Literature Review: Jail Re-Entry Resource Centers

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Definition: Jail Re-Entry Resource Centers are designed to assist in the transition of individuals from jails to their local communities.

Description: More than 11 million individuals are released from local jails in the U.S. annually and very little attention has been paid to the process of leaving jail and re-entering local communities (Solomon et al., 2008 and Urban Institute 2008). The design of this Re-Entry Resource Center (RRC) is based on the APIC model—Assess, Plan, Identify, and Coordinate. This acronym identifies elements of reentry associated with successful integration back into local communities (Osher, 2007). In an effort to address re-entry from jails of offenders with mental illnesses, the National Gather, Assess, Integrate, Network and Stimulate (GAINS) Center at the Substance Abuse and Mental Health Services Administration conducted a series of meetings with jail administrators and reviewed programmatic re-entry efforts around the nation. The process resulted in the publication of a report by Osher et al., 2002, which is the genesis of the APIC model. The APIC model is useful because it is designed to be applicable to jails and communities of all sizes (Osher et al., 2002).

Table 1 APIC Model

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<thead>
<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>Assess</td>
<td>Assess the inmates clinical and social needs, and public safety risks</td>
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<tr>
<td>Plan</td>
<td>Plan for the treatment and services required to address the inmate’s needs</td>
</tr>
<tr>
<td>Identify</td>
<td>Identify required community and correctional programs responsible for post-release services</td>
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<tr>
<td>Coordinate</td>
<td>Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services</td>
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The goal of the RRC is to improve transition planning and improve linkages of inmates released from custody to community-based services to improve public safety and reduce crime and recidivism. Designing an effective prisoner re-entry strategy requires a clear understanding of the nature of the re-entry problem in the locality in which the re-entry resource center will be situated. Focusing on jail reentry is an opportunity for local governments to reduce recidivism and associated costs. Local governments are well positioned to coordinate the re-entry process because they operate law enforcement and jails, health and human services departments, housing authorities, workforce development boards and local schools, all of which are key partners in any comprehensive re-entry effort (Jannetta et al., 2011). In the first few days after release, individuals returning to the community after being incarcerated are at high risk for drug use, homelessness, and other problems that may lead to reoffending (Jannetta et al., 2011).

Research Summary: On December 31, 2013, U.S. jails held an estimated 731,570 inmates, which includes offenders awaiting conviction on current charge, convicted offenders awaiting sentencing, and sentenced offenders (Minton et al., 2015). In addition, jail authorities supervised approximately 46,770 offenders under community supervision, and about 9,670 offenders serving a weekend only sentence. Each year in Bernalillo County more than 40,000 inmates are released from custody at the Metropolitan Detention Center (MDC) and return to their families and communities (New Mexico 2nd Judicial District Criminal Justice Strategic Plan, 2012). The National Institute of Corrections (NIC) in collaboration with the Urban Institute (UI) launched the Transition from Jail to Community (TJC) initiative in 2007. The TJC initiative is designed to facilitate coordinated and collaborative partnerships between jails and communities to address re-entry, which in theory would lead to increased public safety, reductions in recidivism rates, and improved outcomes for offenders reintegrating into the community (UI, NIC, 2014). The model’s inception was informed by subject matter experts convened by the TJC project team, and
included jail administrators, local law enforcement, social service providers, community and victim advocates, formerly incarcerated individuals, corrections policy experts, and researchers (UI, NIC, 2014).

Figure 1 on the following page depicts the TJC approach to effective jail transition and identifies key parts of the TJC model at both the system and intervention levels. In order for the TJC model to be effective, systems change must coincide with concrete intervention efforts. In facilitating change, stakeholders must be informed by local data. A clear understanding of the re-entry picture is crucial in establishing policies and programs within a re-entry center that reflect the realities within each locality. This is important because the targeted intervention efforts could not take place if the respective jurisdiction does not know the: characteristics of the jail population, local crime problems, concentrated areas where a large portion of the jail population returns upon release, and individuals that disproportionately consume programmatic resources (UI, NIC, 2014). A key component of a targeted intervention effort is a transition plan. The transition plan begins during an offender's stay in a correctional institution. In the institutional phase of the re-entry process, offenders who meet target population criteria based on validated risk/needs assessment instruments are identified and contacted about possible participation in the re-entry program. In an institutional setting, once potential offenders are identified, a transition plan as simple as receiving an information packet prior to release or as detailed as working with a case manager and community based providers prior to release can be offered (UI, NIC, 2014). The transition plans should be informed by an individual's initial screening and assessment and should be reviewed at regular intervals, being updated in the institution and upon release. The transition plans may address issues such as housing, employment, family reunification, educational needs, substance abuse treatment, and health and mental health services (UI, NIC, 2014). An important point to note that there is not a “one size” fits all transition plan, each plan should be specific to each individual.

