of a variety of

behaviors that include, but are not limited to rapists, child molesters or pedophiles, and

exposures and other sexual deviancy. These groups of offenders pose a major

classification, treatment, and control dilemma for public and community safety officials

attempting to address the offender reentry issue. The different types of behavior imply

different levels of treatment and control that are needed to address public safety issues

(CSOM, 2001).

Regarding sex offenders as a group, it needs to be pointed out that sex offenders

have comparatively lower recidivism rates than either drug or property offenders.

However, *untreated* sex offenders have re-offense rates that are twice as high as sex

offenders who receive some form of treatment (see e.g., Alexander, 1999). Given these

research findings, it is critical that RPI program developers think creatively about how to

increase the treatment participation rates for sex offenders during all three of the reentry

programs treatment phases: institutional, structured reentry, and community treatment.

**Repeat Offenders.** Repeat offenders are those that have a history of criminal

behavior, including offenses that affect the quality of life of the communities. Nearly 60

percent of the federal prisoners and 83 percent of the state prisoners have at least one

prior criminal conviction (Beck & Harrison, 2001). The classification issues regarding

repeat offender's present enormous challenges to reentry planners. The repeat offender is one who has violated the norms of the community, whether it is for a serious (e.g., murder, assault, etc.) or minor (e.g., public disorder, etc.) offense. The current offense tends to be rather misleading because it does not detail the offender's criminal history or the pattern of criminal behavior. For example, more offenders are in prison for public disorder offenses (up 114 percent in ten years) but their incarceration is more likely due to their criminal history than the nature of the instant offense. Lynch and Sabol (2001) note that offenders in prison with violent offenses that are unattended are likely to have behaviors that will carry over into the community. Few prisons have a classification system that adequately assesses the offender's criminogenic risk and need factors, therefore leaving reentry planners without a good understanding of the psychosocial functioning of the offender. Further, the nature of the criminal history suggests that more attention is needed to identify typologies of offenders.

### Table 2:  Most Serious Offense Types for Two Different Years

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

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

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

substances. Marijuana, in most regions, continues to be the drug of choice. While offenders tend to test positive for one drug, behaviorally the dependent user tends to use an array of illicit substances depending on the availability.

The challenge for correctional officials is to identify the offenders where their drug-alcohol dependent drives the criminal behavior. This is the group that would most likely benefit from treatment to alleviate the criminal behavior. Other drug users--entrepreneurs or recreational drug users—would be less likely to be targets for substance abuse treatment programming since their criminal behavior is not affected by their drug use (Chaiken & Johnson, 1988). A challenge exists to identify offenders that have substance-abusing behavior that increases their risk taken in their criminal activities. Correctional administrators and treatment providers must develop a classification scheme that identifiers the substance abusers from the criminals and vice versa. Such a scheme will allow RPI stakeholders to target offenders to appropriate treatment services.

**Mentally Ill Offenders/Dual Diagnoses.** Between 15 to 20 percent of the state prisoners have mental health issues that affect their normal functioning. A recent study of prisoners found that 14 percent had a mental health or emotional crisis in prison or were required to be admitted overnight. Nearly 10 percent of the offenders were using psychotropic medications within prison for their mental health issues, although six states had 20 percent of the offenders using medications (Hawaii, Maine, Montana, Nebraska, Oregon, and Vermont). The recent BJS study found that mental heath services are commonly provided in maximum/high-security confinement facilities. Further, nearly 13 percent of the state inmates receive some type of mental health therapy such as counseling (Beck & Maruschak, 2001). The prevalence of mental health disorders

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among the prison population carries over to the community where medication and access

to services are limited due to lack of health insurance. The needs of mentally ill

offenders are just becoming more apparent as mental health issues are identified,

especially related to the specific problem of providing treatment (both institutional and

community-based) for the multiple problem offender. We know, for example, that

mentally ill substance abusers fail in traditional substance abuse treatment programs at a

significantly higher rate than other substance abusers. It is likely that similar failure

patterns can be identified for the treatment of other offender problems (e.g., sex

offenders, repeat offenders) that suggests that the multiple problem offenders require a

different approach.

