



# Considering Secure Reentry Centers in California

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## ABSTRACT

*Governor Schwarzenegger and the California Department of Corrections and Rehabilitation are seeking solutions to the serious problems of state prison overcrowding and high parolee recidivism rates that contribute to overcrowding. The Governor has outlined a four-point plan to address these issues, including a proposal to fund up to ten 500-bed secure reentry facilities for male offenders, which would be located in communities where many of these offenders are released. This paper outlines a three-phase evidence-based reentry model that the state could follow in planning a reentry program around these facilities. This model advocates a “carrot and stick” approach emphasizing the alignment of treatment to offender needs, continuity of care between custody and community supervision, and strong partnerships between correctional staff, the police, service providers and other members of site communities. The model has been implemented in other jurisdictions, and California officials can draw from others’ experiences in pursuing this initiative.*

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## I. PURPOSE

In August 2006, California Governor Arnold Schwarzenegger called a special session of the state legislature to address the problems of state prison overcrowding and parolee recidivism. The California state prison population has risen to an all time high of over 170,000.<sup>1</sup> Facilities are filled beyond their capacities; many inmates are double-bunked and more than 16,000 are living in prison gyms and dayrooms (Office of the Governor 2006a). High recidivism rates, particularly prison returns as a result of technical violations among parolees, sustain the flow of offenders into California prisons, and are a significant barrier to reducing the inmate population.

In response to these problems, the Governor has offered four correctional policy objectives.

1. Female reentry: To contract for beds in community-based Female Rehabilitative Community Correctional Centers that will house non-serious, non-violent female offenders in the communities that they will be released to.
2. Male reentry: To construct community-based reentry facilities which will house inmates preparing for parole in the communities that they will be released to.
3. Construction: To create additional bedspace by expanding existing prisons and building new ones.
4. Out-of-state placement: To place non-citizen inmates in publicly- or privately-operated facilities in other states.

This paper focuses on the second objective—creating community reentry facilities for male offenders—highlighting the critical matters that officials, planners and researchers must consider in pursuing this initiative. The Governor's proposal emerges from issues currently vexing the state correctional system. Inmates are housed in prisons that can be far from their homes, so that when they are released, the transition from custody to the community can be difficult. Relatedly, many released inmates fail on parole and are returned to prison. Between January 1 and May 31, 2006, 64 percent of inmates admitted to prison were parolees. This high parolee recidivism rate is an important contributor to prison overcrowding (Office of the Governor 2006b).

The Governor's proposed solution would fund up to 10 reentry facilities in local communities with 500 beds each. The facilities would be secure, with no in-and-out privileges, staffed by California Department of Corrections and Rehabilitation (CDCR) peace officers. Inmates near the end of their prison sentences would be transferred to these facilities, in their home neighborhoods, where they would receive services designed to facilitate

transition to the community and reduce the risk of further criminal activity. Since inmates held in the reentry facilities would be released locally, CDCR staff, in partnership with service providers, could ensure continuity of treatment in the community for released offenders. The approach is also meant to establish partnerships with local law enforcement departments, thereby enhancing the level and quality of supervision over released parolees. To read the full text of the Governor's male reentry proposal, see Appendix A.

This paper will provide contextual background for planning secure reentry facilities, highlight relevant issues that must be considered in pursuing this initiative, and review existing research around prisoner reentry. The next section of the paper covers legal and organizational factors in California that are germane to developing reentry centers. Section III outlines a 3-phase model reentry process rooted in evidence-based practices, discussing practical and clinical issues that occur at each stage of reentry. Section IV examines the state of research around each phase of the model described in Section III, and also covers methods of evaluating reentry programs. Finally, Section V reviews California's current approach to prisoner reentry, as well as some reentry approaches in other states that may inform the current reentry initiative.

## II. BACKGROUND: WHY FOCUS ON REENTRY PLANNING?

Almost everyone who goes to prison eventually gets out. In 2005, 14.7% of California prisoners were serving life (with or without the possibility of parole), or a death sentence. The remaining 85.3% have been, or will be, paroled at some point. If one includes those serving life sentences *with* the possibility of parole (12.3% of all prisoners) in the pool of potential parolees, then 97.6% of all California prisoners would eventually be eligible for release (Petersilia 2006).

In California, as in other states, the rapidly growing prison population has resulted in increasing numbers of parolees being released into the community. Over the last 20 years, the California adult parolee population has nearly quadrupled—from 29,966 at year-end 1985 to 115,001 at the end of 2005 (California Department of Corrections and Rehabilitation 2006a). In 2005, roughly 123,000 inmates were released to parole supervision. By way of comparison, 103,000 were paroled in 1995, and only 30,000 were paroled in 1985 (California Department of Corrections and Rehabilitation 2006b).

California parolees tend to be concentrated in disadvantaged neighborhoods within particular urban areas, and have serious housing, educational, employment, social, family and health needs (Petersilia 2003; Piehl, LoBuglio & Freeman 2003; Urban Institute 2006).<sup>2</sup> In addition, their recidivism rates are high. Petersilia (2000) reports that nationally, about 40% of released

<sup>1</sup> This figure comes from the California Department of Corrections and Rehabilitation's weekly population report for the week of July 19, 2006. Accessed online, August 3, 2006: <http://www.cya.ca.gov/ReportsResearch/OffenderInfoServices/WeeklyWed/TPOPIA/TPOPIAd060719.pdf>

<sup>2</sup> In 2005, 24% of released inmates were paroled to Los Angeles County (California Department of Corrections and Rehabilitation 2006a).

prisoners return to prison for new crimes or technical violations within 3 years. In California, recidivism rates are even higher; two-thirds of offenders released from California prisons are returned to prison for new crimes or technical violations within 3 years (Fischer 2005). Virtually all of these returned prisoners will be re-paroled, and many will return to prison again.

California's recidivism numbers are substantially inflated by high rates of parolee technical violations (Fischer 2005). Many parolees in California have a tendency to cycle in and out of prison—a process commonly labeled “churning.” Blumstein & Beck (2005) conducted a study that found that almost 10% of California prisoners had gone in and out of prison 6 or more times during a 7 year period. These churners, on average, served about 8 months in prison during each spell, and averaged only 9 months in the community between prison spells. In comparison, less than 0.1% of prisoners in other states churned through prison in the same way.

Churning is expensive. Michael Jacobson, director of the Vera Institute of Justice and a former budget analyst, calculates that California spends \$900 million a year to incarcerate parole violators. He further contends that if California parolees returned to prison at rates closer to the national average—about one-third of total prison admissions—the state would save \$500 million each year (cited in Travis & Lawrence 2002; see also Jacobson 2005).

In California, two statutory factors that contribute to the problem of churning are determinate sentencing and universal parole (Petersilia 2006; Travis 2003). Determinate sentencing laws require offenders to serve a fixed sentence, after which their release to parole is mandated by law.<sup>3</sup> This removes some sentencing discretion from judges, and results in parole rosters being filled with many serious, violent offenders who “max out” of prison time. Mandatory releases are less likely to successfully complete parole than those discharged by parole boards (Hughes, Wilson & Beck 2001). At the same time, all released prisoners in California, regardless of risk, are placed on parole, so parole rosters are also heavily populated by ex-prisoners who may be less of a risk to public safety. As a consequence, parole agents are required to supervise large numbers of parolees, some of whom are quite dangerous and may have not been released in other states (Lynch & Sabol 2001; Petersilia 2006). Agents appear to manage this problem in part by identifying those parolees deemed “riskiest”<sup>4</sup> and quickly returning them to prison on technical violations.<sup>5</sup> Prison sentences for these administrative returns are statutorily capped at 12 months, meaning that parolees being

returned to prison on technical violations are released within a year; on average, they serve about 5 and a half months (Petersilia 2006; Travis 2003). This system of “catch and release” consumes parole agency resources and seriously inhibits the successful reintegration of parolees into their communities, at considerable cost to public safety and state finances (Jacobson 2005; Petersilia 2006; Travis, Solomon & Waul 2001; Travis 2003). Parolees' serious needs and high recidivism rates take a toll on government agencies, the criminal justice system, service providers and the residents of parolees' communities. Thus, ending the cycle of release and return is critical to reducing the California prison population and curtailing ever-increasing state correctional costs.

The period immediately following release is an important transition point for offenders. Finding housing, a job and health care are all associated with discontinuing criminal activity (Nelson, Deess & Allen 1999). As Travis, Solomon & Waul (2001) argue: “Managing reentry so that fewer crimes are committed would enhance public safety. Managing reentry so that there are fewer returns to prison would translate into significant cost savings. Managing reentry to achieve long-term reintegration would have far-reaching benefits for the families and communities most affected by reentry, as well as for former prisoners. These interrelated opportunities bring the stakes of reentry into view.” (pp.1-2) Treatment available in California prisons is limited (Petersilia 2006). While curtailing institutional programs produces short-term cost-savings for CDCR, long-term costs in the forms of recidivism, social welfare, family instability and health care are likely to outstrip immediate benefits. Reentry planning therefore represents a form of proactive thinking that can produce a range of individual, social and financial rewards. However, to be effective, it has to be done right. This means that the design and operation of the proposed secure reentry facilities must be rooted in proven principles of effective correctional programs.

