CORRECTIONAL THEORY

CONTEXT AND CONSEQUENCES

SECOND EDITION

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Reentry

Saving Offenders From a Life in Crime

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> *I cannot fully describe the feelings that I had as I stepped out of the House of Corruption. . . . The prison clerk had given me seven cents for carfare. Walking along the street to the street-car line, I studied the seven cents in my hand, and cynically and silently sneered at the city's benevolent generosity toward its forsaken wards. After a year of idleness and monotony in that stagnant cesspool I was now supposed to make good on seven cents. A fine start, I'll say, with not one word of advice from anyone. They just kick you out of the place, and to hell with you.*
>
> —Stanley, "the jack-roller" (Shaw, 1930/1966, p. 167)

Who is Stanley—the "jack-roller"? Well, we will get to that shortly. Cullen and Jonson think that Clifford Shaw was one of the great criminologists of all time. If there was a Criminology Hall of Fame, he would be in it. Along with Henry McKay, he did groundbreaking studies of delinquency in Chicago. Originally published in 1942, Shaw and McKay's (1972) classic *Juvenile Delinquency and Urban Areas* mapped crime by neighborhoods, showing that delinquents were concentrated in inner-city communities. They argued that these areas were marked by the crime-inducing condition of "social disorganization." Not much has changed since that time. Published 70 years later, Robert Sampson's (2012) book, *Great American City*, carries the subtitle of *Chicago and the Enduring Neighborhood Effect*. Sampson uses slightly different language to describe these delinquency areas—"concentrated

disadvantage" and "lack of collective efficacy"—but he is talking about much the same thing. As his analysis shows—based on a lot of fancy statistics—growing up in a really poor Chicago neighborhood where social institutions have broken down is still a recipe for being involved in crime.

However, Shaw wanted to do more than just compile official records and put dots on a large map of Chicago noting where each delinquent lived. To really know what induced kids to become embedded in crime, Shaw decided that he needed to talk to them. Today, we would say he used "mixed methods," supplementing quantitative data with qualitative data. In any case, based on extensive interviews with delinquent youths, Shaw collected a number of life histories, a few of which he published. The most famous was a life history of Stanley, captured in Shaw's (1930/1966) *The Jack-Roller: A Delinquent Boy's Own Story*.

Back then, few delinquents were African American, in part because only 2% of Chicago's population was Black in 1910 (Bulmer, 1984), three years after Stanley was born (Snodgrass, 1982). This meant that nearly all inner-city delinquents were White kids, most from the array of European ethnic groups that immigrated to the United States and chose to settle in Chicago. Like youths in slums today, they were often seen as incorrigible and as part of the dangerous class. Upstanding citizens would wonder "what was wrong with those Germans, Irish, Italians, Scandinavians, and so on." Perhaps they even wondered if the United States "should build a fence along the nation's eastern seaboard to keep these undesirables out." This historical perspective may make us less prone to embracing stereotypes about crime today! Regardless, it is perhaps not surprising that Shaw interviewed a delinquent, Stanley, born into a family of Polish immigrants. In 1907, and including the newly arrived Stanley, Chicago's Polish population reached the 360,000 mark, making the city (after Warsaw and Lódz) "the third largest Polish center in the world" (Bulmer, 1984, p. 50). Many of their descendants would come to root for "Da Bears!"

Like a lot of other delinquents of his day, Stanley came from an impoverished neighborhood located next to the stockyards—"the jungle" as Upton Sinclair (1906/1960) would memorably call it (Snodgrass, 1982). He lived in a dysfunctional family (he bitterly disliked his stepmother), ran free on the streets most of the time, and was educated in crime by older kids, including his brother William. He engaged in many offenses, including jack-rolling, which involved mugging mostly helpless men who typically were either drunk or sleeping (Snodgrass, 1982). Eventually, with the help of Shaw, Stanley would escape a life in crime, though he had a rocky existence as an adult, holding many different jobs and being confined in a mental hospital (Snodgrass, 1982). When Shaw interviewed him, he was in the middle of an active delinquent career; he had amassed 38 arrests (Snodgrass, 1982). As might be expected, he was no stranger to correctional facilities. And this brings us back to the quote at the beginning of this chapter!

As revealed in *The Jack-Roller*, Stanley entered crime early in life and would be imprisoned several times, including in the city's House of Correction (Shaw, 1930/1966; see also Snodgrass, 1982). Stanley could see that imprisonment created

a fundamental challenge. It was a house not of "Correction" but of "Corruption"—as he put it. Stanley thus was being failed in two ways—inside prison where idleness and criminal education prevailed, and outside prison where his release was of little concern to anyone. He was sent on his way with just 7 cents—the equivalent of $1.00 today according to U.S. Inflation Calculator (you can look it up on Google). He was forced to wear "the same old suit" that he had on when entering the facility a year before. It had been "crumpled into a ball for a year, and was now dirty, moldy, wrinkled, and much too small" (Shaw, 1930/1966, p. 167). The angst of "humiliation came back" as he "felt the stares of other people burning through" him (p. 167). He was not in good condition. "Physically," he said, "I was broken and felt weak. Mentally I was confused and uncertain about the proper course" (p. 168). He had no support from his family: "I hadn't heard from any of my relations and didn't care to see them" (p. 168).

Stanley was describing the experience of *reentry*. We might think that things are a lot better for prisoners released nearly a century later. In too many instances, however, the truth is that we do little more. Okay, we usually give returning inmates a set of clean clothes and more than 7 cents (or its inflated $1.00 equivalent today). But our generosity has embarrassing limits; gate money of $20 to $100 is typical. Corrections officials and scholars have long understood these issues, of course, and often urged that they be given more attention. Still, even as tens of thousands and then hundreds of thousands of inmates marched back into society year after year, the issue never quite became a salient policy concern. Instead, the task of ensuring community reintegration was allocated to parole and largely ignored. Alas, all this changed in the early to middle part of the 2000s when *the problem of prisoner reentry* was discovered—and this is the focus of the current chapter.

We do need to finish the rest of Stanley's reentry story, however. In his "desperation," Stanley went to see "Mr. Shaw," as he called him. Clifford Shaw must have been a great person. Shaw had promised to help him upon his release, though Stanley "viewed this plan half-heartedly" (Shaw, 1930/1966, p. 268). Shaw gave him some money and then helped to arrange for a job and a place to live—with "Mrs. Smith" and her family. Stanley was in a "new world," having been "transferred so suddenly from the prison, with the scum of the earth as my companions, into this refined family" (p. 269). He often lost jobs—we would say due to lack self-control and externalization of blame—but Mrs. Smith would remain supportive and counsel him "that there were other ways to settle these things, by using diplomacy and tact" (p. 180)—perhaps a form of cognitive-behavioral therapy! Within four years of his release from the House of Correction, Stanley had his own home and a wife and child. He was able to provide sage advice about how best to foster successful reentry. "Society can force children into correctional institutions," observed Stanley, "but it cannot force them to reform" (p. 182). Something else was needed: "In order to reform a boy you have to change his spirit, not break it, and only sympathetic treatment will do that" (p. 182).

Let us give brief roadmap of what is to come; it comes in five parts. The first section briefly shows that prison release was transformed from an issue of parole

to an issue or reentry. The second sections tells why prisoner reentry is a serious problem and then how it was "discovered" around 2005—give or take a few years. The third section reviews what reentry programs generally look like. The fourth section gives some sad news: Most reentry programs probably have limited effectiveness in reducing recidivism, which is a nice way of saying that they tend not to work. This discussion tries to show why programs often fail and how their effectiveness might be improved. Finally, the fifth section identifies two other issues that prisoner reentry must address: the fact that failure often occurs sooner rather than later following release and collateral consequences remain a major barrier to reintegration that must be removed.

From Parole to Reentry

What should be done with prisoners when they are released and "come back home"? If they have served their full sentence, one option is just to let them out and send them on their merry way. But the Progressive designers of the rehabilitative ideal (remember them?) had another idea: If a parole board judges that an inmate is reformed, then return that person to the community under the supervision of a parole officer (Rothman, 1980). This sounds simple, but it can be done in different ways. Indeed, Jonathan Simon (1993) wrote a great book—*Poor Discipline: Parole and the Social Control of the Underclass, 1890–1990*—in which he documented how parole changed across the 20th century. He shows that the parole enterprise over time has been guided by distinct organizing models. Although these models were never fully all-encompassing and when superseded never fully vanished, certain ways of thinking about parole were preeminent during given periods.

Thus, before World War II and especially thereafter, "disciplinary" or "industrial" parole was normative. Building on the cultural belief that the discipline of routine work instills moral fiber, states required parolees to have a job to secure release and to keep a job to avoid reincarceration. Fluctuations in the economy and high unemployment among minority offenders increasingly made the work requirement less tenable. According to Simon (1993), beginning in the 1950s, a "clinical" model rose in prominence in which parole agents were tasked with normalizing offenders by building close relationships and delivering treatment services. In the 1960s, the treatment approach encouraged the implementation of halfway houses and of efforts at "community reintegration" (Latessa & Smith, 2011). Concern for parolees' welfare increased but would soon be severely curtailed.

By the mid-1970s—and as discussed in Chapter 2—a coalition of liberals and conservatives attacked the rehabilitative ideal (Cullen, 2013; Cullen & Gilbert, 1982). They took special aim at the indeterminate sentence and parole release—and, by default, showed little confidence in the value of the delivery of treatment during parole supervision. For liberals, parole boards lacked the expertise and

political insulary to make legitimate decisions on who should, or should not, be released from prison. Their discretion was seen as unfettered, inequitable, and an invitation for racial and class bias. For conservatives, parole boards were a source of unwarranted leniency, allowing dangerous offenders serving long sentences to "con" board members into returning them to the community prematurely. This revolving door of justice was held to rob the legal system of its deterrent powers by teaching that crime pays and of its capacity to incapacitate by allowing predators to roam free on neighborhood streets (Cullen & Gilbert, 1982; Tonry, 1999).

In response to this attack on the discretionary powers inherent in individualized treatment, more than 20 states moved to some form of determinate sentencing and abolished parole release, although Colorado, Connecticut, and Mississippi later restored the practice (Rhine, 2011; see also Caplan & Kinnevy, 2010; Petersilia, 1999). Even in states that retained parole, certain types of crimes (e.g., violent, multiple felonies) often rendered offenders ineligible for release, leading Rhine (2011, p. 612) to conclude that "regardless of sentencing structures . . . parole boards have experienced a pronounced contraction in their releasing authority." Eventually, all states constrained sentencing discretion in some way, such as by passing laws stipulating mandatory minimum sentences, truth in sentencing, and/or life or lengthy sentences for those convicted of "three strikes" (Tonry, 1996, 2013; Johnson, 2011). The result was what Tonry (2013, p. 141) has called a "crazy quilt" of sentencing policies that mix, across and often within states, elements of determinacy and indeterminacy (see also Reitz, 2011). Notably, one outcome of these changes is that as of 2012, one in five inmates now "maxes" out (serves a full sentence) and is then subjected to no post-release supervision (Pew Charitable Trusts, 2014a). In states lacking parole, it is typical for offenders to be given some period of post-release supervision (e.g., one to three years).