## C. Addressing the Gap: Matching Offenders and Services to Increase Public Safety

The overriding goal of reentry initiatives is to maximize public safety in the

communities that offenders are returning to. The focus on public safety is a new

orientation for institutional correctional officials, and armed with other stakeholders (e.g.,

community correctional officials, police departments, treatment, community

organizations, etc.), the reentry processes developed under RPI are paving the way for a

focus on reintegration regardless of the legal status of the offender (e.g., inmate, parole,

maxed-out, etc.). The public safety goal has allowed the RPI sites to forge new

partnerships, which strengthen the ability to provide formal and informal social controls

for the released offender. These controls developed by reentry partnerships focus on

reintegration for offenders that have few stakes in the community norms, and for

offenders that present challenges due to their risk and need factors that contribute to

public safety threats. Through RPI, many of the stakeholders realized that it is incumbent

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upon the partnership to develop new ways to manage the offender in the community and address the risk and need factors of the returning offenders that threaten public safety. For example, housing is one issue that appears to affect many offenders in that they do not have a substance abuse or crime-free environment in which to live in (Taxman, et al., 2002). Returning offenders often have limited transitional assistance but they are left on their own to address their subsequent housing situations. To be effective, RPI programs will have to develop both a short-term and long-term housing strategy for the returning home population to minimize public safety risk.

**Assessment & Program Placement.** Without the ability to use assessment information to develop appropriate programmatic interventions (both services and control), reentry programming *will not* be successful. Effective reentry partnerships involve the crux of corrections—assessment and program placement during all stages, as shown in Figure 1, tailored to the criminogenic risk factors of the offender. Screening and assessment practices need to be in place, but unlike more traditional institutional efforts, the focus should *not* be on security within the institution. The focus needs to be on maximizing public safety in the community. The classification scheme needs to be constructed to transcend organizational (and legal status) boundaries. That is, the classification scheme must focus on the concept of public safety regardless of whether the offender is in prison or in the community, and regardless of the legal status of the offender (e.g., parolee, conditional release, maxed-out offenders, etc.). This is no small feat given those correctional administrators, both in prison and the community, struggle with the classification issue on a daily basis. Unfortunately, few correctional systems have a classification arm that focuses on the community safety issues, and even more so,

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the tools are not readily in place to assess community functioning issues. Instead, correctional administration classification systems tend to be concerned with security issues that focus on managing the population *inside* the prison.

The value of screening, assessment, and classification must be part of the reentry procedures to ensure that control and treatment interventions are geared to the individual needs of the offender.

Targeting is the process of tailoring the services and control for a specific offender to minimize the public safety risk factors. From a reentry perspective, the process of targeting begins by understanding the static and dynamic factors that affect the offender's likelihood of establishing a crime free lifestyle. Using the offender processes under construction by the RPI sites, the key is to create screening and assessment processes that are used to develop structured reentry programs and reintegration programming. That is, the purpose should be to identify the type of offender, the factors that affect risk in the community, and then begin the reintegration process while the offender is incarcerated. The RPI sites recognize the need to revamp existing classification schemes in ways that will allow staff to bridge the gap between institutional and community control. Below is a list of some of the screening and assessment tools either identified or used by the RPI sites to craft a reentry plan for offenders. These tools are critical to identify the severity of the offender's risk factors that affect public safety.