### III. AN EVIDENCE-BASED MODEL OF OFFENDER REENTRY

Martinson (1974) famously argued that “nothing works” to reduce offender recidivism. However, in recent years, researchers and practitioners have compiled a substantial body of literature that refutes this contention (see, for example, Gendreau 1996; Lipsey & Wilson 1998; Wilkinson & Bucholtz 2003).<sup>6</sup> This literature supports a model of offender reentry that is intensive, continues smoothly from the institution to the community, tailors programming to the learning style of the offender, and focuses on changing patterns of thinking and behavior (Taxman, Young, Byrne, Holsinger & Anspach 2002). Model reentry programs incorporate both rewards and punishments, and focus in particular on the reintegration of offenders into mainstream society through the assessment and case-managed treatment of areas of “dynamic”

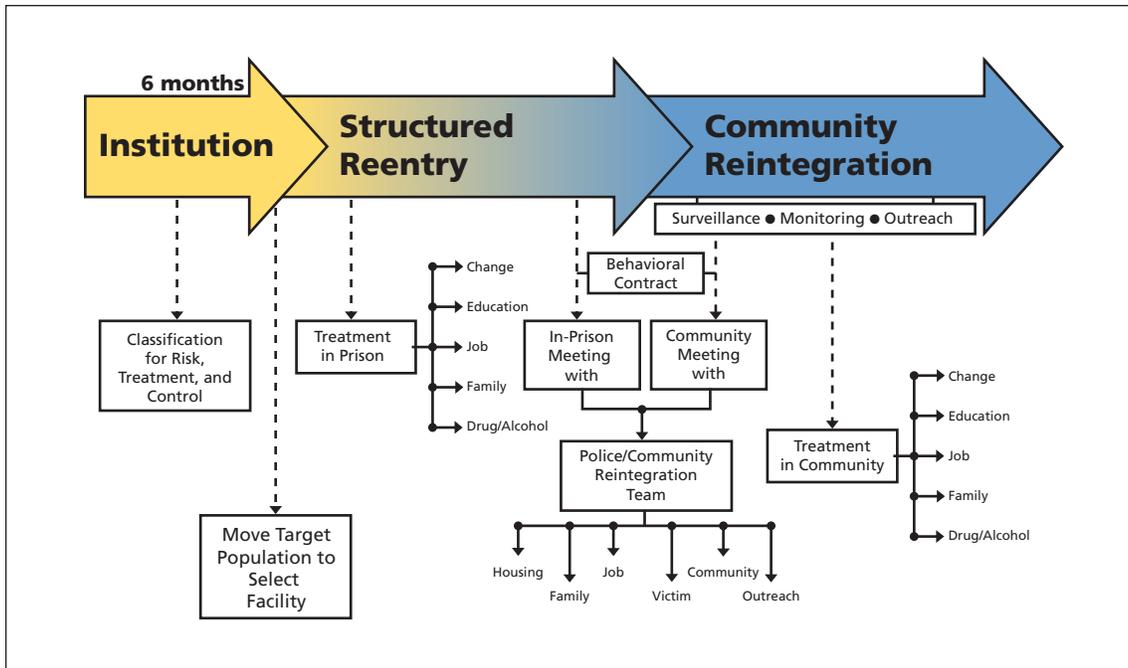
3 This term can be reduced through “good time” or “earned time” credit while in prison.

4 Many of the riskiest parolees are assigned to specialized parole caseloads that entail more intensive supervision. Such caseloads include those for sex offenders and those on their “second strike.”

5 It is important to note that about 80% of “technical violations” are in fact arrests for new crimes (Petersilia 2006). Often, district attorneys will decline to prosecute these cases, which are then processed as technical violations by the parole board.

6 Also, Andrews, Zinger, Hoge, Bonta, Gendreau & Cullen, 1990; Sherman, Gottfredson, Mackenzie, Eck, Reuter & Bushway 1997.

**Figure 1: An Evidence-Based Reentry Model**



Source: Taxman, Young, Byrne, Holsinger & Anspach (2002).

need—those that are changeable (Wilkinson & Bucholtz 2003). Offenders’ dynamic needs commonly involve issues of employability, family, peers, substance abuse, physical and mental health, community engagement, and cognitive functioning (Motiuk 1998; Wilkinson & Bucholtz 2003). Importantly, offender programs should be linked by the idea that offenders can contribute positively to society, and are not merely burdens on the state and public (Travis 2000; Wilkinson & Bucholtz 2003).

These principles apply to a model of offender reentry that is predicated on the idea of a *continuum of care*. Research shows that seamless continuation of treatment after release is important to effective correctional interventions (Nelson & Trone 2000; Simpson, Wexler & Inciardi 1999; Taxman, Young & Byrne 2002). This approach allows treatment to be delivered over a longer period of time, with treatment intensity adjusted according to the client’s progress (Taxman 1998). Taxman, Young & Byrne (2002) delineate three discrete phases in the reentry process, each representing a different portion of the continuum of care. These phases, as depicted in Figure 1, are the *institutional* phase, the *structured reentry* phase and the *community reintegration* phase (see also, Byrne, Taxman & Young 2002). Each is discussed in more detail below.

### The Institutional Phase

The institutional phase of reentry typically takes place during the final six months of custody in prison, prior to inmates being moved to secure reentry centers and released into the community. As Figure 1 shows, offender classification is critical during this phase. Corrections staff

assess inmates for potential program suitability. Who will participate in the proposed program and be placed in secure reentry centers? This question must be answered by deciding which offenders are to be included, as well as those who are to be excluded. While traditional classification efforts have focused on maintaining security within institutions, reentry researchers have recently advanced the idea that classification should focus more broadly on public safety; that is, reentry programs must not only identify which individuals are “riskiest” to the public, but also match offenders to service environments that are best designed to alleviate that risk (Taxman, Young & Byrne 2002). In practice, this entails assessing offenders across a range of risk areas, such as mental health, substance abuse, sexual deviance, criminal history, family functionality, employment and housing prospects (Motiuk 1998; Wilkinson & Bucholtz 2003). Garnering a holistic picture of each offender allows officials to apply reentry strategies that can address critical needs effectively during each of the three reentry phases. More immediately, it helps officials to assess whether a person is suitable for participation in a particular reentry program.

Ideally, reentry programs target all suitable offenders for participation. However, for a program to succeed in the real world, it must sometimes bend to pragmatic concerns. New correctional programs often start by serving clients who are more likely to remain compliant and less likely to engage in activities that produce civic outcries (Taxman, Young & Byrne 2002). The reasoning behind this “low stakes” approach is that it will build community and stakeholder support during the early stages of operation, after which the target population can be expanded to include riskier clients who might be better-served by the

program. Researchers argue that offenders with the highest risk levels benefit the most from correctional programs (the so-called *risk principle*; see Barnett & Parent 2002; Lowencamp & Latessa 2004), so there is a potential trade-off at work here. Serving lower-risk clients during the initial stages of operation may build support for the program, but may also suppress evidence of program effectiveness. In planning for the types of offenders that participate in the proposed reentry centers, officials must carefully weigh these factors against one another.

Applying structured assessment instruments is the principal means of classifying inmates for program eligibility. Assessment instruments are empirically-validated itemized questionnaires that determine offenders' needs and risks within particular criminogenic domains (Barnett & Parent 2002; Taxman, Young & Byrne 2002). Regardless of whether pragmatic or clinical concerns are the main determinants of the client pool, assessment instruments can be used to screen appropriate offenders into a reentry program and inappropriate offenders out of it. A range of instruments are already in use across the United States which assess risk areas such as substance abuse, mental health, sexual deviance, employment needs, housing needs, and family issues. In fact, CDCR has already adapted an instrument called COMPAS (Correctional Offender Management Profiling for Alternative Sanctions), which is administered at exit from prison, and uses a computerized database and statistical procedures to make decisions about placement, supervision and case management of parolees.<sup>7</sup> This instrument could be the means by which CDCR manages the selection process for participation in secure reentry centers.

As well as screening for appropriate offender risks and needs, assessment instruments can test for responsivity to treatment. Some offenders refuse to admit their problems. Others are unwilling to participate in treatment for personal, social or cultural reasons (Taxman, Young & Byrne 2002). Researchers might help officials to adapt or develop instruments that identify offenders who would be responsive to services, as well as those who would not be likely to engage.

In conjunction with classification efforts, the institutional phase of reentry programming begins the provision of services to offenders that will help them prepare for life outside of prison. In-prison treatment can include programming related to employment, education, life skills, physical and mental health, substance abuse, family functioning and behavioral change. As the institutional phase represents the start of the continuum of care, treatment is expected to carry over to subsequent phases of reentry.

### **The Structured Reentry Phase**

Structured reentry, the most critical phase in this reentry model, would take place over 1 to 3 months in the

secure reentry centers proposed by the Governor, and continue through the offender's first month in the community, after release from the reentry center (Taxman, Young & Byrne 2002). To be effective, the proposed reentry centers must be correctly "sited." This means that there must be a sufficient number of parolees released in a site community to justify the existence of a facility, and that reentry facilities are placed in communities that need them and which are equipped to provide the formal and informal social controls necessary to facilitate offender reintegration (Young, Taxman & Byrne 2002). The focus during this phase is on the stabilization of the offender in the community. Provision of services continues, and institutional staff arrange continuing care for the post-release period. Reentry programs should develop a customized reentry plan for each offender that addresses criminogenic needs, and deals with their unique housing, employment, health, family, victim relations, and community safety issues.

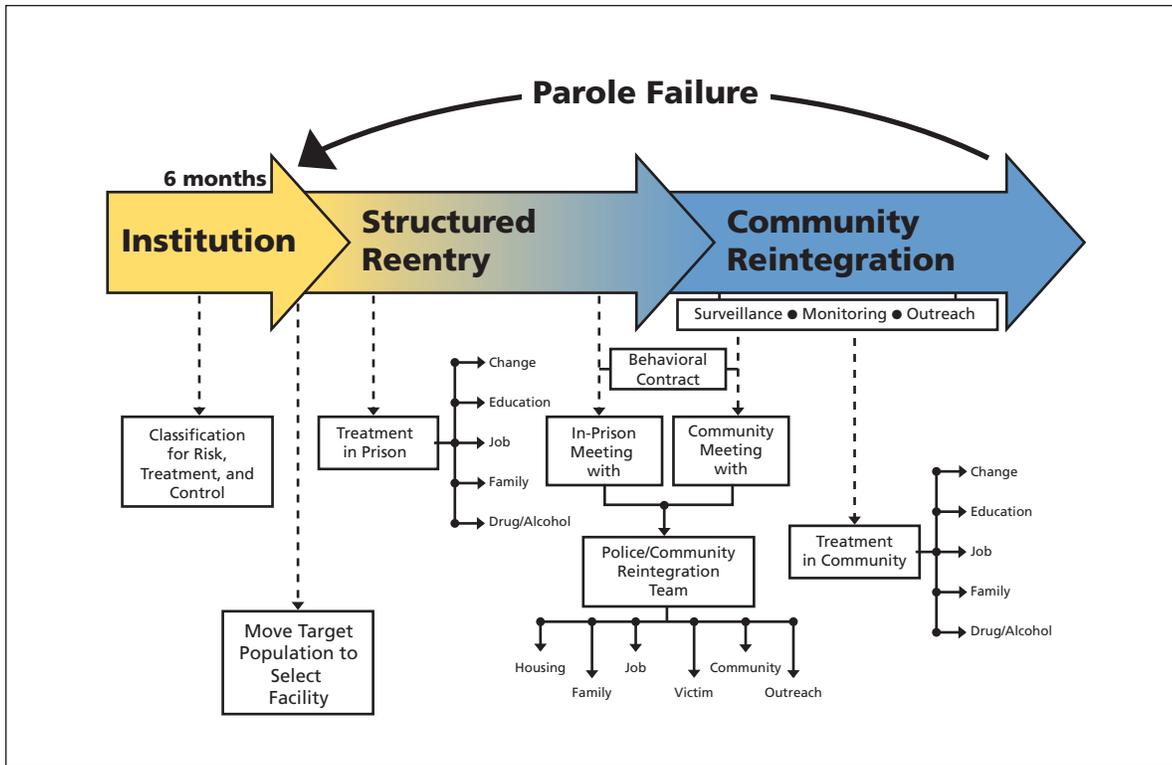
During structured reentry, as shown in Figure 1, involved stakeholders form a *police/community reintegration team* that promotes offender adherence to an agreed-upon behavioral contract using a "carrot and stick" approach involving appropriate rewards and sanctions. This team, comprised of law enforcement, institutional staff, community corrections staff, treatment providers and other community members, meets with the soon-to-be-released offender to provide information about available community services, offer guidance around practical issues like housing and employment, describe penalties that will result from noncompliance with the behavioral contract, and outline incentives for compliance with the conditions of parole (e.g., reduction in length of parole terms). The team meets with the offender again during the post-release period of structured reentry to reiterate and reinforce this information. CDCR already operates a program like this, called the Parole and Community Team (PACT), so much of the foundation for this approach is already in place.<sup>8</sup> Overall, the reintegration team and the behavioral contract are designed to facilitate continuity of treatment from the institution to the community, as well as promote ongoing adherence to conditions of parole.