Taken together, these various changes helped to usher in a new model of parole supervision—what Simon (1993) terms "managerial parole" (see also Rhine, 2011). As the label implies, this model emphasized the close surveillance of offenders to curtail their potential misconduct. This could involve risk assessment to know who to intensively supervise, drug testing, electronic monitoring, and revocation for the non-compliant. Simon (1993) uses the metaphor of "waste management" to describe the purpose of this parole model. He argues that this is not simply a "polemical label" (p. 259). Rather, the term's use is simply an "acknowledgement that many of the young men who encounter the criminal justice system will likely become lifetime clients" (p. 259). As in any waste management system, "it follows that methods must be deployed to allow this population"—this waste—"to be maintained securely at the lowest possible cost" (p. 259). Importantly, this parole model legitimated the denial of attempts to invest in or enrich the lives of offenders; in short, it attenuated the rationale for the delivery of treatment services. The use of such "expensive techniques," notes Simon (p. 259), is "not warranted if the basic assumption is that there is no realistic potential to alter the offenders' status as toxic waste."

Then, rather unexpectedly, things changed! First, the attack on parole lost steam. Since 2000, observes Rhine (2011, p. 632), "no parole board was abolished or lost

a significant amount of authority relative to its discretionary release decision making. In fact, one state (Mississippi) recently restored the parole granting function." Second, and more significant, the term *reentry* entered the correctional and public-policy lexicon. Policy makers, academics, and any sentient creature that looked at American corrections started to use the term reentry and to remind anyone with earshot that "they all come back" (Petersilia, 2003; Travis, 2005). Duh! Regardless of sentencing structure, it suddenly seemed indefensible to ignore the stubborn reality that 95% of the prison population—more than 600,000 inmates annually—were reentering society, many of whom would recidivate and be reincarcerated. The so-called waste management system was failing. It became "obvious" that mere surveillance was not sufficient to allow offenders to negotiate the barriers and burdens of reentry. Programs would have to be developed that helped offenders to make the difficult transition between prison and citizenship. In fact, Rhine and Thompson (2011) document the rise over the past decade of "the reentry movement in corrections" (see also Garland & Wodahl, 2014; Petersilia, 2009).

A key feature of the reentry movement is its focus on developing *programs* to facilitate the successful return of prisoners to the community. This emphasis on programs for offenders is important because it ties reentry to the rehabilitative ideal. Implicit in the very idea of programming—whether conducted inside or outside the prison—is that offenders face personal and situational risk factors that, if left unaddressed, will likely lead them back into crime. Reentering prisoners are thus seen as being at risk for recidivating—but not destined to this fate. The challenge is thus to develop programs that work—that is, interventions that are effective and can earn the status of being evidence based.

Conceptually, the term reentry can also be employed to describe the *process* of an inmate's movement from custody into society. In a sense, this usage is overly amorphous because it potentially includes virtually any experience that offenders have had during and following their incarceration. Other than describing the obvious—the fact that prisoners become non-prisoners—it is not clear what the term, as employed in this way, substantively adds. Perhaps its one advantage, however, is that it reminds us that reentry covers not only inmates who are paroled but also those released without supervision.

We use the term reentry in a way related to the purpose of our book: as the name of a *theory of corrections*. This theory has a *normative* and *prescriptive* side. The normative side defines what reentry *should* accomplish. Reentry is thus envisioned as a social welfare enterprise in which efforts should be made to help offenders make the transition from prison to society without any further criminal involvement. The prescriptive side involves how to accomplish this noble purpose of saving prisoners from a life in crime. As noted previously (see Chapter 1), the prevention of recidivism is held to have two components. The first is the *correctional component*, which is the delivery of rehabilitative services to offenders; the second is the *reintegration component*, which involves helping offenders to acquire employment, housing, and medical assistance and working to remove barriers (collateral consequences) that inhibit their participation as full citizens and functioning adults.

The Reentry Problem

When Cullen was in graduate school a long time ago, it became popular to distinguish between objective reality and how people thought about it. In a famous book, Berger and Luckmann (1966) called this "the social construction of reality." In essence, something could be a problem for a long time but not be viewed as a problem—until suddenly it was. Then, it is usually given a name that seems to capture its essence, and a lot of people pay attention to it. "Date rape" and "bullying" are two examples of serious problems that were neglected but then named and publicized. Well, you probably know the punch line here: Prisoner reentry has experienced this fate. Inmates had a lot of difficulty returning to society for many years, but this fact was mostly ignored. Then, it was socially constructed as the "reentry problem," and most everyone in corrections paid attention to it. So, this section is about why reentry truly is a problem and then why, not too long ago, it was "discovered" and socially constructed as a major policy concern.

NATURE OF THE PROBLEM

Social problems thus have two features: first, whether the issue is by objective standards a problem; and, second, whether an objective problem is recognized or "socially constructed" as a "problem" (Spector & Kitsuse, 1977). This section initially discusses why prisoner reentry is objectively a public-policy concern due to four considerations. Please bear with us: We present a lot of statistics to make this case. But unless we can substantiate that there truly is a reentry problem, Cullen and Jonson have wasted their time writing this chapter! Then, the section argues that a confluence of events in the first part of the current century worked to define reentry as a social problem (not many statistics—this is more of a story). This social construction of reality has been instrumental in elevating reentry from a neglected to a central correctional issue (for good overviews, see Gunnison & Helfgott, 2013; Mears & Cochran, 2015).

First, the problem of reentry is inextricably tied to the problem of mass imprisonment. The numbers are now stated with numbing regularity—including in this book!—almost to the point of banality: On any given day in the United States, more than 1.5 million offenders are incarcerated in state and federal prisons, with the count exceeding 2.2 million when jail inmates are included (Glaze & Herberman, 2013). As state and prison populations rose intractably—from around 200,000 in the early 1970s to over 1.6 million in 2008—the "iron law" of incarceration that the "they all come back" remained in effect (Travis, 2005). Growing prison inputs produced growing prison outputs.

Just look at Table 8.1. By 1978, the number of offenders released each year from state and federal prisons stood at 142,033 inmates. A little more than a decade later in 1990, however, the impact of mass incarceration could be seen: The number of prison releases had more than doubled to over 400,000. By the turn of the century, the count had jumped another 230,000 releases annually. Five years later

Table 8.1 Number of Prisoners Released From State and Federal Prisons, 1978–2013

Year	Inmates Released	Year	Inmates Released
1978	142,033	1996	488,748
1979	154,277	1997	514,322
1980	157,604	1998	546,616
1981	162.294	1999	574,624
1982	174,808	2000	635,094
1983	212,302	2001	628,626
1984	208,608	2002	633,947
1985	219,310	2003	656,574
1986	247,619	2004	672,202
1987	288,781	2005	701,632
1988	318,889	2006	709,874
1989	367,388	2007	721,161
1990	404,000	2008	734,144
1991	420,000	2009	729,749
1992	428,300	2010	708,877
1993	434,082	2011	691,072
1994	434,766	2012	637,411
1995	474,296	2013	623,337

SOURCE: Carson and Golinelli (2013, p. 4). Data for 2013 from Carson (2014, p. 10).

in 2005, such releases broke the 700,000 inmate barrier. This number slipped under the 700,000 mark in 2011 and then more steeply the year thereafter (Carson & Golinelli, 2013). Still, as of 2013, prison releases in the United States still stood at 623,337 (Carson, 2014).

As an aside, these figures do not include the number of offenders cycled through local jails each year. After reaching a high of 13.6 million offenders admitted to a jail during 2008, the yearly population of admissions has stabilized since 2011 at about 11.8 million. This number is roughly 15 times larger than the average daily jail population of about 740,000 individuals (Minton & Golinelli, 2014; Minton & Zeng, 2015; see also Applegate, 2011). Even considering the jailed inmates awaiting trial who later will be sent to state prisons, it is likely that jails release upwards of 10 million offenders annually. Further, 38% of the jail population was serving sentences due to a conviction, meaning that when released these offenders might well experience many of the same reentry challenges as those returning from prison (Minton & Golinelli, 2014; Minton & Zeng, 2015).

Second, prisons do not seem to reduce the criminality of inmates, making offenders' return to the community problematic. As we saw in Chapter 4 on deterrence, mounting evidence now exists that the effects of imprisonment on reoffending is likely null or criminogenic (see Cullen, Jonson, & Nagin, 2011). In fact, recidivism rates remain at high levels. In their classic study of the recidivism of released prisoners, Langan

and Levin (2002) traced the recidivism of 272,111 discharged inmates in 15 states. These offenders comprised two thirds of the nation's reentering offenders in that year. They reported that within three years, 67.5% of the sample had been rearrested for a new offense, 46% had been reconvicted, and 25.4% had been resentenced to prison. Including technical violations, over half (51.8%) had been returned to prison. During this period, these released inmates had been charged with 744,480 new offenses, including more than 100,000 violent crimes and 2,871 homicides. Notably, failure following reentry into society was pronounced in the first six months to a year. The cumulative percentage of rearrest thus was 29.9% for six months and 44.1% for one year; the percentage then climbed more slowly to 59.2% for two years and 67.5% for three years.

More recent research by Durose, Cooper, and Snyder (2014) presents similar data on the risk of reoffending faced by reentering inmates. Durose et al. (2014) examined the experiences of 404,638 prisoners released in 30 states from 2005 to 2010. The percentage of former inmates arrested for a new crime in three years—67.8%—was virtually identical to the 67.5% figure reported in the Langan and Levin (2002) study. The five-year statistic for arrests was more than three fourths of the sample (76.6%). For those ages 24 or younger, this figure reached 84.1%. Again, failure was highest in the time shortly following release, with about one third (36.8%) of released inmates arrested within six months and more than half (56.7%) arrested by the end of the first year. Data available on 23 states revealed that about half (49.7%) of the offenders were returned to prison in three years and 55.1% in five years.

So, what do these two studies tell us? Well, the following:

- Inmate reentry into society is marked by widespread failure.
- High proportions of released offenders have contact with the law, often soon after reentry, and about half are reincarcerated.
- For those concerned with both public safety and inmate welfare, the current system of reentry is difficult to justify. A problem exists that warrants a solution.