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**Table 3: Screening and Assessment Tools Focused on Offender Typologies**

| Offender Risk Factors | Screening and Assessment Tools |
|---|---|
| Mental Health | Beck's Depression<br>Brief Symptom Inventory |
| Substance Abuse | Addiction Severity Index<br>TCU Drug Screening<br>Level of Service Inventory (LSI-R) |
| Sexual Deviance | Offender History<br>Sexual Arousal |
| Criminogenic Factors | Level of Service Inventory (LSI-R)<br>Employment History<br>Living Situation (housing, etc.)<br>Offender Criminal History<br>Family History |

Assessing the offender from the multidimensional perspective will allow the RPI initiatives to craft individual specific reentry plans that cut across the institutional, structured and reintegration components. Most importantly, the offender's typology will be known in order to develop a reentry plan that addresses to the risk factors an offender presents. For example, during the *institutional* phase of reentry, offenders who may have difficulty returning to the community, due to either their current or offending history, should be identified by reentry classification officers. The institutional treatment plan should be developed for the offender to address criminogenic factors. In the RPI effort, many sites reconstructed the assessment process to solicit input from the victim(s) and any community group or victim advocates associated with the offender.

A challenge for many of the classification systems is to recognize that many offenders have multiple problems (e.g., sex deviance, mental health, substance abuse, etc.); most systems are more comfortable assuming that offenders are "single problem" offenders and thus focus around the one issue. With the community stakeholders present,

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the RPI approach is to program around the multiple-problem issues in order to ensure that the risk factors are adequately addressed. The RPI model allows for the use of two sound concepts to intervene with the offender: 1) the continuity of treatment as offenders move from institutional to community control, and 2) the integration of informal social controls to sustain controlling offender behavior in the community. The key of the RPI model is to link classification information to a reentry plan that addresses the specific risk factors presented by offenders, and to utilize more treatment and community resources for the multiple problem offenders. The goal is to use programmatic efforts to hold the offender accountable and to provide the offender with certain habituation services to reduce risk factors.

**Continuity & Quality of Treatment.** One of the most compelling features of the RPI models we reviewed was the focus on continuity of treatment, or the provision of treatment along the path of the offender. Recent research continues to demonstrate the importance of aftercare or continuing treatment after the offender leaves prison as a critical component of effective interventions (Simpson, Wexler, & Inciardi, 1999). In fact, the value of prison-only interventions is challenged by the recent findings of a number of therapeutic community studies where the long-term effects of prison treatment are short-lived without the continuation of treatment in the community.

Correctional officials face several obstacles to providing for a continuum of care. First a significant number of offenders (e.g., sex offenders, drug offenders, etc.) refuse to admit their problem areas and therefore are not considered amenable for treatment by correctional or treatment providers. Trying to discern the "voluntary" offender or one that is amendable to treatment is difficult without the use of certain assessment tools.

Many systems are reluctant to mandate offender participation in treatment interventions, unless the offender is willing or the court/parole board has mandated treatment for a particular disorder, he/she will not receive treatment while in prison. Yet, in one of the RPI sites, the corrections department has achieved statutory authority to place offenders in treatment, based on their risk and need factors as a means to improve public safety and the offender's position after release from the community. Another drawback that many systems encounter is that the institutional and/or community treatment programs are typically under staffed, under funded and poorly designed, particularly the sex or drug offender treatment programs (Farabee, et al., 1999; Taxman, 1999; Alexander, 1999).

As a number of research reviews have highlighted, there must be a direct connection (clinically and programmatically) between the type of treatment an offender receives in prison and the type of treatment offered in community settings (see e.g., Simpson, Wexler, & Inciardi, 1999; Taxman, 1999). Continuity of treatment requires both the continuation of services as the offender moves through the different systems and the continuity of therapy to move the offender from clinical intervention to stabilization and maintenance efforts. The issue regarding continuity is to link the in-prison services to the community based services in such a fashion that the offender acquires new stabilization skills as he/she moves through the service inventory. The challenges to create continuity are to integrate the community treatment providers with the institutional treatment providers. RPI sites moved towards these goals by transitioning reentry offenders into facilities closer to the community, allowing community treatment providers to offer services in prison, and by developing treatment interventions that are partially delivered in prison and continued into the community. Continuity of treatment

provides a mechanism to provide the offender with treatment services that are longer in duration (at least six months) and that provides the offender to model his/her new skills in the community where relapse is more likely to occur. Research continues to find that longer duration into treatment is more likely to yield to better offender outcomes (National Institute on Drug Abuse, 2000; Taxman, 1998). The challenge for program developers is how to link specific and multiple problems with appropriate programmatic interventions, and how to get offenders to not only go to treatment but how to participate meaningfully.