It cannot be stressed enough that the operation of a reentry facility must adjust to the characteristics of its clientele. Reentry is not necessarily a simple, one-time process. Specifically, some offenders are released from custody, only to be reincarcerated for a new crime or a technical violation of parole. As described earlier, California experiences an unusually high rate of parole failure, with a substantial number of parolees caught in a cycle of churning between structured reentry and community reintegration, unable to successfully complete parole. See Figure 2 on the following page. The Governor's proposed reentry centers must therefore be designed to consider this population's distinctive range of

7 <http://www.cya.ca.gov/AboutCDCR/secretaryMessage/2006/20060417.html> (Accessed on December 28, 2006). See also Werth & Sumner 2006.

8 (<http://www.cya.ca.gov/AboutCDCR/secretaryMessage/2006/20060417.html> (Accessed on December 28, 2006).

**Figure 2: The Reentry Process, Considering Parole Failure**



Adapted from Taxman, Young, Byrne, Holsinger & Anspach (2002).

needs, in conjunction with the needs of prisoners who are due to be released for the first time. Research suggests that these populations are different. Specifically, offenders who churn between prison and parole present a unique challenge. Those who repeatedly fail on parole are heavily concentrated in certain geographic areas, are more likely to be drug and property offenders, and may have problems with addiction, employability and other issues that set them apart from other parolees (Lynch & Sabol 2001; Taxman, Young & Byrne 2002; Travis 2003). The organization and operation of reentry centers must adjust to the relative proportions of different offender types housed in these facilities, and it may be the case that different offenders must be served separately. As the costly cycle of repeat parole failure is a source of prison crowding and an issue of concern for stakeholders, officials should be aware of the differences between first-time parole releases and “churners,” and design reentry centers accordingly.

In addition to deciding *who to serve*, reentry programs must decide *how to serve*. The way that institutional and community-based services are tied together may have profound impacts on the effectiveness of reentry programming. The Governor’s plan suggests that reentry centers will serve as focal points in a continuum of care, managing offenders’ transitions from incarceration to parole supervision during the structured reentry phase. During this phase, the nature of collaboration between correctional agencies and social services is important to facilitating continuity of treatment, reducing redundant duties, and easing the financial costs borne by each agency (Nelson & Trone 2000). Officials must contemplate how

relationships between corrections and services will be organized, as well as the level of integration between involved agencies. Below, some different models of how these collaborations have been arranged elsewhere are discussed.<sup>9</sup>

Some reentry programs provide services inside an institution, and their staffs arrange offender services for the post-release period. For example, in Maryland, the Montgomery County Pre-Release Center is a residential work release facility that offers individualized services to inmates who are about to be released. Community coordinators, who are county employees, work in the center and refer inmates to appropriate community-based service agencies before release. In Texas, Project Reintegrating Offenders (RIO) is an employment program that entails a partnership between the Texas Department of Criminal Justice (TDCJ), the Texas Youth Commission (TYC) and the Texas Workforce Commission (TWC). Prior to release, TCDJ and TYC provide vocational and educational services to participating inmates. After release, TWC and Local Workforce Boards help participants find jobs through employment referral services. The Local Workforce Boards also help arrange other necessary services, such as food stamps and public assistance.<sup>10</sup>

9 Details on specific programs were referenced from the Reentry Policy Council’s website (August 5, 2006): [http://www.reentrypolicy.org/rp/main.aspx?dbID=DB\\_ProgramExamples981](http://www.reentrypolicy.org/rp/main.aspx?dbID=DB_ProgramExamples981)

10 A 1992 evaluation of Project RIO found some evidence of program effectiveness. One year after release, 48% of Project RIO’s high-risk clients had been rearrested, compared to 57% of non-participating

More “integrated” programs go further by allowing service providers to work with inmates inside institutions, and then having those providers continue or arrange treatment after release. In Massachusetts, the Boston Reentry Initiative (BRI) focuses on high risk offenders entering the Suffolk House of Corrections. After entering the facility, offenders begin working on a transition accountability plan and attend a community panel (similar to the police/community reintegration team) consisting of representatives from law enforcement, social services, and faith-based organizations in which each panel member talks about their own perspective on the reentry process. Service providers and faith-based organizations discuss support systems and available services, while law enforcement representatives discuss the consequences of further offending. After participating in the panel, offenders are assigned to social service caseworkers and faith-based mentors, who help enroll them in appropriate institutional programming. Following release, BRI participants are encouraged to continue working with their caseworkers and mentors to ease smooth reintegration. For those released onto parole, continuing participation in BRI is often written into the conditions of supervision.

The most integrated reentry programs actually cede some administrative responsibilities to service providers. In Chicago, the Safer Foundation, a non-profit agency, runs two minimum-security Adult Transition Centers (ATCs). Inmates can be transferred to the ATCs when they have less than two years remaining on their sentences. The programs emphasize job training and placement, and operate as work release centers. In addition to employment services, case management, cognitive therapy, family support, substance abuse and mental health services are also provided.<sup>11</sup> As another example—Massachusetts’ Offender Reentry Program (ORP)—provides services to offenders both pre- and post-release. In Boston, the ORP is run out of a community correction center, and is actually staffed by Bunker Hill Community College (BHCC), the Sheriff Department’s lead community partner. BHCC fills administrative positions, and instructors from the college teach life skills, computer and basic education classes. The ORP in Boston is also partnered with a number of other community agencies that provide an array of services for offenders after release.

### **The Community Reintegration Phase**

The third reentry phase—community reintegration—begins in the second month after release and continues until the end of parole supervision. The focus of this phase is on sustaining gains made since release, assessing

and revising the offender’s reentry plan, and achieving independence from case management (Taxman, Young, Byrne, Holsinger & Anspach 2002).

The “carrot and stick” approach to offender reintegration continues during the community reintegration phase. Some jurisdictions administer and/or fund post-release treatment. At a minimum, the police/community reintegration team can promote or demand continuing participation in appropriate programming after release. Having developed a behavioral contract with the offender, rewards and sanctions are clearly defined. Rewards can include the reduction of parole terms or the conditions of parole, as well as the provision of various forms of assistance, like housing subsidies, while sanctions typically entail parole violation and reincarceration. In addition to the use of formal controls (i.e., the threat of violation and reincarceration), involved agencies are to help build networks of informal control to prevent recidivism. These informal networks may be comprised of service providers, faith-based organizations, families, and other members of the community, and serve as a support system that helps parolees adhere to the terms of their behavioral contracts.

Establishing cooperative partnerships with service providers will be an important element of the reentry initiative. Partnering with the police will be another important component, and the nature of relationships between corrections, service providers and police agencies must be clearly spelled out. Reentry researchers advocate police involvement in all phases of reentry (Byrne & Hummer 2004; Byrne, Taxman & Young 2002). During the institutional phase, police should have some input in targeting inmates for participation, as they will be involved in monitoring those offenders after release. During structured reentry, police and service providers meet with program participants to develop service plans and behavioral contracts, as well as alerting inmates that they will be carefully supervised in the community. During the community reintegration phase, police (in partnership with parole) monitor parolees and continue to let them know that they are being monitored. Because these sorts of initiatives are relatively new, knowledge about multi-agency reentry partnerships is limited. However, Byrne & Hummer (2004) cite a few police-related reentry issues in need of attention. First, the reentry partnership must establish the limits of information sharing across agencies, particularly between police and treatment providers. Second, involved agencies must guard against racial profiling in targeting certain parolees for increased police attention. Finally, agencies must consider the impacts of increased police attention on released offenders and their communities.

During the community reintegration phase, as in the previous phases, the partnership between corrections, police, service providers and members of the community will need to adapt its organization and function to the unique character of the California parolee population. In particular, if offenders who repeatedly churn between

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high-risk parolees. Similarly, 23% of RIO’s clients had been reincarcerated, compared to 38% of non-RIO parolees (Menon, Blakely, Carmichael & Silver 1992).

11 A 2001 evaluation of the program found evidence of lowered recidivism among participants. Cited from: <http://www.reentrypolicy.org/rp/AGP.Net/Components/DocumentViewer/Download.aspx?DocumentID=279> (August 5, 2006).

community reintegration and structured reentry are to be served in the proposed reentry programs, the partnership must consider their distinctive range of needs and problems in designing an effective approach. As these parole violators are likely to have serious addiction and employability issues, involved agencies will need to administer services and apply supervision strategies that have the best chance of addressing these problems among this population. This will likely entail a high level of coordination between agencies, as well as accurate offender classification and the development of effective behavioral contracts.

#### **IV. RESEARCH AND EVIDENCE IN EACH PHASE OF REENTRY**

There is currently only a limited body of research related to prisoner reentry programs, and to date, experts have not reached any sort of consensus about whether such programs “work” (Visher 2006). This does not mean that these approaches are not worthwhile, only that research is in its emergent stages at this time. In fact, several common elements of reentry programs have received support from existing studies of correctional programs. This section of the paper will discuss the contributions of research around key program elements in each of the 3 phases of reentry (institutional, structured reentry, community reintegration). Additionally, methods of evaluating program operations and effectiveness are covered.

#### **Evidence-Based Principles of Reentry in the Institutional Phase**

The reentry model depicted in Figure 2 and discussed throughout this paper is rooted in research-supported principles of effective correctional change. Taxman, Young, Byrne, Holsinger & Anspach (2002) have distilled *8 evidence-based principles of reentry programming* from existing research, which officials must seriously consider in planning reentry programs (see summary box on this page, and Appendix B). Three of these principles are relevant to the institutional phase of offender reentry.

First: “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.” This principle generally supports the 3-phase reentry model beginning in the last 6 months of prison and continuing across the structured reentry and community reintegration phases through the end of the parole term.