Third, reentry is hampered by the lack of treatment services available to prisoners prior to release—and then after release. A particularly stark example is California. As noted in Chapter 3, the state's correctional system turned decidedly away from rehabilitation with the passage of determinate sentencing in 1976 (Cullen & Gilbert, 2013; see also Kruttschnitt & Gartner, 2005; Page, 2011). Petersilia (2008, p. 236) reports that based on 1997 data, only 2.5% of the state's inmates in "high need of drug treatment received professionally run treatment." Further, for California offenders released in 2006, almost half sat idle during their entire prison sentence, participating in no work or treatment program. The negative consequence of this lack of services is palpable. "They return to communities unprepared for reentry," observes Petersilia (2008, p. 211), "and two-thirds are returned to prison within 3 years, nearly twice the national rate."

National statistics reveal a similarly bleak picture. Based on 1997 data, Lynch and Sabol (2000) found that the proportion of "soon-to-be released" inmates who had participated in treatment was only 27% for vocational programs, 35% for educational programs, and 13% for prerelease programs. More recently, Taxman, Pattavina, and Caudy (2014) have shown that although the prevalence of treatment services in prisons is high, the proportion of inmates participating in such programs is low (see also Taxman, Perdoni, & Caudy, 2013; Taxman et al., 2007). Drawing on the National Criminal Justice Treatment Practices survey, Taxman and her colleagues (2014, p. 56, Table 2) report that 74% of prisons have outpatient substance abuse programs available. On closer inspection, however, only 13.3% of inmates participate in the program during their incarceration, and 4.7% of offenders with a specific need for such treatment can gain access to these appropriate services. The pattern of high prevalence (many prisons have an array of programs) but low inmate usage appears to occur for a variety of treatment services. For example, most prisons offer educational/GED and vocational training/job readiness programs. But on any given day, only 7% to 8% of the adult inmate population is involved in such educational and employment treatments. The implications of these findings are clear to Taxman et al. (2014):

> In other words, a routine regime of treatment and programming is more likely to produce positive outcomes than programming that is rare or offered to few individuals within a prison or correctional setting. Essentially, what happens inside prison will affect what happens in the community; the result being that mass incarceration will have a long-term impact on offenders, their families, and communities. (p. 51)

The difficulty of inmate reentry is further exacerbated by offenders' limited access to appropriate rehabilitation services while under parole supervision. For example, among all those in community corrections (probation and parole), Taxman et al. (2013, p. 82) report that 7 in 10 have "some type of substance abuse disorder." On any given day, however, only 5% receive appropriate clinical treatment services. Most of these offenders complete only "low intensity" treatment, such as "infrequent counseling and some type of pharmacological medications" (2013, pp. 78, 82). Similarly, data provided by agencies in 17 states found that only 9% of parolees "were enrolled in a mental health treatment program operated by a formally trained mental health professional" (Bonczar, 2008, p. 6). By contrast, it is estimated that 16% of those under correctional supervision in the United States have a serious mental disorder, such as major depression, bipolar disorder, or schizophrenia (Manchak & Cullen, 2014).

Fourth, a final component of the reentry problem consists of the array of barriers that prisoners face upon release that parole authorities and state policy makers more generally are ill-prepared to address. Many offenders likely share the sentiment of Stanley, *The Jack-Roller*, who (as we have noted) upon reentering society stated that, "They just kick you out of the place, and to hell with you" (Shaw, 1930/1966, p. 167). Beyond funds accumulated in personal accounts, most states release prisoners with little concern for their material welfare. Inmates are typically given $20

to $100 in gate money, a bus ticket to an in-state location, a single set of clothes worn on their backs, and prescription medicine that will expire in one week to 60 days (*Corrections Compendium,* 2011; Rukus & Lane, 2014).

Prisoners must depend on family members or, in some instances, other relatives or friends to house them with no compensation from the government. An unknown number of these inmates—one study in New York State placed the two-year percentage at 11.4%—will become homeless (Travis, 2005). Those with a criminal record can be barred under federal law from public housing (Alexander, 2010; Travis, 2005). Private rental housing, which is often in short supply in the impoverished communities to which prisoners return, also may request and check criminal record information on rental applications. A 2006 survey found that 60% of the state parole supervising agencies had no housing assistance programs (Bonczar, 2008).

With limited vocational training, literacy capacity, and educational degrees, securing living-wage employment can be challenging, especially in a recession-period labor market with a declining use for unskilled workers (Bushway, Stoll, & Weiman, 2007). Many offenders lack a stable work history prior to incarceration to fall back upon, with one third unemployed at the time of their most recent arrest (Petersilia, 2011). Other barriers exist as well. A major collateral consequence of a criminal conviction is being barred from work in the "fields of child care, education, security, nursing, and home health care—exactly the types of jobs that are expanding" (Petersilia, 2011, p. 940). Occupations requiring licensure either automatically exclude or limit those with criminal records. As Alexander (2010, p. 146) notes, this can even include self-employment as a "barber, manicurist, gardener, or counselor," even if the offenders' crimes "have nothing at all to do with their ability to perform well in their chosen profession."

Beyond legally mandated exclusion, employers are reluctant to hire released inmates. In 2001, Holzer, Raphael, and Stoll (2007, p. 120) polled 619 establishments in Los Angeles about their willingness to "accept an applicant with a criminal record for the last noncollege job filled." They discovered that more than 40% answered "probably not" (24.1%) or "definitely not" (18.5%); another 36.4% stated that it "depends on the crime" (2007, p. 124). A 2011 survey of 69 of the largest employers in the Pensacola, Florida, SMSA produced comparable results, with 40.6% of the respondents stating that their company does not "hire people who are formerly convicted felons" (Swanson, Schnippert, & Tryling, 2014, p. 213).

Experimental studies have probed this issue by submitting employment applications from matched pairs identical except for the admission of a criminal record and seeing whether the fictitious job-seekers receive a call back for an interview. In a study of newspaper-advertised openings for entry-level jobs located within a 25-mile radius of Milwaukee, Pager (2007) discovered that Whites with a criminal record were half as likely to receive a call back as those with no criminal record (17% vs. 34%). For Blacks, the call-back ratio was about one in three (5% vs. 14%). Pager (2007, p. 146) notes that the low probability of African Americans with a criminal record receiving a call back suggests a case of "a 'two strikes and you're out' mentality among employers, who appear to view the combination of blackness

and criminal record as an indicator of serious trouble" (see also Pager, Western, & Bonikowski, 2009). Similar findings have been reported from a 2011–2012 study in Phoenix, Arizona, that included the submission of both online and in-person job applications (Decker, Spohn, Ortiz, & Hedberg, 2014; see also Pager et al., 2009).

DISCOVERY OF THE PROBLEM

If you wanted returning inmates to commit a lot of crimes, what would you do? Well, you would not give them much rehabilitation inside or outside the prison. You would not give them much money to get started, a job, or a place to live. You would then erect barriers that make it hard for them to land jobs or be regular citizens. If they had mental health problems, you would hope that they could find some help when their medication ran out. Hmm. Sounds nuts. But this is what reentry has been like in the United States since Stanley was complaining about getting only 7 cents almost a century ago!

An objective disquieting condition does not become a social problem, however, unless it is "discovered"—the point we made above. Spector and Kitsuse (1977) illuminated that social problems are "constructed" through a definitional process. This process of persuading others that a problem exists involves "claims-making" activities in which the negative consequences of an issue are highlighted and ameliorative steps requested. But the other part of this process involves attaching a specific label to the condition that is pregnant with meaning and policy implications. For example, calling erratic emotional conduct "mental illness" implies that troubled people should be seen as patients suffering from a disease that merits clinical treatment by professional experts either in an office visit or a psychiatric hospital (Szasz, 1970).

In this context, the challenges posed by offenders returning to society following their incarceration had existed since the invention of prisons. Until the beginning years of the current century, however, this condition had not been defined or "framed" in a way that made it a "social problem" salient to policy makers and thus central to the correctional enterprise. The issue of released inmates was subsumed under the umbrella of parole, which was criticized by liberals as being inequitable and by conservatives as being overly lenient. At times, the issue was seen as a matter of offender reintegration, which was part of the rehabilitative model embraced by the Left but not the Right. Perhaps because they were enmeshed in ideological debates, "parole" and "reintegration" failed to emerge as labels capable of inspiring concrete actions to address the problem of prisoners released into society. Even when the number of released inmates surpassed the 600,000 mark in 2000, discussions of reentry were just beginning and no movement was yet on the horizon to address this objective problem.

Soon thereafter, however, the term reentry galvanized attention to this annual mass release of prisoners. With stunning alacrity, *reentry* entered the correctional lexicon as the now-accepted way of defining the inmate release process. This concept had two distinct advantages. First, it had no apparent ideological preference.

Unlike parole, reentry was not attached to any existing correctional practice or organization that had been the object of political dispute. Unlike reintegration, it did not mandate any particular practices. It was not a construct of the Left or the Right, but a mere description of an empirical fact. Second, use of the term reentry thus had a sobering quality to it. Reentry was an "iron law"—they all come home (Travis, 2005). To ignore this stubborn reality was manifestly irrational and, from a correctional policy standpoint, irresponsible. In short, framing the issue as a problem of reentry made it easier for claims-makers to argue that action should be taken to address the yearly exodus of offenders from the nation's prisons.

Despite its useful qualities, there is nothing inherent in the word reentry that, in and of itself, would have inspired a policy movement. Might not "return" have sufficed just as well? Rather, it was the use of this reentry in two influential books that gave the term currency and encouraged its embrace in academic, policy-making, and practitioner circles. These books had similar titles and both linked the inescapable fact of prisoners "coming home or back" to the term "reentry." Thus, in 2003, Joan Petersilia published *When Prisoners Come Home: Parole and Prisoner Reentry*. Two years later, Jeremy Travis authored *But They All Come Back: Facing the Challenges of Prisoner Reentry*.

Importantly, there was nothing inevitable in Petersilia's and Travis's use of the term reentry. Historical contingency, not unavoidable discovery, led each of these scholars independently to adopt the concept at virtually the same time (see also Cullen, 2005). According to Petersilia (2009), she was originally scheduled to write a chapter titled "Parole in the United States," which was to be included in a volume in *Prisons* of the *Crime and Justice* series she was co-editing with Michael Tonry (Tonry & Petersilia, 1999). Here is where a turning point in correctional history occurred:

> [Tonry] changed the title to read, "Parole and *Prisoner Reentry* in the United States," observing that my chapter not only described the parole system but also the individual-level experiences of prisoners returning home—what we now think of as prisoner reentry. Writing that chapter was the starting point for what became my professional absorption and ultimately resulted in this book, *When Prisoners Come Home: Parole and Prisoner Reentry* (2003). (Petersilia, 2009, p. 249, emphasis in the original)

Once sensitized to the issue and concept of reentry, Petersilia sought to use this book "to gain attention for what I believed was one of the most significant *social problems* of our time: the challenges posed by the more than 600,000 adults who leave prison and return home each year" (2009, pp. 249–250, emphasis added). Her goal as a prominent claims-maker was "to deliver a national prisoner reentry 'wake-up call,' spurring progressive prison reform" (p. 250).