**Integrating Formal and Informal Social Controls.** The RPI sites recognize that treatment in combination with a series of social controls is necessary to ensure the public safety goal. Formal social controls (e.g., those delivered by official government agencies) are typically included as part of the routine services offered by parole and law enforcement agencies. However, the novelty of the RPI sites is the linkages that many sites have developed between the police and correctional departments. For example in Lowell, Massachusetts, police chief Ed Davis and corrections administrators now share information about offenders returning to the community. The police department routinely visits the offenders returning to the community nearly a month beforehand to make the offender aware that they are no longer returning anonymously. Further, the visits serve to allow the police department to lend a helping hand in the community, particularly for those offenders who are no longer under supervision. This is a strategy consistent with the mission of the police department to address public safety issues. The partnership with the correctional officials has allowed the police to become aware of the

offenders returning to the community, which can be used to determine the monitoring of activities in the community.

Under construction in many of the RPI sites is the use of an array of formal social controls to monitor the offender in the community as well as to fulfill the conditions of release. Table 4 below illustrates some of the formal and informal social controls that may be included (depending on the RPI site) as a means of controlling the behavior of the offender in the community. The degree of social controls should depend on the severity of the risk factors. More restrictions are warranted for more serious behavior and criminogenic risk factors. For example, technology can provide enhancements to monitor offender's behavior and provide objective measures of behavior. The electronic monitoring device is one tool to limit the behavior of the offender when area restrictions or curfews are insufficient. That is, offenders that have more difficulty controlling their behavior may need the electronic monitor to provide the external controls. Drug testing is another tool to determine whether the offender is using illicit substances. Plethysmography is a technological tool to measure the arousal behavior of sex offenders, which has been successfully used by a number of community correctional officials in monitoring serious sex offenders. These are examples of technology that can be used to monitor the behavior of high-risk behavior offenders and identify offenders that are relapsing. Use of this technology can be used to reassess the performance of the offender in the community for the purpose of adjusting the supervision plan. It should be mentioned that, in general, intensive restrictions should be reserved for approximately 20 percent of the offenders. Most offenders will not need a number of these social controls but the more serious, multiple problem offender, will require more controls.

## Table 4: Examples of Different Controls for Different Types of Offenders

| Type of Offender | Formal Social Controls | Informal Social Controls |
|---|---|---|
| All Offenders | Area Restrictions or Curfews<br>Electronic Monitors<br>Drug Testing<br>Police-Supervision Contacts<br>Face-to-Face Contacts<br>Graduated Sanctions | Guardian<br>Transitional Housing |
| Drug Dependent or Involved | Drug Testing<br>Treatment<br>Curfew Restrictions<br>Graduated Sanctions | Self-Help Groups<br>Guardian/Advocate<br>Transitional Housing |
| Mentally Ill | Treatment/Counseling<br>Psychotropic Medication | Self-Help Groups<br>Counseling<br>Advocate<br>Transitional Housing |
| Sex | Curfew and Area Restrictions<br>Plethysmography<br>Polygraph<br>Medications<br>Counseling<br>Victim Awareness<br>Graduated Sanctions | Family/Support System Monitor<br>Behavior<br>Area Restrictions |
| Repeat Offender | Area Restrictions or Curfews<br>Electronic Monitors<br>Drug Testing<br>Alcohol Monitoring<br>Victim Awareness<br>Community Service<br>Graduated Sanctions | Advocates<br>Guardians<br>Transitional Housing |

A key feature of five RPI sites is the use of a variety of informal social controls to supplement or replace formal social controls. The informal social controls are used to supplement formal controls for offenders under the supervision of the supervision agencies. Offenders at the end of their prison sentence have informal social controls as their sole source of monitoring in the community. As conceptualized by the RPI sites, informal social controls utilize the community to communicate that the offender is "welcome" to return as long as the offender's behavior falls within the community norms.