Two other principles pertain to matching services to the breadth and depth of offenders’ needs. As Taxman et al. state: “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

#### **SUMMARY BOX: EVIDENCE-BASED PRINCIPLES OF REENTRY PROGRAMMING**

1. Informal social controls (i.e., family, peers, community) have a more direct effect on offender behavior than formal social controls.
2. Duration of the intervention is critical to offender outcomes.
3. Intensity and frequency (“dosage”) of the intervention is critical to change.
4. Comprehensive, integrated, and flexible services are critical to address the myriad needs and risk factors that affect long-term success.
5. Continuity in behavior-change interventions is critical. Interventions, either in prison or in the community, should build upon each other.
6. Communication of offender responsibility and expectations (often through a behavioral contract) is necessary.
7. Support mechanisms (i.e., family, community, informal organizations) are critical to long-term success.
8. 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.

Source: Taxman, Young, Holsinger & Anspach 2002

effective when they are preceded by treatment focused on building offender motivation and advancing their readiness for change (Taxman 1999; Simpson & 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).” Further: “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.” These principles generally support accurate offender classification and screening, the focus of reentry planning during the institutional phase. The classification effort not only identifies appropriate offenders for program participation, it also helps develop an individualized service plan for those who do participate, which continues into subsequent phases of reentry.

### **Evidence-Based Principles of Reentry in the Structured Reentry Phase**

During the structured reentry phase, the offender transitions from custody to the community; this necessarily entails the implementation of measures that promote adherence to treatment regimens and desistance from criminal behavior.

According to reentry researchers, a critical element of structured reentry is developing a system of offender accountability. A fourth principle of effective reentry states: “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” (Taxman, Young, Byrne, Holsinger & Anspach 2002). As discussed earlier, the behavioral contact that is developed and enforced by members of the reentry partnership is an important means of achieving this goal, and such an approach is advocated by the fifth principle of effective reentry: “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, Young, Byrne, Holsinger & Anspach 2002; Taxman, Soule, & Gelb, 1999; Silverman, Higgins, Brooner, Montoya, Cone, Schuster, & Preston 1996).

The use of behavioral contracts which are developed and negotiated by a multi-agency reintegration team underscores the importance of shared responsibility for offender reintegration. In recent years, researchers and practitioners have begun to support the idea of “community justice”—that communities can compensate for weaknesses in the justice system through involvement in the traditional duties of justice agencies, such as monitoring and service provision (Clear & Karp 1998; Karp & Clear 2000). This approach operates at the neighborhood-level, and adheres to a model of decentralized authority and accountability, with responsibility for offender reintegration shared between service providers, agencies of formal social control, such as parole and the police, as well as networks of informal social control, comprised of families, churches, employers and other key members of

the offender’s social world. The focus of community justice is on giving priority to the community’s quality of life, and lies at the heart of the reentry partnership (Clear & Karp 1998; Karp & Clear 2000). The Governor’s plan calls for 10 small (500-bed) facilities across the state. If community justice is to be a guiding principle of the California reentry initiative, the choice of sites must depend on both the needs of proposed site communities, as well as the capacity of these communities to adopt programs that are in line with the core elements of community justice. Besides overcoming public resistance to facility siting (i.e., “NIMBY”),<sup>12</sup> officials must be aware of community characteristics that will facilitate program success or failure. These characteristics include the capacity of service providers to administer treatment, the willingness of the police to partner with other organizations, and the strength of local networks of informal social control.

In addition to offender accountability, and as discussed throughout this paper, continuity of care is another core element of structured reentry. A sixth evidence-based principle of reentry programming states that: “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.” Benefits that accrue during treatment in custody can be lost if treatment does not continue properly in the community (Byrne, Taxman & Young 2002; Nelson & Trone 2000; Zajac 2002). In studies of substance abuse programs, inmates who received intensive treatment while in custody followed by continued programming post-release showed the largest reductions in recidivism among all participating inmates (Knight, Simpson & Hiller 1999; Martin, Butzin, Saum & Inciardi 1999; Wexler, Melnick, Lowe & Peter 1999). Research also indicates that institutional programming designed to address employment needs, family functioning and other life skills is most effective when continued in the community (see Nelson & Trone 2000; Zajac 2002). While each offender will require a personalized array of services, all offenders should receive services that are clearly linked across phases.

What programs will be provided to offenders participating in the California reentry program? Along with program inclusion and exclusion criteria, facility locations, and inter-agency partnerships, officials must also think about reentry centers’ treatment regimens. During the structured reentry and community reintegration phases, the nature of delivered services will largely be defined by the needs of those admitted to reentry centers. To get a sense of these needs, officials must know the types of offenders being admitted, their risk classifications, their legal statuses, and their most common problems. While the specific blend of services administered in each proposed reentry center should be driven by

12 “Not in my back yard.”

expert analyses of local parolee needs data, there are certain types of needs that are likely to be prevalent. A body of research currently exists that speaks to these particular issues. Brief overviews are provided below.

### **Employment**

Research on offenders shows that prison records diminish prospects for stable employment and generally suppress average wages (Western 2002; Western & Beckett 1999). *Returning Home*, the Urban Institute's multi-state reentry study, found that just one in five inmates had a job lined up for after release (Visher, La Vigne & Travis 2003; Visher, La Vigne & Farrell 2003; La Vigne, Visher & Castro 2004; La Vigne & Kachnowski 2005). Petersilia (2000) reported that nationally, only 40 percent of former inmates are legitimately employed one year after getting out of prison. There are several reasons for offender employment problems. First, time spent in prison is time spent out of the legitimate labor market, thereby reducing the job experience and skills of those who have served prison terms (Sampson & Laub 1993). Ex-prisoners are also hurt by the stigma associated with having served time (Holzer 1996; Pager 2003), and in many states, ex-prisoners are legally barred from working in certain types of jobs, such as public service, law, medicine and education (Rottman, Flango, Cantrell, Hansen & LaFountain 2000; Western 2002).

Though prison records limit employment opportunities, ex-prisoners who are employed are less likely to return to prison (Rossman & Roman 2003; Urban Institute 2006). Furthermore, the more ex-prisoners earn, the less likely they are to be reincarcerated (Kling, Western & Weiman 2001). Education, job training and placement programs for offenders can therefore be very important to the reintegration effort, and serve to reduce the recidivism of participants (Travis, Solomon & Waul 2001). To be fair, evidence on the effectiveness of offender job training and placement programs is mixed, mostly because studies have not been methodologically rigorous enough to draw definitive conclusions. However, research suggests that employment programs do have some impact on recidivism, particularly when they are case-managed and when participating offenders are motivated (Rossman & Roman 2003; Urban Institute 2006). Successful employment programs must have offenders who are willing to work in a legitimate job after release, employers who are willing to hire offenders, and someone to assist offenders with their other needs and issues (Gardner 2002).

### **Housing**

Finding a place to stay is one of the most pressing concerns for released inmates. Without housing, parolees have trouble finding and maintaining stable employment, receiving health care, resolving family issues, and engaging other needed services. Further, those without stable housing arrangements are more likely to return to prison (Metraux & Culhane 2004).

The challenges to finding housing are daunting.

Offenders released from prison are often short of money. Landlords conduct background checks, and are reluctant to rent to those with criminal histories. Public housing authorities deny housing to certain offenders, such as those convicted of drug offenses (Legal Action Center 2000; Travis, Solomon & Waul 2001; Urban Institute 2006). Some parolees will find housing with family or friends, others will turn to public shelters, and the least fortunate will experience homelessness.

Given the close interrelationship between housing and other problems that parolees face, providing services that help them secure stable homes can foster success in other areas as well. Parolees held in the proposed reentry centers will be released locally, which creates a good opportunity for correctional staff and service providers to help secure housing for them while they are completing their sentences.

### **Physical and mental health**

Offenders have more serious mental and physical health problems than non-offenders (National Commission on Correctional Health Care 2002). The Urban Institute's *Returning Home* study found that 30 to 40% of prisoners reported a chronic physical or mental health condition—most commonly depression, asthma and high blood pressure (see Mallik-Kane 2005; Urban Institute 2006). Hammett, Roberts & Kennedy (2001) found higher rates of schizophrenia, depression, bipolar disorder and posttraumatic stress disorder among inmates than the general population, and Ditton (1999) reported that 16% of state prison inmates have some sort of mental condition or had claimed an overnight stay in a psychiatric hospital. Infectious diseases, including HIV/AIDS, are also a problem among offenders. At year-end 2003, 2% of state prison inmates were known to be infected with HIV (Maruschak 2005).

While securing health care is a serious concern for those leaving prison, ex-prisoners have a difficult time accessing community-based health services (Hammett, Roberts & Kennedy 2001; Maruschak 1999). Most do not have any form of health insurance (La Vigne & Kachnowski 2005; Mallik-Kane 2005). Incarceration makes offenders ineligible for Medicaid, and resource shortages leave service providers unable to adequately serve the health needs of released offenders (Visher, Naser, Baer & Jannetta 2005). The proposed reentry centers can address this service deficiency by facilitating linkages between correctional staff and local mental and physical health care providers. Health care that begins during the facility stay and continues while on parole would benefit offenders and allow them to better maintain legitimate employment and stable housing, as well as address other problems they face.

### **Substance abuse**

Offenders have serious alcohol and drug dependency issues. The Urban Institute (2006) cites statistics indicating that 83% of state prisoners have histories of drug use,

and 75% were using alcohol and/or drugs in the period leading up to their offense (see also Mumola 1999). Furthermore, prisoners cite substance abuse as the cause of many of the problems associated with their employment, schooling, families, finances, and criminal activity (La Vigne, Visher & Castro 2004; Visher, La Vigne & Travis 2003; Visher, Baer & Naser, forthcoming).

Despite the prevalence of substance abuse problems among offenders, treatment in prison is lacking (Petersilia 2006; Urban Institute 2006). Substance abuse treatment in prison, tailored to each individual's needs and continued after release, can effectively reduce use and addiction (Mears, Winterfield, Hunsaker, Moore & White 2003; Petersilia 2000; Taxman 1998). This, in turn, may reduce recidivism rates, as offenders who drink and do drugs are more likely to return to criminal behavior (Urban Institute 2006).

The proposed reentry centers could be well-suited to developing a localized continuum of substance abuse treatment that would begin during the period of incarceration and continue after release. In addition to ensuring continuity of care, local correctional oversight of released parolees in treatment can have the added benefit of *coercion*. Studies have shown that the threat of reincarceration can motivate offenders to adhere to and complete treatment programs (Anglin & Hser 1990; Anglin, Hser & Grella 1997; National Center on Addiction and Substance Abuse 1998; Taxman 1998). Collaborating with local police and service providers, parole agents can wield a powerful "stick" that threatens reincarceration in the event of program non-compliance.

### **Family services**

Incarceration has a major disruptive effect on the families of the incarcerated. Relationships between spouses, between parents and children, and within other familial networks can be damaged or severed (Travis, Cincotta & Solomon 2003). But research has shown that family-oriented services can strengthen ties between offenders and their relatives, and stronger family relationships can lead to improved employment outcomes and act as a protective factor against further criminal activity (Hairston 1998; La Vigne & Lawrence 2002; La Vigne, Visher & Castro 2004; Visher, Kachnowski, La Vigne & Travis 2004; Sullivan, Mino, Nelson & Pope 2002).