Jeremy Travis's interest in prison reentry was perhaps more serendipitous. While serving as the Director of the National Institute of Justice in 1999, he was asked by then-U.S. Attorney General Janet Reno, "What are we doing about all the people coming out of prison?" (Travis, 2005, p. xi). The answer was that virtually nothing was being done, which prompted Travis, with the assistance of Laurie Robinson, to delve into the issue in more detail. Because many inmates were being released

unsupervised, they decided that they could not focus only on parole. At this point, Travis (2005) made a crucial contribution:

> I suggested we use the word "reentry" to capture the experience of being released from custody, and the word quickly became a convenient shorthand for our inquiry. An examination of "prisoner reentry," we hoped, would allow us to set aside debates over sentencing policy and avoid the pitfalls of defending or critiquing parole. We hoped that the topic of "prisoner reentry" would be broad enough to allow conservatives and liberals, pro- and antiprison advocates to come together with pragmatic answers to Janet Reno's question. (p. xii)

It would be inaccurate to suggest that the mere celebrated use of the word reentry was in and of itself transformative. Importantly, in his position as NIJ director, Travis (2005, p. xii) took steps to translate the concept into reality. He was able to sponsor funding for eight communities to develop "reentry courts" and for "the first Reentry Partnerships in another five sites, bringing together police, corrections agencies, and community leaders to improve reentry planning." When he moved in 2000 to the Urban Institute as a senior fellow, he established a diverse study group (the "Reentry Roundtable") and published an NIJ Research in Brief that he called *But They All Come Back: Rethinking Prisoner Reentry* (2000). He then was invited by the Urban Institute to write his book carrying the similar title, *But They All Come Home: Facing the Challenges of Prisoner Reentry*. Perhaps the most prominent corrections scholar, Petersilia's focus on reentry drew attention. And together, Travis's and Petersilia's books provided a thorough account of the objective nature of the problem and made a persuasive claim for a series of policy reforms.

Still, what might have occurred if they had not employed the term reentry? Assessing this counterfactual situation is speculative, but consider, for example, if Petersilia had subtitled her book *The Problem of Parole* and had not used reentry as the organizing concept of her analysis. In all likelihood, *When Prisoners Come Home* would be been seen as a valuable critique of parole but not much more. And if Travis's book had not used the term reentry—or if he had never been asked by Janet Reno to think about the issue and written it—then his role in defining mass prisoner release as a problem of "reentry" would not have taken place.

In short, much as the construct of mental illness was "invented," so too was prisoner "reentry." Both Petersilia and Travis defined prisoner release as reentry and then, as claims-makers argued, that this was a social problem in need of attention. It helped, of course, that their claims were not false but true. Indeed, there was a constituency ready to join a reentry movement. When asked, virtually every correctional leader and academic analyst knew that the current system of prisoner release was designed to fail and in need of reform.

WHAT'S GOING ON TODAY

Here is the key reason why Cullen and Jonson added a brand new chapter on prisoner reentry for the second edition of our book: Reentry shows few signs of

being a correctional fad that is losing its luster and will soon vanish. "Interest in prisoner re-entry over the last decade," notes Petersilia (2011, p. 945), "has fueled the development of hundreds of programs across the United States." Although this movement was boosted by a number of developments (see Rhine & Thompson, 2011), two events were especially important in lending legitimacy to the idea of prisoner reentry.

First, in 2003, the federal government allocated more than $110 million to fund the Serious and Violent Offender Reentry Initiative (SVORI). Located in all 50 states, 69 agencies received between $500,000 and $2 million over a three-year period. In all, 89 programs were implemented that focused not only on reducing recidivism but also on improving "employment, health (including substance use and mental health), and housing outcomes" (Lattimore & Visher, 2009, p. ES-1; see also Petersilia, 2011). We will get to this important project later.

Second, on January 20, 2004, George Bush delivered his State of the Union Address. His remarks proceeded predictably. Citing 9/11, he noted that "our greatest responsibility is the active defense of the American people," a goal enhanced by actions ranging from the Patriot Act to the pursuit of freedom in Iraq and the Middle East (Bush, 2004, p. 1). On the domestic front, he touted tax relief, the No Child Left Behind Act, policies advancing free and fair trade, the defense of traditional marriage against "activist judges," and his support for immigration reform. Toward the end of his address, however, President Bush turned his attention to the nation's imprisoned population. And then he did something pretty amazing for a conservative politician—something decent that perhaps showed where his heart really stood: He asked Americans to give a "second chance" to prisoners reentering society:

> In the past, we've worked together to bring mentors to the children of prisoners and provide treatment for the addicted and help for the homeless. Tonight I ask you to consider another group of Americans in need of help.
>
> This year, some 600,000 inmates will be released from prison back into society. We know from long experience that if they can't find work or a home or help, they are much more likely to commit crime and return to prison.
>
> So tonight, I propose a four-year, $300 million Prisoner Re-Entry Initiative to expand job training and placement services, to provide transitional housing and to help newly released prisoners get mentoring, including from faith-based groups. (Applause)
>
> America is the land of second chance, and when the gates of the prison open, the path ahead should lead to a better life. (Applause) (Bush, 2004, pp. 9–10)

President Bush's support eventually led to the passage of the Second Chance Act (signed into law on April 8, 2008) and to millions of dollars in annual funding for reentry services. Perhaps more important, his remarks were a clear departure from the punitive rhetoric that had long fused crime-related commentary among conservative political elites (Hagan, 2010; Simon, 2007). At least to a degree, they signaled that prisoner reentry was a policy issue open to bipartisan support. And that, indeed, has proven to be the case.

So, when it comes to reentry, the genie is clearly out of the bottle—and isn't going to be put back in! Now that prisoner release has been socially constructed as a problem and given an identifiable name—*reentry*—it is difficult to imagine how ignoring the annual return of hundreds of thousands of offenders to society could be justified. As Petersilia (2009, p. 255) notes, reentry may have "staying power" because it "makes good sense, plain and simple." Put another way, reentry has become part of the culture of American corrections, with the term "reentry" now an accepted part of the field's lexicon. Reflecting this fact, beyond the early works of Petersilia (2003) and Travis (2005), books with reentry in the title are appearing with some regularity (see, e.g., Crow & Smykla, 2014; Gideon & Sung, 2011; Gunnison & Helfgott, 2013; Mears & Cochran, 2015). A number of websites also have been created to promote offender reentry, including the National Reentry Resource Center's *What Works in Reentry Clearinghouse* and Reentry Central News Headlines (for a full list, see Mears & Cochran, 2015, p. 234).

Notably, reentry is being institutionalized as a standard practice across state correctional and/or parole agencies. It is difficult to find a state correctional agency that has not institutionalized some form of reentry into its organization. A survey of 42 correctional systems in the United States (eight did not respond) found that all but three states offered inmates planned release programs. In 14 states, these were mandatory (*Corrections Compendium*, 2011). Numerous reentry programs also now exist in states, counties, and communities across the nation. Further, as Rhine and Thompson (2011, p. 203) observe, a "sizable cluster" of states have actively participated in reentry initiatives (e.g., Transition to Community Initiative, Prisoner Reentry Policy Academy). In fact, "state departments of corrections are found exercising leadership across these initiatives, deploying high level executive staff to stimulate and engage in such efforts" (2011, p. 204). Further, the policy of reentry is consistent with this bipartisan interest in restraining prison growth—of returning more offenders to the community while not jeopardizing public safety. For example, the deep Red State of Mississippi enacted reform legislation in 2014 intended to stave off prison growth and to save $266 million. Part of this package was the implementation of "comprehensive reentry planning for all offenders returning to the community" (Pew Charitable Trusts, 2014b, p. 9).

Finally, the public strongly favors prisoner reentry programs. This sentiment is part of something we have already mentioned: Americans' broader, long-standing support of rehabilitation (Cullen et al., 2000; Jonson, Cullen, & Lux, 2013). For example, in a 2001 national survey, Cullen, Pealer, Fisher, Appelgate, and Santana (2002, p. 137) found that 92% of the respondents agreed that "it is a good idea to provide treatment for offenders who are in prison." Similarly, 88% agreed with the same item that asked about providing "treatment for offenders who are supervised by the court and live in the community." A bunch of polls show similar endorsements of providing reentry services, including both state and national surveys (see, e.g., Krisberg, 2006). We will give just three examples of public support for reentry whose findings are representative of other studies:

- The 2007–2008 New York City and Tri-State Region (New York, New Jersey, and Connecticut) survey found that 84.8% of the respondents were "concerned" about "the fact that about 700,000 prisoners will be released from prison to their home communities." Further, 83.1% expressed support for the Second Chance Act (Gideon & Loveland, 2011).

- A 2010 poll of Oregon residents found that a high percentage—about 9 in 10—were in favor of providing reentry support to offenders, such as help finding housing (88.9%), education (91.3%), job training (92,8%), drug treatment (91.7%), and mental health services (94.2%) (Sundt, Cullen, Thielo, & Jonson, 2015).

- A 2012 national poll revealed that 87% of the sample agreed with the following: "Ninety-five percent of people in prison will be released. If we are serious about public safety, we must increase access to treatment and job training programs so they can become productive citizens once they are back in the community" (Public Opinion Strategies and The Mellman Group, 2012, p. 4).

The point of all this: Elected officials will not lose their jobs if they endorse and implement policies facilitating prisoner reentry! The public's support for any policy is not unconditional, and its embrace of reentry might be tempered if tight budgets are used to give services to returning offenders that are denied to "upstanding citizens" (see Garland, Wodahl, & Schuhmann, 2013). That said, citizens understand the irrationality of throwing inmates back into society with no regard for what happens thereafter. For most Americans, a planned reentry that addresses the obvious criminogenic and reintegration needs of offenders seems a better path to follow. Cullen and Jonson agree. But the challenge is undertaking a "planned reentry" that is effective. We review the kinds of programs that have been implemented. Alas, most have fallen short of what they have hoped to achieve.