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The RPI sites, including the community as a stakeholder in the new offender processes, have identified the need for offenders to become reacquainted with the community norms as part of the reintegration process. Community advocates or guardians are identified as vehicles to communicate with the offender, and provide daily guidance in "negotiating" common occurrences. The guardian provides for a community companion who is available to assist the offender acquire and maintain employment and services (e.g., health, mental health, social, drug or alcohol treatment, etc.).

The advocate role is unique in corrections because it formalizes the role of the community in the reintegration process. The advocate is a companion to the offender, similar to a sponsor in a self-help group. In most of the RPI sites the advocate meets the offender when he/she leaves prison and escorts the offender to the community. Meetings are frequent and usually at the bequest of the offender. The advocate can help acquire services but most often they provide the friend to accompany the offender to appointments, discuss strategies, practice interview techniques or mediate meetings with family, friends, or old acquaintances.

In some jurisdictions, the correctional officials have used the informal social controls to monitor the behavior of the serious offender. This is most prevalent for sex offenders where the family, support system, or community is "trained" on the offending behavior of the offender. Support systems of pedophiles are instructed on the patterns of the offender in terms of visiting playgrounds, schools, or other places where youth congregate. The training includes a reorganization of the behavior that indicates relapse such as being late or unreachable, buying toys or candy, etc. The process empowers the support system to become accountable for the offenders' behavior, or at least contacting

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government agencies when the offender is showing signs of relapse. Similar training can occur for repeat offenders, mentally ill offenders, and substance abusers where the trigger, or stimuli of choice, is known. The use of informal social controls therefore allows the offender and community to be involved in a process of working together to reduce the harm that the individual could potentially cause to society.

## Conclusion

Targeting is probably one of the most difficult aspects of corrections—it requires the building of information from tools and systems that are infrequently available to make informed decisions about the appropriate placement of an offender (e.g., services, controls, etc.). In the context of RPI, the building of this infrastructure will go a long way towards achieving the goal of improving the quality of life in affected communities where offenders return. Most importantly, the RPI provides the multi-agency framework for building the blocks that have stymied the transitioning process—assessment, classification, and placement regarding of the legal status of the offender. A renewed focus on targeting decisions would revive an effort to develop systems that are focused on public safety. It would also provide institutional corrections and community agencies with the comfort that they are integral components to the process of addressing returning offenders.

To this end, RPI provides the process for addressing many of the snafu that has contributed to difficulties in putting together systems of care. The constraints on building systems of care are numerous (Farabee, et al., 1999; Taxman, 1998; Taxman & Bouffard, 2000) but the RPI process provides the mechanisms to build the infrastructure. Plus it addresses the most critical component, which is providing for stakeholder support

in all processes to mitigate negative incidences that potentially damage new innovations. The RPI process in and of itself can foster support for paving new pathways into the future to address the systems that need to be in place to minimize public safety risk factors. Most importantly, the targeting process can be used to construct the means to place the offender in the appropriate services and control. Given the recent history of corrections where the efforts to develop a series of intermediate sanctions between prison and probation were stymied by the "get tough" movement, difficulty of targeting offenders, and lack of support, reentry is likely to have a different ending due to the RPI partnership. The partnership is a collective mechanism to transcend organizational boundaries to focus on public safety issues of the returning offender. The key is the strength of partnerships coming together to develop new offender controls and services for different target populations including the mechanism to make these determinations.

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