Distance is a significant barrier to maintaining family ties during incarceration (Naser & Visher, forthcoming). Especially in a large state like California, prisons can be hours away from where inmates' families live, making regular visitation all but impossible, and preventing the administration of family reentry services that ease the transition from incarceration to the community for soon-to-be-released offenders and their relatives. As the Governor's plan suggests, proposed reentry centers can be well-suited to provide family services, as offenders being held in the facilities will be from local neighborhoods, and in many cases, so will their families. This proximity will remove many of the logistical barriers to

effective family-oriented correctional programming that continues from custody to the post-release period.

### **Cognitive-behavioral therapy**

In addition to addressing the most pressing practical concerns of offenders (employment, housing, health, family), recidivism reduction interventions can also focus on behavioral change. That is, in order to avoid further criminal activity, offenders must develop better reasoning, learn problem-solving skills, and improve self-control. Recent research has shown that *cognitive-behavioral therapy* has promise to reduce recidivism by addressing attitudes, thinking and behaviors associated with criminal activity (Gaes, Flanagan, Motiuk & Stewart 1999; Gardner 2002; Nelson & Trone 2000).<sup>13</sup> This therapeutic approach teaches offenders to anticipate problematic situations and develop alternate, pro-social behavioral responses to those situations. When administered close to release, cognitive-behavioral therapy can be most effective, as lessons learned can be applied immediately (Nelson & Trone 2000).

### **Evidence-Based Principles of Reentry in the Community Reintegration Phase**

The community reintegration phase is focused on stabilization of the offender in the community, which requires a multi-party effort involving corrections, police, service providers, and other members of the community. These involved parties promote offender adherence to behavioral contracts using appropriate rewards and sanctions. The final two evidence-based principles of reentry are pertinent to the goal of community stabilization.

The seventh principle states: "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)." Relatedly, the eighth principle claims: "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 & Hirschi 1990)." These principles of reentry support strong partnerships between agencies of formal control and sources of informal control, so as to share the responsibility for reintegration. While traditionally this responsibility has been shouldered by correctional agencies, the 3-phase evidence-based model of reentry is rooted in research which emphasizes the importance of informal controls in facilitating and sustaining reintegration. Not only does a larger, more diverse partnership provide a greater presence in offenders' lives, it is also able to apply a wider range of sanctions and rewards.

Strong partnerships between formal and informal

13 See Wilson & Davis (2006) for a description of a cognitive-behavioral program that appeared to increase recidivism

control networks may also be critical to dealing with California's problem of parole failure—specifically, repeat parole failure. As discussed earlier, and as illustrated in Figure 2, many parolees churn frequently between prison and parole. These parolees have a unique range of risks and needs that may require innovative approaches to handle them, and each member of the reintegration partnership will have their own role to play in trying to break the cycle of parole failure. Parole agents will obviously monitor parolees, remind them of the consequences of misconduct, and refer them to appropriate services. The police, in partnership with parole, will bolster monitoring and enforcement efforts. In fact, they already play a significant role in the technical violation process. While the term “technical violation” suggests a minor infraction, statistics show that roughly 80% of California's prison returns for technical violations actually result from a new arrest—some of which are for serious offenses (Petersilia 2006). Information sharing between parole and police agencies can strengthen the ability to identify parolees who are involved in serious criminal behavior, and the increased presence of law enforcement in parolees' lives may deter them from further illegal activities.

Parole agents and police officers wield the stick of arrest, violation and reincarceration, but other members of the reintegration partnership will offer the carrot of continuing treatment, as well as the more general rewards of successful community reintegration. Again, parolees who churn between prison and parole are more likely to have problems with addiction and employability. (Lynch & Sabol 2001; Taxman, Young & Byrne 2002; Travis 2003). Service providers will play a critical role in addressing these issues, with the broader goal of reducing criminal behavior among these parolees. Networks of informal social control can also play an important role in facilitating reintegration. Cycling between custody and the community is likely to weaken offenders' ties to family, religious organizations and other members of informal social control networks. Since these networks can protect against criminal behavior, they should be seriously involved in the activities and strategies of the reintegration partnership.

### **Evaluating Program Operations and Effectiveness**

Planning the California reentry effort with reference to existing research about offender reintegration is important. Officials must also arrange methods of evaluating program performance and effectiveness which will provide opportunities to generate additional useful research. The potential benefits are threefold. First, research on the California reentry effort can help officials fine-tune operations, potentially increasing program effectiveness. Second, evaluating reentry programs will produce evidence of their promise to reduce recidivism and improve offenders' functioning in critical areas of need. Finally, evaluations can contribute to general

knowledge about offender reentry, which will inform future efforts in California and elsewhere.

Program evaluations utilize social scientific methods to assess program operations and impacts, and should be conducted with explicit reference to the theoretical models underlying particular programs. In the case of the proposed California reentry centers, evaluations should track program performance and effectiveness across the range of measures that are central to the 3-phase reentry model discussed throughout this paper. While recidivism reduction is the primary goal of the intervention, services delivered during each of the three phases are also targeted at other offender needs, including education and employment, housing, family functioning, substance abuse and cognitive-behavioral deficits. Program evaluators must therefore be attuned to how well programs deliver services around these dimensions of need, as well as the capability of programs to improve offender functioning in each dimension.

Two general types of evaluations are possible—process evaluations and outcome evaluations—which are discussed in more detail below.

#### **Process evaluations**

Once reentry centers are operational, officials will want to know how well they are running. For this purpose, researchers must conduct a process evaluation. Such an evaluation will not assess the effectiveness of the program; rather, it will identify issues that obstruct enrollment, program operation, and program completion. Process evaluations can be conducted periodically over the life of a program, but officials must start planning for the evaluation before the program even begins. First, in order to design a process evaluation that will accurately assess program functioning, they must clearly spell out the operational details of the program. This will entail specifying classification procedures, the responsibilities of each member of the reentry partnership, services available to participants, strategies for identifying facility- and community-based service providers, methods of referring participants to providers, and finally, systems for monitoring participant progress in services. In explicitly defining these program characteristics, officials will pave the way for process evaluations that are tied to the stated mission of the program, and which track appropriate indicators of program functioning during each of the three phases of reentry.

When these operational mechanisms are in place, officials will next have to implement methods of measuring relevant indicators of program functionality. During the *institutional phase*, the analytical focus will be on the classification effort. Quantitative (statistical) analyses of administrative program data will be the principal method of evaluation, and to prepare for such analyses, programs must have appropriate data tracking systems in place. Therefore, classification data, such as scores from assessment instruments and other screening criteria, must be translated into electronic databases. Offender

background data reflecting demographics and criminal history should also be merged into these databases. The fully compiled data will allow program evaluators to perform analyses of program enrollment patterns through systematic analyses of classification data. Specifically, evaluators can identify sources of under- or over-enrollment at different reentry center sites, as well as differential population characteristics across sites. In identifying these dynamics, quantitative analyses will facilitate the adjustment of program operations in each reentry facility so as to best serve their unique participant populations. These adjustments might include revisions to classification, service regimens, staffing, or roles of members of the reintegration team.

While quantitative analyses are critical to process evaluations, they often fail to provide the level of detail necessary to fully understand classification and enrollment issues. Qualitative data collection, in the form of interviews and focus groups with institutional and reentry center staff, can complement quantitative data and improve understanding of the causes, and effects, of program enrollment patterns. Giving staff a means of providing feedback about the program can generate useful knowledge about obstructions to program enrollment and promising revisions to different program elements.

Process evaluations will focus on program implementation and details of service provision in the *structured reentry phase*. In terms of program implementation, evaluators will be concerned with the structure and function of the reintegration team involving corrections, police, service providers and community members. Specifically, evaluators will want to elucidate the roles and duties of each member of the partnership, and identify problems in their interrelationships. For example, are service providers equipped to handle the needs of program participants? Are police comfortable with sharing information with other partners? In terms of service provision, evaluators will be concerned with the degree to which services are matched to participant needs, as well as the extent to which reentry center programming adheres to evidence-based principles of correctional change. This will involve analyses of treatment durations and “dosages,” integration of informal control and support mechanisms, and the means by which offender accountability is established and maintained.

As in the institutional phase, a combination of qualitative and quantitative methods is the most promising approach to extend a process evaluation into the structured reentry phase. Qualitative data, gathered through interviews or focus groups involving members of the reentry partnership, can speak to the issue of program implementation. Each member of the partnership can offer details about their role in the reentry effort, their relationships with other partners, the perceived effectiveness of behavioral contracts, the utility of rewards and sanctioning schemes, and the challenges they face in helping offenders reintegrate. Interviews and focus groups with program participants can present

further evidence about program functioning from the unique perspective of the offender. Overall, analyses of interview and focus group data can provide a clear, nuanced picture of the partnership, and suggest ways in which its performance may be improved.

Quantitative data compiled during structured reentry can address the issue of service provision, and should not be collected independently of data from the institutional phase. Rather, measures relevant to each offender’s classification and background should be linked to data about the services that they receive in the reentry facility, and after release from the facility. If possible, a wide range of data should be collected about treatment engagement—i.e., type and amount of case management, how often participants attend services, and their behavior while in the program. This way, evaluators will have data to assess how well treatment needs are being met by administered services. They will also be able to determine which types of offenders tend to engage in treatment and which offenders are less likely to engage. Such analyses can help refine classification efforts, as well as improve service delivery in reentry centers and the community.

Process evaluations will continue to assess the functioning of the reintegration team and the effectiveness of service provision during the *community reintegration phase*. Qualitative interviews and focus groups with reentry partners will generate information about the nature of their relationships during the post-release period. During this phase, the role of the police is expanded, treatment participation becomes harder to enforce, and informal community supports become more important to the successful reintegration. Evaluators will want to understand the implications of these changes for each member of the partnership, and for the partnership as a whole.

Quantitative data collection should also continue through community reintegration. Administrative databases that capture details about classification, offender background, and program participation from the previous phases should be extended to collect data on participants’ experiences through this third phase. This includes the collection of data about the type and frequency of case management, services received, sanctions and incentives used, levels of surveillance, post-release reporting requirements, participant misconduct (including parole violation and rearrest), and program completion. In compiling a comprehensive database that captures all facets of the program during this phase, evaluators can identify program elements that are working well, and those that are not. Specifically, they can conduct analyses to determine whether services are being delivered appropriately according to participant needs, profile the types of participants that are likely to complete the program, and delineate program elements (e.g., services, rewards, sanctions, surveillance) that are associated with successful program completion. Data collected for process evaluations will also prove useful for conducting outcome evaluations, which are discussed below.