Reentry Programs

A lot of programs have been developed to assist returning offenders make the transition from a life behind bars to a life on the street. These programs focus on the variety of risk factors that incarcerated individuals face, including substance abuse, deficits in behavioral/cognitive behavioral skills, and issues surrounding housing, employment, mental health, family, health, and mentoring. Some of these initiatives are limited to a single reentry issue (e.g., drug abuse, employment), whereas others are multi-modal and address several factors believed to underlie recidivism. Reentry programs also differ in their setting, with some undertaken while offenders are institutionalized and others following their release into the community. Finally, some programs are more correctional in orientation, seeking to deal with recidivism, whereas others are more reintegrative, seeking to deal with the basic adjustment of inmates to the shock of release (e.g., finding a place to live).

In this context, this section tries to capture the nature of reentry programs. Our interest is in formal interventions, but we need to note that many programs exist that are staffed by volunteers and run by non-profit organizations, faith-based groups, ex-offenders, and so on (Frazier, 2011; Petersilia, 2011). Because most treatment interventions, especially those in prison, can be said to be preparing offenders for a return to society, we do not review standard treatment programs in such areas as employment, education, substance abuse, and mental health (for such a review, see Cullen & Jonson, 2011b). Instead, we highlight programs that have a distinctive focus on reentry.

INSTITUTIONAL PROGRAMS

We begin by describing two examples of broad-based programs. We then discuss reentry programs created to address specific offender needs: substance abuse, mental health, and the maintenance of family bonds during incarceration.

One of the most creative institutional reentry programs can be found in Missouri's Parallel Universe program (Schriro, 2000; Schriro & Clements, 2001). This program attempted to make the prison environment approximate life outside of prison; hence, the prison environment should "parallel" the community where offenders would eventually find themselves living. Four main components provided the basis of the Parallel Universe program. First, offenders engaged in behaviors during the day that were similar to what those in free society do on a regular basis. Thus, during the day, offenders had a job, attended school, and/or undertook treatment. During evening hours and weekends, individuals participated in community service, religious programming, or recreation (Schriro & Clements, 2001). Second, offenders worked toward sobriety and were provided with relapse prevention education to reduce their likelihood of using drugs upon release. Third, inmates made and were held accountable for their decisions. Prisoners were encouraged to participate in the prison's governance by serving on councils and committees. Fourth, offenders were recognized for positive conduct. For example, when individuals achieved higher education levels while incarcerated, they were eligible to be assigned higher paying jobs. Furthermore, positive reinforcements, such as better housing and additional visits, were given when the inmates made progress in their treatment (Schriro & Clements, 2001). This program sought not only to teach inmates the skills needed to be productive and law-abiding citizens, but also to give them the opportunity to practice and refine these skills before being returned to society.

Another well-known institutional reentry program was created by the Vera Institute and implemented in New York State (Wilson, 2007; Wilson, Bouffard, & MacKenzie, 2005; Wilson & Davis, 2006). Project Greenlight was a multimodal, 60-day program. During the two months of intervention, a variety of risk factors were targeted, including substance abuse, short- and long-term housing upon release, employment, family counseling, practical life skills (e.g., managing bank accounts, how to use public transportation), and cognitive-skills training while

providing a reentry plan for the offender to follow once released. This program, based upon the "What Works" literature, sought to provide a comprehensive transition of care from the institution to the street to increase the offenders' chance at success in the reentry process. The program proved ineffective—an issue we return to later. Still, this program is similar to many of the comprehensive programs provided in correctional institutions seeking to prepare incarcerated individuals for their journey back home (Wilson, 2007).

Beyond more general initiatives, specialized interventions have been developed that focus on offender needs seen as major barriers to successful reentry. Thus, with upwards of 75% of offenders having a history of substance abuse or addiction, it has become commonplace for reentry programs to concentrate on the delivery of substance abuse treatment (Council of State Governments [CSG] Justice Center, 2012). A majority of inmates possess drug and/or alcohol problems, and they often report that their addiction was a major contributing factor to their criminal behavior as well as other life problems (e.g., loss of relationships, loss of jobs) (Visher & Kachnowski, 2005; Visher, Kachnowski, La Vigne, & Travis, 2004). However, only 61% of prisons offer substance abuse treatment (Mears, Moore, Travis, & Winterfield, 2003; Petersilia, 2003; Travis, 2005), with most of the programs taking the form of self-help programs such as Alcoholics and/or Narcotics Anonymous or educational programs (Mears et al., 2003). By contrast, therapeutic communities, known by their acronym of "TCs," offer a unique reentry intervention. These programs emphasize the provision of treatment in phases, beginning during incarceration and then continuing as offenders move into the community (Inciardi, Martin, Butzin, Hooper, & Harrison, 1997; Mears et al., 2003; Robbins, Martin, & Surrat, 2009).

The Delaware KEY/Crest Substance Abuse Program is one of the most well-known TCs (Inciardi, Martin, & Butzin, 2004; Martin, Butzin, Saum, & Inciardi, 1999). The first phase of this program, KEY, begins 12–18 months prior to release when individuals in the program are removed from the general prison population and placed in an environment with only other KEY participants. Phase one requires participants to engage in programming every day, with the ultimate goal to alter the criminogenic attitudes, beliefs, and thinking that results in the offender's desire to use (Delaware Department of Corrections, 2014).

Phase two, Crest, which lasts roughly six months, occurs when the offenders are moved to a community-based residential center. During this phase, offenders engage in self-help groups, substance abuse education, cognitive restructuring, stress and anger management, life skills, communication skills, problem solving, and relapse prevention training. Furthermore, the participants in the program are presented with job-skills training, enroll in education programs or seek employment through work release, have intensive treatment, attend mandatory groups, develop a relapse prevention and recovery plan, create a sober network of people on the outside, find housing in which to live upon release, and set up aftercare programming (Delaware Department of Corrections, 2014).

The final phase of the program is the aftercare component. This phase begins when the offender is released from Crest and is placed on community supervision. As part of their conditional release, the participants are required to attend weekly

meetings for group counseling. Furthermore, they are subjected to mandatory random drug testing (Delaware Department of Corrections, 2014). Continuity of care thus is central to the KEY/Crest Substance Abuse Program; treatment and the reentry process do not end when offenders are released from prison. Rather, treatment is an ongoing process that must be cultivated consistently if sobriety and law-abiding behavior are to be maintained over the long term.

Notably, the TC model is increasingly being expanded to include substance abusing offenders with co-occurring mental disorders. The Modified Therapeutic Community for Offenders with Mental Illness and Chemical Abuse (MICA) Disorders is one such program (Sacks, Sacks, & Stommel, 2003; Sullivan, McKendrick, Sacks, & Banks, 2007). Similar to TC programs for substance abusers, the MICA program begins 12 months before inmates are released from prison. Here, the individuals in the program are separated from non-participants and engage in intensive treatment based on peer self-help. During this phase, offenders are educated on how the unique interaction of their mental illness and substance abuse contributes to their criminal behavior. This phase also includes medication and therapeutic interventions addressing the individuals' mental health needs as well as psycho-educational courses and cognitive-behavioral treatment. Upon completion of this phase and the drafting of aftercare plan, the offender is released and maintains a treatment component in the community. During this aftercare phase, the participants engage in mental health and substance abuse treatment, work in the community, obtain housing, learn basic skills such as budgeting, understand relapse prevention and mental health symptom management, and develop mental and emotional coping skills.

Reentry programs have also been developed to address the maintenance of familial bonds (CSG Justice Center, 2012; Petersilia, 2003; Travis, 2005). Research suggests that familial support plays an important role in offender reentry. Such support can be integral in helping released offenders obtain housing and employment as well as providing social and financial assistance (diZerega & Villabos Agudelo, 2011; Hairston, 1988; La Vigne, Visher, & Castro, 2004). However, relatively few inmates are visited on a regular basis, with over 60% not receiving a single visit in the past 30 days (Hairston, Rollin, & Jo, 2004). As the distance between the offenders' homes and the prison increases, the frequency of contact decreases substantially. Offenders must rely on collect calls and letters sent through the mail to stay in touch with friends and family (Hairston et al., 2004). Given these challenges, maintaining contact with family members has become a focus of some reentry plans.

The Council of State Governments Justice Center (2012) identified a unique familial program found to assist in the reentry process of offenders. The Private Family Visiting (PFV) program involves a conjugal visit for up to 72 hours, once every two months (Derkzen, Gobeil, & Gileno, 2009). These visits can be made by a parent, significant other, child, friend, or any other relative. The goal of this program is to cultivate, maintain, and possibly renew relationships in order to ease the offenders' transitions back to society. The PFV program differs from traditional visitation programs found in many prisons by both its private setting and the frequency in which these conjugal visits are allowed (Derkzen et al., 2009).

COMMUNITY PROGRAMS

Okay, as is obvious, reentry involves the jump from prison to the community. So, it makes sense to have programs for offenders both during and after their incarceration. A review of some of the more common community-based reentry programs follows.

Halfway Houses. Halfway houses are one of the most long-standing community-based reentry programs. They seek to provide a gradual rather than an abrupt transitional process back into society for offenders. When used for transitional purposes, halfway houses are literally residential facilities that house offenders who are "half way" between prison and the community (Latessa & Allen, 1982; Latessa & Smith, 2011). These facilities traditionally supply offenders with food, shelter, and clothing while they search to find permanent housing and employment. Halfway houses are continuing to evolve and increase the number of services they provide.

Notably, in March 2014, then-Attorney General Eric Holder and the Department of Justice announced that federal halfway houses were required to further enhance the treatment services that were being currently offered (U.S. Department of Justice, 2014). These new requirements mandated that all federal halfway houses must deliver standardized cognitive-behavioral programming, provide public transportation vouchers or transportation assistance to assist offenders in finding work, and allow the use of cell phones to help obtain employment and to maintain familial contact. These new requirements are in addition to the services that were already being provided, such as substance abuse and mental health treatment, housing and employment assistance, medical care, and financial management assistance (Federal Bureau of Prisons, 2014).

Various locally run halfway houses also provide a multitude of services. For example, one halfway house in Ohio, Volunteers of America, offers over a dozen transitional services to those who are being released from prison (Handwerk & Peterson, 2012). Some of the interventions offered to offenders include: life skills, anger management, health awareness and education, victim awareness, medication monitoring, employment assistance, relapse prevention, financial support, housing assistance, crisis intervention, and sex offender treatment, if applicable.

Mentoring. As a component area of the *Second Chance Act*, the mentoring of returning offenders was deemed an important aspect of offenders' reentry process (McDonald & Jonson, 2013). Mentoring is intended to link those returning from prison with law-abiding role models in society. The assistance provided by mentors ranges from aiding in finding and maintaining employment and housing, to serving as a source of encouragement and support, to acting as a positive role model, to assisting in the development of life skills, to providing opportunities for engagement in prosocial activities (Jolliffe & Farrington, 2007).