Once a solid transition plan is in place, the service providers can then turn their attention to focusing their efforts are targeted interventions. Many of the interventions that occur begin prior to an individual being released from a correctional setting. These types of intervention efforts are usually provided by jail staff or community-based providers and include things like: informational material, short training programs that prepare someone for re-entry into the community, educational programs,
job training, and drug and alcohol treatment (UI, NIC, 2014). Given the diversity correctional population settings, unpredictable lengths of stay, limited resources, and principles of evidence-based practices, it is not possible or desirable to provide the same level of intervention to everyone who enters the jail setting (Jannetta et al., 2011). In order to tailor an intervention specific to an individual the assessment and screening of potential program candidates risks and needs should occur. Comprehensive criminogenic risk/need assessment instruments are targeted to those who scored medium to high on the quick screen, indicating that they may need more intensive intervention. Multipurpose risk/needs assessments are advantageous because they not only evaluate the risk of recidivism, but identify categories of needs in areas identified as being the most likely to impact recidivism, including education, employment, financial, family, housing, leisure, substance abuse, criminal thinking, and other personal needs (Jannetta et al., 2011). By identifying these criminogenic needs areas one can then provide accurate targeted interventions. Research has consistently identified eight major criminogenic needs, and further distinguishes between the “big four” (the ones most strongly associated to re-offending) and the lesser four. Figure 2 below illustrates the eight major criminogenic needs (Latessa et al., 2005).

**Figure 2.**

<table>
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<th>Big four criminogenic needs</th>
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<tbody>
<tr>
<td>1. History of antisocial behavior</td>
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<tr>
<td>2. Antisocial personality pattern</td>
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<tr>
<td>3. Antisocial cognition</td>
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<td>4. Antisocial associates</td>
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<th>Lesser four criminogenic needs</th>
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<tr>
<td>5. Family/marital factors</td>
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<td>6. Lack of achievement in education/employment</td>
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<td>7. Lack of pro-social leisure or recreation activities</td>
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<td>8. Substance abuse</td>
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Once these risks and needs are identified the targeted intervention efforts can take place through the use of an informed transitional plan. A transitional plan specifies the types of interventions an individual needs, when and where interventions should occur and who will provide them, and the activities for which the individual needs to take responsibility (Jannetta et al., 2011). There are three primary components of a transition plan:

1. **In-custody (prerlease) plan section:** This component specifies prerlease interventions to be delivered either by jail staff or community-based providers conducting jail “in-reach.”
2. **Discharge plan section:** This component specifies interventions addressing the “moment of release”—those critical first hours and days after release from jail—and facilitating the provision of needed services in the community.
3. **Post-release plan section:** This component specifies interventions for covering the mid- to long-term transition period upon return to the community. Though the post-release plan is initially developed in jail, it is expected to be revised in the community.

Implicit in this approach of developing a good transition plan is the understanding that one size does not fit all and that plans need to specific for each individual (Parent & Cranston, 2002). The goals of a transition plan are to prioritize a person’s higher risk needs identified by a valid assessment, develop an individualized written plan of intervention, identify who is responsible for providing each intervention, and ensuring continuity of interventions from jail to the community (Parent & Cranston, 2002). In order to ensure that the transition plan is being adhered to, a case management process needs to be part of the re-entry process. Case management plays a crucial role in the TJC model. If it is implemented effectively, it can connect services received inside the correctional facility and those received after release in the community. Connecting clients to appropriate services and improving interagency information-sharing and continuity of care (Warwick et al., 2012). To properly provide case management services, each community should have a case manager or a team of case managers working with clients both in the correctional setting and the community (Burke, 2008). Transition plans should include realistic goals directly related to client’s needs, a timeline for achieving these goals, and the client’s responsibilities in meeting these goals (Burke, 2008). An important point to note about the development of transition plans is that the TJC model asserts that clients themselves should be active participants in the planning process, working with case managers to set short-term and long-term goals. With all of
the prior information in place, a successful re-entry process for offenders form incarceration back into the community should be plausible. The next question that comes to mind is how effective are these programs.

Officer and colleagues (2013) conducted an evaluation of re-entry centers in Multnomah, Lane, and Klamath counties in Oregon, which were funded by a Re-entry Resource Center grant provided by the Oregon Criminal Justice Commission. The re-entry centers provided services which include: assessment and planning, service coordination, employment and housing assistance, and financial assistance such as providing bus passes, identification services, or assistance in applying for benefits. The re-entry centers provided three levels of services (Officer et al., 2013). The first level was a one-time user service for either a referral or information. The second level provided limited resources, such as employment assistance or a resume workshop. The third level of service is a full plate of services with employment and housing assistance, along with a transition plan created for the participant. The evaluation found that all participants receiving services from the re-entry centers had no significant difference in subsequent arrests or charges from the control group. The results were expected due to a large number of participants received minimal amounts of services like employment search assistance. Another evaluation of a subgroup of participants that received the highest level of services, which includes a transition plan, and all other available services, showed a marginally significant difference in the statutory arrest rate as compared to the control group. The treatment group showed a 25% drop in the arrest for statutory crimes (Officer et al., 2013). For new charges the treatment group showed a 31% drop for the overall charge rate (Officer et al., 2013). The subsequent cost-benefit analysis showed that for every dollar invested in the program, a benefit of $14.17 was realized in savings from the criminal justice system and avoided victimizations (Officer et al., 2013).