## Outcome evaluations

Officials, legislators, the research community and the public will want to know if the reentry program works. That is, does it reduce the recidivism of its participants? Is it cost-effective? Does the program produce any benefits in terms of education and employment, housing stability, substance abuse reduction, family functioning, or cognitive skills? An outcome evaluation can accomplish these goals. Furthermore, a cost-effectiveness component can be built into an outcome evaluation in order to measure the program's monetary benefits to the city and state. Cost-effectiveness studies vary in their levels of sophistication, but broadly, such an analysis would involve comparing the cost of running the program to the cost of "business as usual." This would not only include a comparison of spending, but also a comparison between outcomes of program participants and those who do not participate. Put simply, how much recidivism reduction is the state getting for its dollar? How much benefit in terms of employability, substance abuse reduction, or family functioning is the state getting for its dollar?

The basic structure of an outcome evaluation would involve comparing participant outcomes (recidivism, education/employment, housing, substance abuse, family functioning) to the outcomes of a similar group of parolees. Researchers agree that the best way to do this is to randomly assign eligible participants to the program or to "business as usual". Such assignment provides the strongest causal evidence for program effectiveness. Random assignment is equivalent to flipping a coin for each potential participant, splitting them into a participant group and a non-participant group on an "equal-probability" basis. Since the two groups are equivalent on all characteristics except for program participation, participant outcomes are then compared to the outcomes of non-participants to identify the impact of the program on outcomes of interest. However, random assignment can present certain logistical and ethical issues that may prove insurmountable. For example, officials may not want to deny treatment to eligible offenders. There are other, less satisfactory, options to random assignment. Using a "matched samples" approach, evaluators could compare the recidivism of program participants to a sample of similar parolees from a different, but similarly populated, part of California. Or, they could compare the recidivism of program participants to a retrospective (historical) sample of similar parolees.

Regardless of the ultimate design of the outcome evaluation, certain steps need to be taken in preparation. First, in order to establish comparison groups, program eligibility criteria must be defined. Potential program participants would be sorted from the general prison population based on legal status, risk classification scores, service needs, release destinations, and any other relevant criteria. They would then either be 1) randomly assigned to participant and non-participant groups or, 2) the participant group would be selected and evaluators would identify a matched sample of offenders who do not enroll

in the program for comparison purposes. Again, analyses based on a random assignment design produce the most defensible results, as the two groups should be, for all intents and purposes, equal in terms of measured and unmeasured characteristics. Using a matched sample design is inferior because the groups may differ on any number of factors. Although statistical controls can eliminate the influence of measured differences (e.g., differences in age or legal history between groups), unmeasured differences may still plague the analysis. That is, the two groups may differ in unmeasured ways, such as their relative motivations for treatment or latent propensity for offending. Therefore, differences in outcomes which are attributed to program participation may actually be the result of these other differences. While matched sample designs are weaker than random assignment, they may be the strongest design available.

Evaluators will try to determine whether the program has an impact on recidivism and other relevant outcomes. As mentioned previously, much of the data necessary to conduct outcome evaluations will be contained in data collected for process evaluations. The dataset used for process evaluations will contain "baseline" data about the characteristics of participants—their demographic characteristics, legal backgrounds, classification scores and release destinations—which will also be necessary to analyze program outcomes. Identical data must be collected on comparison group subjects (non-participants). These background measures are to be controlled for in statistical analyses, so as to best isolate the effect of the program on outcomes of interest. Additionally, evaluators may want to use data about program participation, services received, sanctions and incentives, surveillance levels and program completion to identify specific program elements that have an impact on recidivism and other outcomes.

To conduct an outcome evaluation, baseline data about program participants must be linked to outcome data. As a critical outcome of interest is recidivism, officials will need to develop a means of linking program participant records to data on parole violations, rearrests, reconvictions and returns to prison (including revocations of parole). An identical data compilation must be performed for the comparison group, so as to produce a dataset reflecting their outcomes as well. Recidivism data are already captured across a number of CDCR and state correctional databases, and could be linked to baseline data using participant CDC numbers. Recidivism outcome data should record the type of event that occurs, as well as the date of the event. Tracking the timing of recidivism is important, because evaluators will need to take into account the time periods in which recidivism events happen. For example, evaluators may wish to determine program impacts on rearrests within twelve months of release, and then again on rearrests within eighteen months of release.<sup>14</sup>

14 A statistical technique called *survival analysis* can produce even more nuanced conclusions about program impacts on recidivism, as

An outcome evaluation will be limited by time and available data. Researchers must allow sufficient time to pass before measuring outcomes. What use is it to gauge the effect of the program on recidivism (or any other outcome) after one month of participation? At the very earliest, a high-quality evaluation could be conducted about two years after program intake begins. Data limitations will similarly affect the quality of an evaluation. Therefore, officials must begin planning for an outcome evaluation before the program even starts operating. Systems must be put in place that capture all relevant characteristics of participants and non-participants, and data managers must ensure there is a reliable mechanism to track post-release recidivism.

Again, program impacts on non-recidivism outcomes are also important to correctional officials and other interested parties. Reentry programs aim to address offender deficits across a number of dimensions, including education and employment, housing, substance abuse, family functioning and cognitive-behavioral abilities.<sup>15</sup> Not only are improvements in these areas good for offenders' lives and the general quality of life in the community, there is evidence that addressing these needs may suppress criminal behavior. As discussed earlier, having a job, finding a place to live, overcoming addiction, strengthening family ties and changing thinking patterns can potentially protect against further offending. And given that problematic parolees who frequently churn between prison and parole are more likely to have problems with substance abuse and employment, improving these facets of their lives could produce substantial benefits for the parolees themselves, their communities, and the state correctional system. For these reasons, it is important for outcome evaluations to track a range of critical outcomes.

Unfortunately, measuring changes in employment, housing, substance use, family functioning and cognitive skills is not as easy as measuring recidivism outcomes. Tracking non-recidivism outcomes requires a separate data collection effort that typically entails interviewing participants and non-participants at predetermined intervals. These interviews might involve the administration of structured assessment instruments which have been used by the research community to gauge education, employability, living situation, substance abuse, family functionality and cognitive skills.<sup>16</sup> Evaluators would develop a full interview schedule, including any appropriate structured instruments, and administer interviews to

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this method assesses program effects on the exact timing of recidivism events. That is, instead of concluding that a program reduces recidivism during the first six months after release, survival analysis would produce results indicating that a program actually slows the timing of recidivism after release.

<sup>15</sup> Other positive outcomes, such as the payment of restitution, may not be the direct result of treatment, but benefit the community anyway, so officials might attempt to track these as well.

<sup>16</sup> For example, the Addiction Severity Index (ASI) is a commonly used instrument for assessing drug and alcohol dependency. See: [http://www.tresearch.org/resources/instruments/ASI\\_5th\\_Ed.pdf](http://www.tresearch.org/resources/instruments/ASI_5th_Ed.pdf)

program participants and comparison group non-participants at certain points in time. For program participants, evaluators could conduct the first interview during the institutional phase, upon admission to the program. A second interview could be conducted during structured reentry, upon transfer to the secure reentry facility. The next interview would take place after release to the community, and evaluators could follow up every six months thereafter. For non-participants in the comparison group, evaluators would conduct an identical number of interviews, at the same time intervals, except that members of this group would likely remain in prison during the structured reentry phase and then be released straight onto parole. The end product of this data collection effort would be a dataset tracking the relevant range of outcomes for both groups over similar time periods. Outcome data would then be linked to baseline data (demographics, legal history) to construct a database that would be analyzed to measure program impacts on each outcome domain.

Tracking non-recidivism outcomes requires a good deal of human labor, and other problems can affect this effort as well. Participants and non-participants may refuse to be interviewed, or refuse to answer certain questions. They may not answer honestly. Or they may abscond from parole, making further interviews impossible. These problems create "holes" in the data that can weaken analyses. Officials and evaluators can take steps to alleviate some of these problems. For example, study subjects could be compensated for interviews, thereby providing an incentive to remain in the study. Certain statistical procedures can be introduced to assess subject reliability. Ultimately however, a number of challenges to collecting these data exist, and evaluators can only do so much to address these challenges. Regardless, a well-planned and well-executed outcome evaluation can provide strong evidence of program effectiveness, thereby justifying the resources that have been devoted to the program. And like process evaluations, outcome evaluations can also yield information about ways that program operations can be refined.

## **V. WHAT OFFICIALS CAN LEARN FROM REENTRY PROGRAMS IN CALIFORNIA AND OTHER STATES**

Reentry efforts in California and other states can inform the planning and development of secure reentry centers. The evidence-based principles discussed in the previous section provide a theoretical and empirical foundation for planning reentry programming, but much can also be learned from the real-life experiences of existing reentry programs. Specifically, program planners can examine how other programs developed, how they target participants, the types of services they provide, and the nature of partnerships between involved agencies.

## California Already has Experience with Reentry Programming

CDCR currently provides some reentry services for inmates who are about to be released for the first time. Pre-release planning is supposed to begin about 8 months from release. Parole staff meet with an inmate to discuss parole plans. “Pre-parole packets,” containing relevant information about the parolee, are sent to a social worker in the field office where the inmate is to be released; the social worker begins identifying appropriate programs and services. Approximately 90 days before release, the inmate’s case is assigned to a parole agent, who examines the case, reviews available community resources, and communicates with institutional staff regarding any special conditions attached to the case. During the last few months of institutional confinement, inmates have voluntary access to pre-release classes which focus on life skills, cognitive thinking, and practical matters such as obtaining identification. Courses for women also address child care and custody issues.<sup>17</sup>

While the secure reentry centers proposed by the governor would augment state reentry resources, California already has experience operating facilities designed to promote successful offender reintegration. The proposed reentry centers would actually resurrect prior efforts to provide services to offenders leaving prison and parole violators who are returned for short custody spells. Until 2003, CDCR operated 13 Community Correctional Reentry Centers (CCRCs). While CCRCs were facilities dedicated to reentry programming, providing services such as counseling, life skills training, substance abuse treatment, and educational programming, they functioned principally as work release programs. Eligible inmates transferred to CCRCs in the final months of their sentences, where they received services, but were also allowed to enter the community during the day to work or visit family members. CCRCs were designed to serve less serious offenders. To participate in CCRCs, inmates must have had a classification score under 28, and a placement level of I or II. Ineligible inmates included those serving time for violent felony convictions, inmates with escape convictions, inmates with medical conditions requiring regular monitoring, and inmates with active felony or United States Immigration and Naturalization Service holds.<sup>18</sup>

In fiscal year 2003-4, the CCRC program shifted focus from inmates to parolees, and was renamed the Halfway Back program. Funded as part of CDCR’s New Parole Model, Halfway Back was specifically redesigned as an intermediate sanction for parole violators. Technical parole violators who had not been convicted of a violent felony were eligible to participate in residential programming focusing on employment, substance abuse, stress

management, victim awareness, literacy, and life skills. If employed, offenders had limited leave privileges, and if working, were required to pay 25% of any salary to the program (California State Auditor 2005). Halfway Back, along with other New Parole programs, was terminated by CDCR in April of 2005 because the department was unable to establish performance benchmarks and did not analyze available program data. Consequently, CDCR was unable to determine whether the programs were effective in terms of reducing recidivism and/or state correctional costs (California State Auditor 2005). In planning new secure reentry facilities, officials would be well-served to learn from the experiences of Halfway Back. Specifically, they must do some serious “front-end” thinking about staffing and enrollment expectations, as well as how the new program will be evaluated, including establishing data systems that will allow such an evaluation and determining the metrics of program success.