One example of a mentoring program is the FOCUS: Offender Re-entry Mentoring Project (FOCUS, 2014). Initiated in 2005 in Boulder, Colorado, FOCUS seeks to facilitate reentry by providing assistance in finding a place to live and work, by helping offenders seek professionals and appointments needed to maintain any

medical and/or mental health care they may have been receiving while incarcerated, and by being a source of emotional support. The mentors in the program receive 12 hours of training outside the institution in addition to the one-and-a-half hours of training in the jail prior to meeting their mentee. Furthermore, mentors are required to attend monthly mandatory workshops on topics such as substance abuse, domestic abuse, and anger management. After training is complete and the mentor is matched with a mentee, the mentors are expected to spend one to two hours per week for one year with the reentering offender. However, mentors often spend more than the required number of hours per week with their mentee, with any time above the minimum determined at their discretion (FOCUS, 2014).

Employment. Many community-based employment programs for reentering offenders are short in duration. These transitional job programs often provide temporary employment while an offender searches for a more permanent position. Furthermore, these programs offer assistance in obtaining employment through job readiness classes, mock interviews, job coaching, and résumé writing (CSG Justice Center, 2012; Ndrecka, 2014; Redcross, Millenky, Rudd, & Levshin, 2012).

An example of a transitional job placement program is the Center for Employment Opportunities (CEO) in New York City (CSG Justice Center, 2012; Ndrecka, 2014; Redcross et al., 2012). The CEO program serves parolees by giving minimum-wage paid work immediately upon their release. Offenders complete a five-day class and then are assigned to paid positions doing maintenance, janitorial, and repair work for local and state agencies. The participants are required to work a four-day work week, where they are to paid each afternoon after completion of their shift. On the fifth day, the offenders go to the CEO office where they receive additional treatment such as parenting classes and child support assistance programming (Redcross et al., 2012).

The CEO program offers additional treatment beyond temporary job placement and parenting courses. While offenders are employed in their transitional work assignment, they are continuously assessed and monitored by their supervisor. The supervisor reports any workplace issues that must be addressed. Once all issues are addressed, the CEO program assists offenders in finding permanent employment. After permanent employment is secured, CEO staff members maintain contact with offenders for at least a year, and offenders are given incentives (e.g., store gift cards) for set retention milestones and a year of continuous employment (Redcross et al., 2012).

Mental Health. Returning offenders often have mental health needs. They may have received little or no effective services in prison. Many times a medication regimen is the only treatment provided during incarceration; offenders often lack the ability and resources to maintain their prescriptions once released (Petersilia, 2003; Travis, 2005). In response, mental health reentry initiatives in the community have emerged, such as the *Connections* program located in San Diego County (Burke & Keaton, 2004; CSG Justice Center, 2012). The program's overarching goal is to provide offenders with mental health interventions for nine to 12 months after release from jail (Burke & Keaton, 2004). The *Connections* programs offers pre-release

services planning that identifies treatment needs upon release, possible courses of action to secure housing, and obtaining signatures on consent forms (mainly medical and mental health consent forms) to help continue any treatment that may have begun in the prison once released. However, this portion of the program, the pre-release screening, is not mandatory (Burke & Keaton, 2004).

During the first month of release, offenders must meet daily with *Connections* staff and complete an LSI risk assessment. In the following two months, contact is reduced to weekly meetings. During these meetings, various needs are addressed (e.g., housing, transportation, employment, substance abuse testing), but the major focus is on mental health treatment and the obtainment of medical resources (Burke & Keaton, 2004). During months three through six, contact with the staff remains on a weekly basis. The program continues to dispense needed services provided earlier but also long-term goals are developed. Finally, crisis prevention training is introduced. Months six through nine begin the transfer of care stage where continued support is given. However, post-program plans are made in order to continue the mental health treatment that has been, hopefully shown by this time, to be effective for the offender. After nine months, the *Connections* team determines if the participant is ready to leave the program. If so, offenders are discharged; if not, they can remain in the program for another three months to overcome any obstacles they still face (Burton & Keaton, 2004).

Substance Abuse. Although the most effective institutional-based substance abuse programming includes an aftercare component, some programs begin treatment only following an inmate's release (Hanlon, Nurco, Bateman, & O'Grady, 1999). Offenders, especially those who have histories of heroin or cocaine use, are at a high risk of relapsing (Hanlon et al., 1999; Wexler, Lipton, & Johnson, 1988). They often return to the neighborhoods, associates, and activities that led to the onset and continued use of the substance. These offenders are in need of reentry services.

For example, a program located in Baltimore targets recently released parolees with a history of narcotic addiction (Hanlon et al., 1999). This intervention—deemed a "social support with drug testing" program by the Council of State Governments Justice Center (2012)—enhances traditional parole and urine monitoring with support and services given by a counselor (Hanlon et al., 1999). Participants in the program receive weekly substance abuse testing as well as counseling sessions that address their underlying dispositions and reasons for use. Furthermore, social supports in the offenders' lives and in the larger community are identified for each participant, and offenders are linked with any available services judged to be needed (Hanlon et al., 1999). Finally, relapse prevention strategies are taught to parolees in order to assist with their reintegration back into society.

Housing. Many obstacles stand in the way of returning offenders when they attempt to secure housing. These barriers can include private landlords refusing to rent to those who have served time in prison, families who will not allow their returning family member to live with them, and eligibility restrictions for federal subsidized housing (CSG Justice Center, 2012; Scally, 2005; Travis, 2005). Another obstacle is

that upwards of one in ten offenders are homeless when entering prison and thus lack housing to return to upon release (Metraux & Culhane, 2004).

Although helpful, halfway houses offer only temporary housing in which offenders reside for a brief time. Other reentry programs, however, have been created to assist offenders in finding more permanent residences, such as The Fortune Academy located in New York City. To be eligible, offenders must agree to be employed, or in treatment or school, for 35 hours a week and not pose a danger to society (Scally, 2005). Offenders are placed in emergency housing (ranging from days to several months) and then have the option of being allocated more permanent housing. The more permanent housing consists of single- or dual-occupancy units, with the length of stay usually ranging from six to 18 months depending on how soon housing is secured in the community. In addition to housing assistance, The Fortune Academy provides services to its participants to help ease their transition back into the free world. These services include substance abuse treatment, medical care (especially for HIV/AIDS clients), independent-living skills training, family services, and education and career development (Scally, 2005).

The Effectiveness Problem

When Cullen and Jonson start out by calling something a "problem," that is not a good thing. Alas, that is where we stand with prisoner reentry. Thus, the main challenge for the reentry movement is to avoid the trap of developing programs that ultimately prove to be ineffective. In fact, the movement's creation of numerous programs is far outstripping knowledge about "what works" in reentry. Given their human services orientation, it is likely that many programs are providing prisoners before and after release with needed social support and, overall, tend to decrease criminal involvement (Ndrecka, 2014; Seiter & Kadela, 2003). However, little evidence exists to confirm that most reentry programs are capable of reducing offender recidivism consistently and substantially.

In this section, we first explore why we do not know a lot about "what works" to keep released offenders away from crime. We call these barriers to reentry effectiveness and identify four of them: the diversity of programs; the lack of programs based on a credible theory of recidivism; the lack of treatment fidelity in the implementations of programs; and the inability of the major reentry evaluation study to date (SVORI) to produce a clear blueprint for how best to deal with released offenders. We then try to tell what we know so far about what likely works in reentry to reduce recidivism.

FOUR BARRIERS TO EFFECTIVENESS

Diversity of Programs. Deciding "what works" is difficult enough when studies evaluate a single treatment modality, such as boot camps or cognitive-behavioral

therapy. But assessing how best to facilitate prisoner reentry is especially daunting because of the heterogeneity of interventions that fall under this category (Gunnison & Helfgott, 2013; Mears & Cochran, 2015). Thus, reentry programs vary along several dimensions: (1) existing rehabilitation programs relabeled as "reentry" versus programs created specifically to facilitate reentry; (2) the setting of the program—in prison, in the community, in between, or across all three phases of reentry; (3) programs that are multi-modal versus those that focus on specific criminogenic or life needs, such as deficits in behavioral/cognitive behavioral skills, mental health, substance abuse, and problems surrounding housing, employment, family bonds, and physical health; (4) formal programs administered by correctional agencies versus programs staffed by volunteers and run by non-profit organizations, faith-based groups, ex-offenders, and so on.

Given that most programs are not evaluated (Mears & Cochran, 2015), it is difficult to build a large body of studies that assesses each variant of reentry programs. As we will discuss below, this reality means that reentry programs—including those that appear promising—are rarely evaluated by more than one or two studies. With this level of empirical support, it is unclear whether such programs should be touted as evidence-based models to be implemented in other contexts.

Lack of Credible Theory Informing Programs. As Mears and Cochran (2015, p. 209) observe, most "reentry efforts . . . rest on little to no coherent or credible theoretical foundation" (see also Garland & Wodahl, 2014). Most often, program inventors do not rely on scientific criminology when implementing an intervention. Instead, most programs are developed to address the readily observable problems that offenders face. If offenders are mentally ill or addicted to drugs, does it not make sense to have programs to address these needs? If offenders lack job skills and are unemployed, are homeless, or have lost ties to family members, does it not make sense to have programs to address these needs? To improve offenders' quality of life—if not on sheer humanitarian grounds—the answer is "yes." But what is not clear is whether such programs, if not rooted in a credible treatment theory, have any chance of reducing recidivism. Thus, interventions will likely fail or have only modest results when targeting weak predictors of recidivism or targeting them in the wrong way (Listwan, Cullen, & Latessa, 2006).

Employment is a useful example, because it is difficult to imagine any person—offender or not—having a structured, prosocial, fulfilling life without having a job. Here, it is assumed that the reintegration component of reentry (getting a job) contributes to the correctional component of reentry (getting out of crime). Alas, employment reentry programs may have, at best, a modest impact on recidivism—for three reasons. First, Andrews and Bonta (2010) identify work (and school) as a risk factor meriting intervention. However, employment is a moderate risk factor and not among the four most important sources of recidivism (which they call the "Big Four"). If these other factors are not addressed in the intervention, they may continue to exert a criminogenic influence on offenders.

Second, merely having a job may not be enough to stop offenders from recidivating straight upon release. It may be that recidivism is reduced only if quality employment

is secured, a point made by Sampson and Laub (1993). Similarly, Andrews and Bonta (2010, p. 59) emphasize that work or school are conduits for diminishing criminal propensity mainly because they provide "quality interpersonal relationships." These activities can be used as "intermediate targets for change" if steps are taken to "enhance performance, involvement, and rewards and satisfactions" (p. 59).