Delay & Norton (2010) conducted an evaluation of the Hillsborough County Reentry Program in New Hampshire. The program was available to offenders serving a New Hampshire state prison sentence and who were released on parole into Manchester, and were active in the program from the fall of 2007 through March 2010. The program was offered to both males and females between the ages of 17 and 35, and who were deemed eligible for consideration following an assessment process. The re-entry program instituted a model of community justice that tried to balance the rehabilitation of the offender with the protection of public safety through a collaborative approach (Delay & Norton, 2010). Out of the 105 individuals that were included in the analysis, most of the participants (40) or 38% in the re-entry program had their highest charge as a property offense, while 77% of the participants who successfully completed the year long program had a full time job upon completion (Delay & Norton, 2010). Risk/needs assessments are an important tool in reentry programs, but 57 of the 105 parolees in the analysis did not have a risk/needs assessment conducted prior to release from prison or in the re-entry program (Delay & Norton, 2010). Overall the program had a positive effect on employment outcomes of participants that went through the program.

The primary purpose and most important outcome measure for re-entry programs is recidivism reduction. While intermediate measures, such as finding employment and housing, may be important, these outcomes are not the ultimate goal of re-entry programs. If former offenders continue to commit crimes after going through re-entry programs, then the programs cannot be judged as effective (Mulhausen, 2015). Wiegand and colleagues (2015) conducted an impact evaluation of the Reintegration of Ex-Offenders (RExO) project of 24 service providers, which include the results based on outcomes for program participants in the two-year period after they enrolled in the study. Using a random assignment design, the evaluation created two essentially equivalent groups: a program group that was eligible to enroll in RExO and a control group that was prevented from enrolling in RExO, but could enroll in other services. A total of 4,655 participants enrolled in the study, with 60% (2,804) of those being assigned to the program group and 40% (1,851) assigned to the control group (Wiegand et al., 2015). The data was based on two sources: a telephone survey that asked about receipt of service, labor market outcomes, recidivism, health and mental health, substance abuse, housing, and child support issues. The response rate for the survey was 76.9% (Wiegand et al., 2015). The second data source used in completing the evaluation was administrative data on criminal justice outcomes obtained from each of the 18 states in which the 24 service providers operated in (Wiegand et al., 2015). The programs funded under RExO involved three main types of services: mentoring, employment services, and case management and supportive services (Wiegand et al., 2015). While these programs are beneficial in some ways, they may have been insufficient to help participants deal with drug abuse, alcoholism, physical health problems, and other challenges that may pose as a serious barrier to employment and other positive outcomes (Wiegand et al., 2015). RExO found a statistically significant increase in self-reported employment (between 2.6 and 3.5 percentage points). RExO had no effect on recidivism, and there was little evidence that RExO affected other outcomes such as: self-reported mental health, substance abuse, housing, and child support. Despite this, there was some evidence that RExO may have affected health outcomes, as program group members were less likely to report having made any visits to the emergency room. Taken together, these findings present a mixed picture of the impact of RExO on program participants.
Cook and colleagues (2014) conducted, what they believe is the first randomized controlled trial of a re-entry program implemented by the Wisconsin Department of Corrections that combines post-release subsidized work with “reach in” social services provided prior to release. The sample was 236 high-risk offenders in Milwaukee with a history of violence or gang involvement (Cook et al., 2014). The researchers observed increased employment rates and earnings during the period when ex-offenders are eligible for subsidized jobs, and these gains persist throughout the year. The intervention also had significant effects in reducing the likelihood of re-arrest. The likelihood that the treatment group is re-imprisoned during the first year after release is lower than for controls (22 vs. 26%) (Cook et al., 2014).

In summary, re-entry programs are designed to assist incarcerated individuals with a successful transition to their community after they are released. The transition from life in jail or prison to life in the community can have profound implications for public safety. Given the number of individuals under criminal justice supervision in the community, offender re-entry continues to garner considerable attention from researchers and practitioners alike. One thing that must be kept in mind is that some re-entry programs are proven to help reduce recidivism rates, which should be the primary goal of any jail or prison re-entry center (Council of State Governments, 2014). Compelling evidence has emerged that shows that recidivism rates for an entire state can indeed change. In 2012, The National Reentry Resource Center (NRRC) highlighted seven states that had achieved reductions in three-year recidivism rates for 2005 to 2007 releases (Council of State Governments, 2014). The primary focus of a re-entry center should be on reducing recidivism, because employment, housing, educational, and mental health needs of clients can not be met if the clients are re-offending (Council of State Governments, 2014).

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