In 2005, CDCR replaced Halfway Back with the Parolee Service Center (PSC) program. There are currently 17 PSCs operating in California: 12 for men, 4 for women, and one for both.<sup>19</sup> These facilities are small; the largest has 112 beds, while the smallest has just 12. The critical difference between Halfway Back and the new PSC program is that PSCs are voluntary. They do not function as an intermediate sanction, and residency in a PSC does not constitute any portion of an offender’s sentence. Length of stay in PSCs ranges from 90 days to one year, and parolees who live there are provided services related to employment needs, substance abuse, stress management, victim awareness, and literacy. They are also allowed to enter the community.

The demise of the CCRC and Halfway Back programs has produced a gap in reentry programming for prisoners and parole violators in California. The secure reentry facilities proposed by the Governor would likely be similar to CCRCs and Halfway Back facilities, depending on their target populations, and could potentially fill this gap. While the new reentry centers would be truly secure, with no in-and-out privileges, they would serve similar populations—prisoners at the ends of their sentences and/or parole violators returned for short custody spells. In fact, the new centers could serve a broader population than prior reentry center efforts by housing a greater number of offenders, expanding screening criteria (e.g., serving violent felons), and through placement in communities with the greatest need for this type of programming. California prisons are generally located outside of population centers (see Appendix C: CDCR facilities map), and PSCs are not currently serving prisoners and parole violators, so there is potential added value in developing new secure reentry centers.

<sup>17</sup> Details about current California reentry efforts are drawn from Linke & Ritchie (2004).

<sup>18</sup> Administrative details of CCRCs are referenced from an unpublished paper written by Ryan Fischer of UC Irvine, as well as California Penal Code sections 6250-6259.

<sup>19</sup> PSCs are located in Bakersfield, Visalia, Fresno, Redding, San Francisco, Salinas, Oakland (2), Los Angeles, Hollywood, Inglewood, Van Nuys, Long Beach (2), and San Diego (3).

## Reentry Programs in Other States can also Inform the California Reentry Effort

While California has implemented measures designed to facilitate prisoner reentry, other states have also developed reentry programs that can inform the planning of California's secure reentry centers. The Governor and CDCR cite the following as places where "reentry facilities have worked":<sup>20</sup> Baltimore, Maryland; Burlington, Vermont; Columbia, South Carolina; Kansas City, Missouri; Las Vegas, Nevada; Lowell, Massachusetts; and Spokane, Washington. This refers to sites participating in the U.S. Department of Justice-sponsored *Reentry Partnership Initiative* (RPI), but it is not entirely accurate to say that "reentry facilities have worked" in these places. Only Baltimore and Kansas City utilize dedicated reentry facilities. Further, a comprehensive impact evaluation of RPI has not yet been completed, so evidence of effectiveness is by no means definitive at this time.

In fact, the critical innovation of RPI is not the dedicated reentry facility. Rather, it is a belief that "stakeholders must be involved in all stages of planning and implementation" (Taxman, Young, Byrne, Holsinger, & Anspach 2002, p.5). These stakeholders include institutional staff, community corrections staff, police, the judiciary, service providers, community support agencies, and victim advocates. RPI does not adapt a "one size fits all" approach to reentry. Each site develops its own programs based on organizational factors, target populations, and local conditions. What binds the sites together is commitment to a systematic analysis of gaps in services, as well as supervision and support for returning offenders—focusing on the reduction of community harm. The goal is to develop a common sense among involved stakeholders about the best way to assist offenders in their reintegration and improve public safety. CDCR's proposal states: "The proposed Parole Reentry Project would create a new style of partnership between the state and local governments that would provide services to help inmates make that transition [from custody to the community]." To maximize the chances of effectiveness, officials must carefully consider community conditions and inter-agency relationships in each potential location. The types of analyses conducted at RPI sites will be critical to the development of effective partnerships around California's proposed reentry centers. RPI researchers continue to generate knowledge about fostering the complex partnerships between involved agencies, including the logistical issues involved in forming and maintaining these partnerships.

Another federally-sponsored reentry initiative that can guide the California reentry effort is the Serious and Violent Offender Reentry Initiative (SVORI), funded jointly by the U.S. Departments of Justice, Labor, Housing and Urban Development, and Health and Human Services. Federal agencies have granted \$150 million to 89 reentry programs run by 69 agencies nationwide, including two

programs in California.<sup>21</sup> SVORI programs employ a variety of different approaches to reentry planning, but most target serious, violent offenders, and provide both pre- and post-release services. The overarching model is that programs assess individual needs and tailor their services to meet those needs; understanding the characteristics of the target population is a priority. A comprehensive evaluation of SVORI is in progress. Though program impacts on recidivism have yet to be discerned, evaluators have found that SVORI participants receive more pre-release services than similar non-participants (Lattimore 2006). Future analyses will attempt to evaluate the effect of program participation on employment, family and community involvement, housing, mental and physical health, substance abuse, and ultimately, recidivism. As elements of effective SVORI reentry programs are identified, they may help focus reentry planning in California.

Despite the fact that full impact evaluations have yet to be completed, the RPI and SVORI programs stress the importance of inter-agency partnerships, needs assessment, and inmate classification. These issues will be important to the California reentry effort as well. The classification of inmates will require special attention, in part because of the particularly high incidences of parole violation and parole-prison churning. As noted earlier, the characteristics and needs of churning parolees may be quite different from other soon-to-be-released inmates. CDCR officials must have a firm grasp of the practical and clinical implications of these differences. A few jurisdictions have developed specialized reentry centers for parole violators, and their experiences may be useful in designing reentry centers in California that can effectively serve this population.

One example of a secure facility that is specifically designed to hold and serve parole (and probation) violators is the 1,040-bed Milwaukee Secure Detention Facility (MSDF).<sup>22</sup> In 1997, the Wisconsin Supreme Court ruled that due to overcrowding, the Milwaukee County Jail was no longer required to hold offenders who had violated the terms of community supervision. In response, the Wisconsin Department of Corrections established MSDF, which is run by the Division of Community Corrections, and designed to house non-compliant parolees and probationers. In practice, the facility actually holds a mixed population: those who have violated conditions of community supervision, those awaiting the outcomes of violation hearings, and prison inmates near their release date. Services in the MSDF are delivered according to the unique needs of its population. For example, an individual plan is developed for each offender which addresses the financial obligations that he or she will have to face after release. Other services include crisis intervention, counseling, psychological treatment, education, and HIV services. Recent organizational

21 *Project Choice* in Oakland, and the *Going Home Los Angeles* program.

22 Administrative and organizational details of the MSDF are referenced from the MSDF FY04 Annual Report, accessed online at: <http://www.wi-doc.com/MSDF%20FY04%20Annual%20Report.pdf> (October 9, 2006).

20 <http://www.cdcr.ca.gov/Communications/maleReformReentry.html> (October 9, 2006) and <http://gov.ca.gov/index.php/special-session/fact-sheet/3482> (October 9, 2006).

changes, mostly revolving around splitting the facility's organizational structure into smaller units, have improved case management functions and enabled staff to better maintain inmate accountability. If California is to develop secure reentry facilities that house parole violators, either alone or with other soon-to-be-released inmates, a similar strategy is advised. Officials must have an understanding of who will be held in these facilities, what their unique needs and characteristics are, and what types of programs are best suited to serving them. While a comprehensive outcome evaluation of MSDF has yet to be completed, staff report that felony drug offenders are taking and passing GED tests at a higher rate in recent years than during the initial years of operation (MSDF FY04 Annual Report).

Two other states have recently designed reentry programs with parole violators in mind. South Dakota has developed a reentry program that serves parolees with "relapse" problems—particularly relapse problems related to chemical dependency (South Dakota Department of Corrections 2005). Instead of having their parole revoked, these parolees can participate in the *Community Transition Program* (CTP), which consists of two phases. The first phase takes place inside a prison and provides substance abuse treatment, employment services, money management programming, corrective thinking programs, and case planning for release. During the second phase of CTP, parolees are transferred to minimum security facilities or a community corrections center. At this time, the program functions like a work release, allowing participants to work in the community during the day. Arkansas has also recently instituted a program for technical parole violators in which they are sent to specialized *Technical Violator Centers* (TVCs).<sup>23</sup> Male technical violators are sent to the Omega TVC in Malvern, Arkansas, and females are sent to the Southeast Arkansas Community Correction Center in Pine Bluff. The TVCs are 60-day residential programs. Treatment focuses on cognitive and behavioral change and substance abuse. The final 3 weeks of residence include programming about practical matters related to release, as well as relapse prevention. The 12-month post-release period includes parole-managed community programming. A 2005 analysis by the JFA Institute estimated that the TVCs would save the Arkansas Department of Correction between 1,000 and 1,350 beds per year (Naro, Austin & Ocker 2005).<sup>24</sup>

As the South Dakota and Arkansas programs were both authorized in 2005, there are no current program evaluations. However, both programs are modeled on evidence-based principles of correctional change. To promote continuity between custody and community supervision, the South Dakota CTP creates an Individual Transition Plan (ITP) for each participant, tailored according to the participant's unique range of needs. In addition to indicating appropriate services, the ITP functions as a form of

behavioral contract which describes requirements related to attending services, curfew, financial management and updating residence information. The South Dakota program also has a strong case management component. Case managers work directly with parole agents and serve as a link between facility- and community-based treatment, as well as helping to develop offender ITPs. The Arkansas TVCs utilize a similar approach to facilitate smooth transitions back into the community. Although TVC inmates have violated conditions of community supervision, their parole and probation officers (PPOs) maintain contact during the offender's stay at the TVC. The reason for maintaining contact is to use the time spent in the TVC to establish a clear parole plan around housing, employment, education, and other aspects of aftercare. PPOs also communicate with facility counselors to further strengthen the link between supervision in custody and supervision in the community. While in TVC facilities, offenders are assessed and given an individual treatment plan, and at the point of release, counselors work with parole officers to develop an "After-Care Plan" which outlines activities and services that are to be continued in the twelve months after release from the TVC.