Third, recent research by Skardhamar and Savolainen (2014, pp. 270–271) is fascinating because it is a chicken-versus-egg study: Which comes first—getting a job (employment) or getting out of crime (desistance)? They examined a sample of Norwegian "crime-prone offenders" (at least five felonies) with an "unstable work history who managed to get stable jobs." They found that employment fostered desistance but only for fewer than 2% of the sample! For most offenders, the causal ordering was in the opposite direction: First they desisted from crime and then they secured stable employment. This finding suggests that for offenders to take advantage of employment—sometimes called a "hook for change"—it might first be necessary to have a cognitive transformation that reduces their criminal propensity and allows them to take advantage of a new life chance (see Giordano, Cernkovich, & Rudolph, 2002; Maruna, 2001). In concluding her comprehensive review presented in *What Works in Corrections*, MacKenzie (2006) makes this same point:

> When I compared the effective programs to the ineffective programs I noticed an interesting difference. Almost all of the effective programs focused on individual-level change. In contrast, the ineffective programs frequently focused on developing opportunities. For example, the cognitive skills programs emphasize individual-level changes in thinking, reasoning, empathy, and problem solving. In contrast, life skills and work programs, examples of ineffective programs, focus on giving offenders opportunities in the community. Based on these observations, I propose that effective programs must focus on changing the individual. This change is required before the person will be able to take advantage of opportunities in the environment. (p. 335)

We can give one more example of targeting questionable risk factors. Recall the Parallel Universe program—used in Missouri and then later in Arizona (Schriro, 2000, 2009; Schriro & Clements, 2001). Recall as well that the word "parallel" is used because the program attempted to make life inside prison approximate life outside of prison. The underlying theory is plausible: Living a structured prosocial life inside prison will lead offenders to live the same way upon release. Still, the theory's appeal rests more on common sense than on an empirically validated criminological theory linking compliant behavior inside institutions to law-abiding behavior in the community. An evaluation based on limited qualitative observations and non-experimental quantitative data suggested that Arizona's Parallel Universe program (called "Getting Ready") improved the quality of institutional life but, at best, had a small effect on recidivism (Gaes, 2009). Although a well-known reentry program, it is thus not clear that creating "parallel universes" in prison is the best option for producing meaningful savings in recidivism.

From Chapter 7, you should be able to guess what Cullen and Jonson would think is a better way to approach this whole issue: Develop reentry programs based

on a scientifically validated correctional theory such as the risk-need-responsivity (RNR) model invented by Andrews, Bonta, Gendreau, and other Canadian scholars (Listwan et al., 2006). Although not often informed explicitly by the principles of effective interventions, programs that adhere to the components of the RNR model tend to be more effective (see also Petersilia, 2011; Mears & Cochran, 2015; Turner & Petersilia, 2012). The RNR model, which is the leading treatment approach in corrections, has been explained in Chapter 7. But since that was a whole chapter ago—who can remember things from that far back!—we will briefly revisit it here. Recall that this perspective argues that rehabilitation interventions, including reentry programs, will be most effective if they do the following: (1) focus on high-risk offenders (the risk principle); (2) target for change predictors of recidivism that can change, such as antisocial attitudes and low self-control (the need principle); and (3) use treatment modalities that are "responsive to" and thus capable of reducing the risk factors that lead to reoffending, such as cognitive-behavioral therapy (the responsivity principle).

The value of following the RNR model is demonstrated by Lowenkamp and Latessa's (2002) now-classic study of the impact of halfway houses on recidivism. Using a two-year follow up, they compared rearrests and reincarceration for 3,737 offenders released in 1999 from 37 halfway houses versus a comparison group of 3,058 offenders. The analysis revealed considerable heterogeneity or variation in effects, with some halfway houses reducing recidivism more than 30% and others increasing it by more than 35%. Using the RNR model as their guide, Lowenkamp and Latessa discovered that this heterogeneity was explained by the risk principle. According to Andrews and Bonta (2010, p. 47, emphasis in original), "the risk principle involves the idea of *matching levels of treatment services to the risk level of the offender*." Specifically, to reduce their recidivism, "higher-risk offenders need more intensive and extensive services"; by contrast, for "low-risk offenders, minimal or even no intervention is sufficient" (2010, p. 48). Consistent with this principle, halfway houses serving low-risk offenders were associated with increased rearrest and reincarceration, whereas programs targeting high-risk offenders resulted in lower recidivism rates. A follow-up evaluation largely replicated the earlier study (Lowenkamp et al., 2006). Lowenkamp and Latessa concluded that failure to comply with the risk principle can have criminogenic effects, especially for low-risk offenders (see also Andrews et al., 1990).

Lack of Integrity in Program Implementation. Rhine, Mawhorr, and Parks (2006, p. 347) argue that implementation problems are "the bane of correctional programs." Andrews and Bonta (2010, p. 395) argue that correctional programs that fail to adhere to the "principles of RNR clinical practice, staffing and management, core practices and program integrity" are ineffective, if not criminogenic. Such failure, however, is commonplace, especially in real-world programs as opposed to demonstration projects designed by researchers. Given that most reentry programs fall into this category, their effectiveness is likely limited.

The challenge of implementation is illuminated by Project Greenlight, another program described previously in this chapter. Project Greenlight was "an institution-based

transitional services demonstration program that was piloted in New York State's Queensboro correctional facility" (Wilson, Cheryachukin, et al., 2005, p. 8; see also Wilson, 2007; Wilson & Davis, 2006). Developed and largely run by the Vera Institute of Justice, the program was based on the "what works" literature, employing a form of cognitive-behavior treatment ("Reasoning and Rehabilitation"; see Ross, 1995; Ross & Fabiano, 1985). As noted, the program lasted two months and targeted for change a bunch of risk factors (e.g., housing, life skills, substance abuse, antisocial behavior and thinking). Offenders even received a reentry plan to follow upon release. Given all these good practices, the intervention had to work. Right? Unfortunately, the evaluation results were disappointing, with the recidivism rates of Project Greenlight participants exceeding those of two control groups (Wilson, Cheryachukin, et al., 2005; Wilson & Davis, 2006).

But good intentions do not always produce good results. In this case, implementation problems likely account for the program's ineffectiveness. Thus, the dosage (60 days) may have been too brief for high-risk offenders; the treatment groups were at least twice as large as recommended by the inventors of Reasoning and Rehabilitation; and offenders received no systematic aftercare once released (Wilson & Davis, 2006). Commenting on the program, Andrews and Bonta (2010, p. 399) note that "even programs that were designed with reference to 'what works' are often not well implemented." As they observed:

> A few points are striking. The inmates, without any discussion or consent, were taken abruptly from their prison and transferred to the program site. Many "clients" experienced program participation as the equivalent of being mistreated by the system. No reference is made to the employment of risk/need assessment instruments. Indeed, participation in the substance abuse program was mandatory, even for inmates who did not have a substance abuse problem. The selection of program staff explicitly did not follow the recommendations of the creators of the program. The negative outcomes associated with two of the four workers totally accounted for the program failure. (2010, p. 399)

Inability of SVORI to Guide Program Development. Implemented in 2003, the Serious and Violent Offender Reentry Initiative (SVORI) was a collaborative effort by the U.S. Departments of Justice, Labor, Education, Housing and Urban Development, and Health and Human Services. These agencies awarded $100 million in federal funds to 89 adult and juvenile programs attempting to increase the likelihood of successful offender reentry in five areas: criminal justice, housing, health, employment, and education (National Institute of Justice, 2011). Given its scope, SVORI had the potential to establish a clear blueprint for effective reentry programming. But things did not turn out this way. In fact, on the U.S. Department of Justice's own website—CrimeSolutions.gov—the program is categorized as having "no effects."

The research on SVORI was undertaken by Lattimore and her colleagues, who conducted a systematic, high-quality assessment (Lattimore, Steffey, & Visher, 2009; Lattimore & Visher, 2009; Lindquist, Lattimore, Barrick, & Visher, 2009; Lattimore et al., 2012). The evaluation included 1,618 adult males, 348 adult females, and 337 juvenile males drawn from 12 adult and 4 juveniles programs "diverse in approach

and geographically distributed" (Lattimore et al., 2012, p. 7; for a list of programs, see Lattimore & Visher, 2009, p. 23). Because random assignment was not possible for all programs, propensity-score matching and multivariate analysis were used to compare SVORI participants and non-participants.

Even though the 16 programs were selected from among SVORI grantees because they were "deemed most promising as impact candidates" (Lattimore et al., 2012, p. 7), the effect of SVORI participation on recidivism and other life outcomes was inconsistent. In their 2009 "summary and synthesis" of the "multi-site evaluation," Lattimore and Visher reported that as the follow-up progressed, SVORI participation had no effect of juvenile self-reported crime. Among adults, SVORI women, but not men, had lower arrests than the comparison group. However, by 24 months, both male and female SVORI participants had higher reincarceration rates. Similarly, an analysis of rearrest and nine other self-reported outcomes (i.e., housing, employment, job pay and benefits, drug use, committed any crime) at 15 months showed that SVORI participation had mostly "beneficial but non-significant" effects (Lattimore et al., 2012, p. ES-10). In a subsequent follow-up at 56 months or more for adults and 22 months for juveniles, more promising findings were reported (Lattimore et al., 2012). All groups were found to have a longer time to rearrest and fewer arrests following release. Adult males also had a longer time to reincarceration and fewer reincarcerations (but this latter effect was not statistically significant). No statistically significant findings on reincarceration were reported for adult females or juvenile males.

In the end, the federal government spent $100 million to fund 89 programs and sponsored a long-term, careful evaluation by respected researchers. But the stubborn reality is that this investment did not yield a clear blueprint for how to conduct an effective reentry program. Participation in SVORI had only "limited effects . . . on intermediate outcomes" (such as housing and employment) and, over the long term, seemed to reduce arrests but have mixed effects on reincarceration (Lattimore et al., 2012, p. 148). Unfortunately, it is not clear why SVORI had these effects or which specific SVORI programs should serve as evidence-based models for future program development. Perhaps the best that can be said is that a well-intentioned reentry program that seems promising on the surface generally is better than doing nothing, but its impact is likely to be mixed and modest.

TAKING STOCK OF EFFECTIVENESS

Okay, Cullen and Jonson are going to keep this brief and tell you what we think the existing research tells us about what works in prisoner reentry. So, here it goes.