Systematic reentry planning is a fairly new phenomenon. Although little research has thus far emerged about program effectiveness, much can be learned from the experiences of the programs discussed above. The demise of CDCR's Halfway Back program has demonstrated the importance of establishing clear program goals and being able to assess programs with reference to those goals. This means that from the beginning, planners must lay the groundwork for a reliable evaluation of program functioning, impacts and cost-effectiveness. The multi-site RPI project has revealed a number of practical concerns around the involvement of stakeholders in an intelligent reentry approach. The SVORI initiative highlights the importance of understanding target populations and designing programs appropriately for these populations. Finally, programs designed to serve parole violators in Wisconsin, South Dakota and Arkansas emphasize the unique issues involved in serving these types of offenders. While the effectiveness of specialized reentry centers for parole violators is not fully known, it is important to note that each of these programs adhere to the basic principles of evidence-based correctional change. Specifically, they emphasize individualized treatment plans, strong case management, and continuity of care between custody and the community.

## VI. CONCLUSION

The state hopes that the proposed secure reentry centers will fulfill their promise to ease prison overcrowding, reduce parolee recidivism, and save money. The plan already has two important elements in its favor. First, offenders in secure reentry centers are to be released within months of admission, meaning that they will be well-suited to receiving reentry services that facilitate a smooth transition into the community and lower

23 For a program description, see: <http://www.dcc.state.ar.us/policy/78pdf/AD05-06.pdf> (August 23, 2006).

24 In 2003, there were about 13,000 inmates in Arkansas Department of Correction facilities.

reincarceration rates. If the centers serve both released inmates and parole violators, these facilities could be an important component of a larger plan to break California's problem of offender churning between prison and parole. Second, by limiting participation to those offenders that live in the facilities' surrounding communities, the effectiveness of reentry services will be bolstered. The continuum of care that is critical to improving parolees' chances of desisting from criminal activity will be easier to implement, knowing that those released from the facilities can remain connected to local service providers and draw support from other members of their informal social networks. And in addition to the "carrot" of continuing treatment, cooperation between parole and local law enforcement can strengthen the "stick" that helps keep participants in line after release.

There is no current consensus about an ideal reentry program model. In fact, one may not exist. Instead, experts believe that an effective reentry program has clear goals, involves a variety of agencies, and understands its target populations. Programs will likely differ along these dimensions, but regardless of the final "look" of a program, careful planning and rigorous analysis are vital.

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## **APPENDIX A: FULL TEXT OF GOVERNOR SCHWARZENEGGER'S MALE REENTRY PROPOSAL<sup>25</sup>**

California inmates are housed in each of the state's 33 prisons based on the level of security risk they pose and their needs while incarcerated. Often, where they are housed can be far away from the local community where they are a resident. That distance can take a toll on family relationships and other ties to the community that could provide the inmate with a stable environment upon parole. In addition, overcrowding of California's prisons compromises the ability of the California Department of Corrections and Rehabilitation (CDCR) to provide the types of programs and services that help inmates make the transition from custody to community.

The proposed Parole Re-entry Project would create a new style of partnership between the state and local governments that would provide services to help inmates make that transition. Inmates would move from a rehabilitative environment to their communities with tools and skills to reduce the incidence of repeat crime, improving the safety of our communities.

### **Parole Failure Comes With A Price:**

Released inmates who violate the terms of their parole are a significant factor in over-crowding California's prisons:

- \* Between January 1—May 31, 2006: 64 percent of all inmates admitted to prison were parolees.
- \* 8,690 committed new crimes.
- \* 28,107 violated terms of their parole.

### **A Solution:**

Researchers, public policy makers and corrections officials across the nation have forged a consensus that improving the services provided to parolees is critical, both to prevent the continuing cycle of incarceration and to avoid the cost of building additional prisons. In addition, housing inmates near the social service programs that will help them during parole ensures continuity so that there is no break in the relationship between parolees and service providers. If approved by the Legislature, CDCR would be authorized to contract for the construction of community-based re-entry facilities to house inmates preparing for parole.

- \* Up to 10 facilities in local communities, with a total of 5,000 beds for inmates within 18 months of being released from prison;
- \* Housing 500 inmates at a time provides personalized attention prior to release for rehabilitation, counseling and community services;
- \* Would allow inmates close to their parole date or parolees who are returned to custody to serve time in their communities, providing continuous contact with family and with rehabilitation services;
- \* Would be secure facilities, staffed by CDCR peace officers, but designed as low-rise buildings that would fit with the surrounding community.

### **Partnership With The Community:**

The success of re-entry programs depends on the connection between California's prison system and local government that represents the communities where paroled inmates will live. As parolees return to their former communities, they have increased contact with local service agencies as well as local law enforcement who patrol those areas. The re-entry program proposed by the Governor would include:

- \* Providing local law enforcement with more information about parolees in their areas and provide parole agents with tools to assess the potential risk that each poses to public safety, which will result in better decisions about where to house them;
- \* Create teams of parole agents and local law enforcement to increase the intensity and quality of supervision parolees receive, which will reduce the incidence of repeat crimes or parole violations.

<sup>25</sup> Accessed online on September 29, 2006: <http://gov.ca.gov/index.php/special-session/fact-sheet/3482>

## Programs:

The purpose of the re-entry facilities is to provide soon to be released inmates with the tools they will need to make the transition back to their former communities. Re-entry facilities can give inmates the opportunity to continue in the community with the rehabilitation programs they begin in prison. Types of services proposed to be available in these community facilities include:

- \* Drug and alcohol treatment;
- \* Behavior therapy;
- \* Employment services and job training;
- \* Literacy and computer skills education;
- \* Public defender and law clinics;
- \* Family reunification counseling;
- \* Mentoring;
- \* Life skills training;
- \* Workshops on healthy living, child support.

## Where Reentry Facilities Have Worked:

Baltimore, Maryland; Burlington, Vermont; Columbia, South Carolina; Kansas City, Missouri; Las Vegas, Nevada; Lowell, Massachusetts; Spokane, Washington.

State of Illinois: (The only state besides California with determinate sentencing and mandatory parole for all released inmates.) Only 6 percent of parolees were returned to prison for parole violations or new crimes.

## Community-based Correctional Facilities For Males:

CDCR currently contracts with private companies or local government to house and supervise approximately 5,300 low-security inmates at 13 Community Correctional Facilities in California. The Governor has proposed that this contracting be expanded to increase capacity by another 4,000 beds.

## APPENDIX B: EVIDENCE-BASED PRINCIPLES OF REENTRY PROGRAMMING

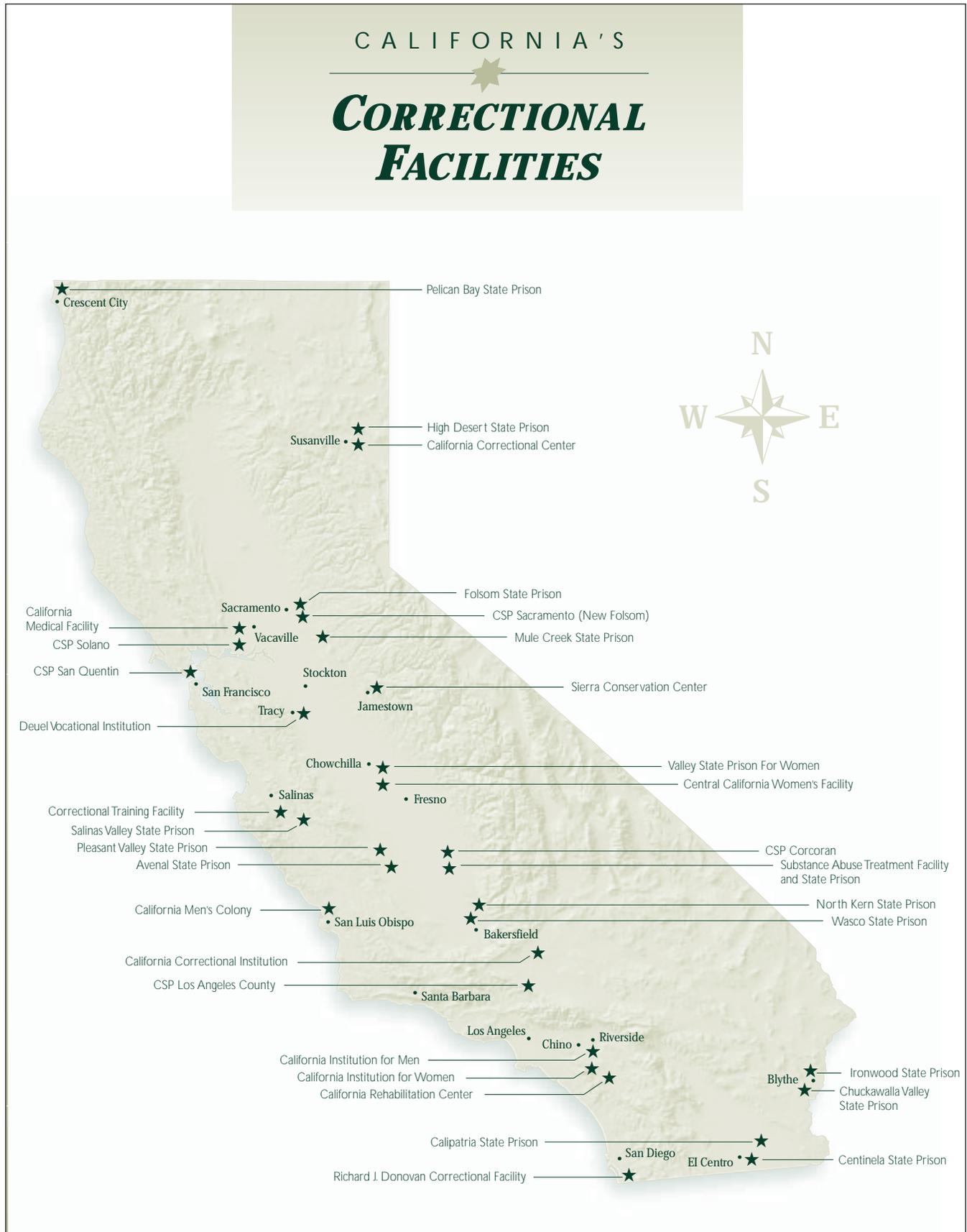
- Informal social controls (such as family, peer, and community influences) have a more direct effect on offender behavior than formal social controls (see, e.g., Gottfredson & Hirschi, 1990; Byrne, 1990).
- Duration of the intervention is critical to offender outcomes. Behavior change is a long process 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 & 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.

Source: Taxman, Young, Byrne, Holsinger & Anspach 2002

**APPENDIX C: MAP OF CDCR FACILITIES**



Source: California Department of Corrections and Rehabilitation.