The ability to develop reentry programs informed by evidence-based corrections is limited. Existing evaluations are spread across a diversity of programs (typically one evaluation per program), rarely use high-quality experimental designs, and at times yield inconsistent results. Systematic reviews, including meta-analyses, suggest that, overall, reentry services tend to reduce recidivism (see, e.g., Ndrecka, 2014; Seiter & Kadela, 2003). But here is the rub: The effects of programs

are heterogeneous. They vary in their effectiveness—some high and some low, and even some criminogenic. Promising programs have been identified and are listed on a government website (CrimeSolutions.gov). They might be used as models for specific correctional populations (e.g., offenders with substance abuse problems, violence prevention among high-risk juvenile detainees). Doing so, however, must be undertaken with caution because of the risk that positive findings might not replicate across different contexts.

Finally, several conclusions from the evaluation literature, most of which are consistent with the RNR model, can be drawn that might inform reentry program development:

- Programs that provided a continuity of care, beginning in the prison and continuing once prisoners were released into the community, were found to be more effective.

- Programs lacking treatment fidelity often showed no appreciable effects on recidivism.

- Programs targeting high-risk offenders and their criminogenic needs were found to be more effective.

- Programs that employed therapeutic communities were found to be effective.

Two Things to Keep in Mind

Our discussion of reentry is just about wrapped up. But we wanted to cover two more issues that must be given attention in any attempt to understand reentry and, in turn, to develop an effective strategy. These issues are the following: (1) Reentry failure—recidivism—tends to occur soon after prisoners are released. And (2) policy makers must do something about collateral consequences, since they mostly make no sense and can make offender reintegration needlessly difficult.

TAKE COMING HOME SERIOUSLY

Much of the failure experienced by reentering offenders occurs in the first six months to a year following their release. More than two in five of these offenders (just under 45%) are arrested by the end of their first year, with that percentage climbing only to two thirds in three years (Durose et al., 2014; Langan & Levin, 2002). It thus appears that it is critical that the period in which offenders first "come home" following reentry must be taken seriously. Not surprisingly, a common recommendation is to concentrate services during this time period rather than spread them evenly across all offenders under supervision (Turner & Petersilia, 2012). As Petersilia (2003, p. 153) notes, the recidivism data "suggest that the most intensive services and surveillance should begin immediately upon release and be front-loaded in the first six months to the first year."

But here is where much of our knowledge about reentry is lacking. Why does failure occur so soon after release? Two alternative explanations are possible—both plausible and both potentially true to a degree.

First is the "reintegration" explanation, which provides the most obvious answer for why so many reentering prisoners fail so rapidly: The strain and difficulty of adjusting to society after life in a total institution, combined with joblessness and unstable living arrangements, undermine integration into prosocial roles. Research also indicates that returning to a neighborhood where criminogenic influences are ubiquitous and quality treatment providers are limited can increase the chances of recidivating (Wright & Cesar, 2013).

Second is the "propensity" explanation. Here, released offenders' rapid failure is attributed to the fact that they are, after all, criminals! So, what would we expect? In this view, prisoners are sort of itching to get back to what they do—commit crimes. More academically, the argument is that recidivism ensues because moderate-risk to high-risk offenders return to crime as soon as the opportunity presents itself upon release. This thesis is consistent with the research showing that imprison-ment's effect on reoffending is null or even slightly criminogenic (see Chapter 4 on deterrence). Neither scared straight nor given effective treatment, many inmates do not improve while incarcerated; instead, they are "put on ice" in a "behavioral deep freeze" (Gendreau & Goggin, 2014). Thus, they return to society unchanged—just as criminal, if not more so, as they were when they first entered the institution. Although prisoners' criminogenic propensities are blocked during their incarcera-tion, they reappear as soon as they are back on the streets. High rates of immediate recidivism are the result.

As this discussion shows, the sources of early reentry failure remain largely unknown, with understanding remaining at the pre-scientific level of informed speculation. Closing this knowledge gap has obvious, important implications for effective reentry programming. Although front-loading services appears impera-tive, it is difficult to know what is causing prisoners' high rates of recidivism upon release and thus which specific services should be given priority. At present, pro-grams tend to take a "shotgun" approach, spraying services at the reentry program in hopes that something will hit the appropriate mark. This strategy may produce some promising results, but it will likely be of limited value until research unpacks the factors producing early failure in reentry.

CONFRONT COLLATERAL CONSEQUENCES

One of the more disquieting policy developments in corrections has been the steady expansion of the collateral consequences attached to a criminal conviction (Alexander, 2010). These legislated mandates deprive ex-offenders of an array of employment, housing, government, family, and civil rights. The courts have defined these consequences not for what they clearly are—added on punishments. Instead, the courts say that these statutes are used to regulate ex-offenders' behav-ior (Chin, 2012). To make this claim, all the government has to do is to show that

the regulation (e.g., restrictions on voting, being a doctor) has some reason—some iota of "rational basis." This is all mythology—and everyone knows it. There are some collateral consequences that do make sense, of course—such as not letting pedophiles teach kids. But it is increasingly apparent that statutes passed to deny offenders rights and privileges are gratuitous and have little plausible relationship to protecting public safety.

The good news is that elected officials on the political Left and Right—such as Senators Cory Booker and Rand Paul in their recently proposed "Redeem Act" (Terkel, 2014)—are seeing these collateral consequences as a matter of *overregulation*. Indeed, if subjected to the same cost-benefit analysis given to other government regulations, it is unclear how many of these statutes would survive such scrutiny. Efforts are being made to bring more standardization and fairness to this area, such as through the Uniform Collateral Consequences of Convictions Act proposed by the National Conference of Commissioners on Uniform State Laws (2010). Further, we would argue that all statutes imposing collateral consequences should be "sunset laws" that expire within a specified period (e.g., five years) unless reinstated by legislative vote. This step would ensure that only collateral consequences that have an enduring rationale would remain operative. At present, collateral consequences instituted over many years accumulate, leading to "literally hundreds of collateral sanctions and disqualifications on the books" (National Conference of Commissioners on Uniform State Laws, 2010, p. 3).

What remains to be determined, however, is whether collateral consequences are related to offender recidivism. With the exception of deportation, such consequences—since they are not legally punishments—do not have to be conveyed to offenders during a plea bargain or at the time of sentencing (Chin, 2012). It is not clear that most of those working with offenders are informed about such consequences and communicate these potential disabilities to their offender clients (Burton, Fisher, Jonson, & Cullen, 2014). How to secure an expungement of a criminal record also is not discussed or planned for (since applying to have a record cleansed might occur three to five years later). In terms of reentry, there is a knowledge gap about how much offenders are aware of collateral consequences and how such legal discrimination potentially hinders successful reintegration (for a broader discussion, see Jacobs, 2015).

More generally, there is a lack of research on the stigma faced by reentering offenders. This is in marked contrast to research on mental patients where theory and research is extensive and where stigma has been shown to have deleterious effects (see, e.g., Link, Cullen, Struening, Shrout, & Dohrenwend, 1989; Link & Phelan, 2001). Studies that do exist show variation in how much hope and optimism offenders display about their future prospects (Benson, Alarid, Burton, & Cullen, 2011; LeBel, Burnett, Maruna, & Bushway, 2008; Maruna, 2001). Evidence also is consistent with the view that the stigma from official labels will lead offenders to lose conventional bonds and be exposed to criminal influences, thus increasing the risk of recidivism (Krohn, Lopes, & Ward, 2014; Raphael, 2014). However, given the social stigma and legal consequences associated with being an "ex-offender," a clear need remains for sustained analysis of how these factors affect the reentry prospects of released offenders.

Conclusion: Saving Offenders From a Life in Crime

Context matters, which is a core theme of this book. Since the early part of this century, policy makers across the nation finally awoke to the irrationality of releasing hundreds of thousands of prisoners into society with no clear idea of how to reduce their reoffending. The yearly figure is bad enough (which we have now told you a zillion times is more than 620,000!), but compute this out over 5 years (3 million) or 10 years (6 million). It just boggles the mind that for decades those whose get tough policies put a mass of people into prison took no responsibility for the mass of people coming out of prison. How could they not do everything in their power to ensure that inmates returning to society did not recidivate? Remember, as advocates of restorative justice (Chapter 6) remind us, crime is harmful to all involved—to the offender, whose life is put on a path of social difficulties, and to victims, who suffer financial, physical, and psychological costs. Reentry failure is not inevitable—as the story of Stanley, the jack-roller, reveals. Although deeply embedded in a criminal life course, Stanley was saved from a life in crime by Clifford Shaw and his friends.

A bunch of commentators are giving sage advice on how to make reentry work (see, e.g., Garland & Wodahl, 2014; Gunnison & Helfgott, 2013; Mears & Cochran, 2015; Taxman, Young, & Byrne, 2004; Turner & Petersilia, 2012; Wright & Cesar, 2013). We will join this conversation by adding our two cents—actually we will add our two final points! Saving offenders, we suggest, involves the heart and the mind.

First, good will—such as that shown by Shaw—is an essential ingredient. Cullen and Jonson wish they could have met Clifford Shaw. He was a Hall-of-Fame criminologist, as we noted, but he also must have had an enormous heart. What a guy! A lot of corrections involves caring about people who often are not too easy to care about. We understand why religious clerics forgive sinners, since without sinners would not have much of a job (just as criminologists depend on criminals for our livelihood). The rest of us, however, have a seven-letter word beginning with "A" that we use to describe such annoying people. But as we have tried to show in this book, having a collective big heart often gets us further than having a collective mean heart. And one thing is clear from studying reentry: Returning prisoners do not need more punishment but rather a helping hand—a social welfare response.

Second, a good heart is not enough. We also need a smart mind. Here is another central message of this book. Offenders do not get better if given the wrong correctional medicine! Changing inmate behavior, especially in the context of a transition from a total institution into a community where offenders face an array of barriers, is a daunting prospect. Part of taking this challenge more seriously is recognizing the difficulty of the task and of the need to use science to direct rehabilitative efforts (Cullen, 2012). Thus, those inventing and implementing reentry programs need to consult the existing knowledge on treatment. Relying on common sense—liberal or otherwise—is no longer justified (Latessa et al., 2002).

Put another way, *a criminology of reentry* is sorely needed to produce the kind of detailed scientific insights required to direct program development. Although meaningful advances in the science of offender treatment have been made (see Chapter 7), serious knowledge gaps in the area of reentry continue to exist. Basic facts about the reentry experience and how they affect post-prison adjustment remain to be identified and systematically studied. The criminology of reentry thus is in its beginning stages. Given the mass of inmates who will be released now and in the future, this seems to be an area of theory, research, and practice that warrants concentrated and sustained attention.