

AN OVERVIEW OF EVIDENCE-BASED PRACTICES AND PROGRAMS IN PRISON REENTRY



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Abstract: Individuals released from prison often face immediate challenges related to employment, housing, behavioral health, and social support. While high recidivism rates among returning citizens continue to be an issue in many communities, certain reentry programs have shown effectiveness in improving outcomes for released individuals. This article provides an overview of reentry needs and best practices for reentry programming. Examples of promising reentry programs are provided. Strategies for parole officers are briefly discussed, as parole is often directly related to the reentry process. Evidence-based practices have emerged from the existing research on reentry, but high-quality, replicable research on programming will continue to be necessary to advance the “what works” discourse.

Introduction

Reentry is defined as the transition of an individual from a corrective setting back into the community. Most who are incarcerated go through the reentry process; studies have shown that approximately 95 percent will eventually be released, or upwards of 600,000 persons annually.¹ Recidivism rates are high—almost half are rearrested during the first year of release, and two-thirds are rearrested within three years.² At this rate, recidivism is estimated to cost Illinois \$16.7 billion over the next five years.³ Thus, reducing the rate of recidivism has become a central focus of state and national criminal justice policy and reform.⁴

Research has shown that aiding in successful reentry can reduce risk of recidivism.⁵ However, recently released individuals often return to underserved communities and face a wide range of barriers that make successful reintegration difficult.⁶ Many experience difficulties meeting needs such as employment, behavioral health treatment, and housing. In addition, effective reentry programs and services are few and far between.⁷

Reentry is complex—the characteristics of those being released vary widely in terms of risks, motivations, and needs. Nonetheless, research indicates well-designed reentry programs can reduce recidivism.⁸ This article provides an overview of the needs of individuals returning from correctional custody, as well as a review of evidence-based reentry practices and examples of promising programs.

Reentry Needs

Employment. Research indicates stable employment can reduce recidivism rates in returning citizens.⁹ However, many encounter barriers to finding a job, such as lack of education, work experience, qualifications, opportunities, and discrimination.¹⁰ Employers may not hire formerly incarcerated individuals due to concerns about trustworthiness, work ethic, and behavioral health.¹¹ Some lack job-seeking skills, proper attire, and transportation to interviews.¹² Jobs they can access are often temporary, offer low wages, and provide no benefits.¹³ Estimates suggest that for recently released individuals, the average wage after two months hovers around \$8 an hour.¹⁴ The collateral consequences of having a criminal history further limit employment options, preventing work in certain fields or making them ineligible for certain licenses.¹⁵

Physical and behavioral health. Many individuals in prison have chronic health problems, such as asthma, diabetes, and heart disease.¹⁶ Some suffer from mental health disorders, such as anxiety, mania, depression, and psychosis.¹⁷ Over half have a diagnosable substance use disorder and increased risk for overdose post-release.¹⁸ Only a small portion of these individuals receive treatment while incarcerated.¹⁹ Those returning from prison may have poor health literacy and may not apply illness self-management.²⁰ Few returning individuals have access to medical insurance and some may be ineligible for Medicaid.²¹ Physical and mental health issues that go unaddressed through treatment in the community can increase risk of recidivism.²²

Housing. Many released individuals eventually become homeless, stay in shelters, or “double up” with others (i.e., two families share one apartment) due to a lack of affordable housing.²³ Transitional, subsidized, and supportive housing options are limited across the country.²⁴ Returning individuals may be barred from public housing or face discrimination from landlords.²⁵ Five percent of formerly incarcerated individuals sleep at a shelter the night of their release,²⁶ and many move residences multiple times per year.²⁷ Rural prison reentry staff find it difficult to connect individuals with housing in urban areas and vice-versa.²⁸ Finally, follow-up services may not be offered to individuals upon release.

Social support. Research shows returning persons express immense needs for mentorship and peer support that can assist with accountability and provide support in shared struggles.²⁹ Many describe difficulties in readjusting to unstructured time and reconnecting with social networks.³⁰ Families may struggle to visit their incarcerated loved ones due to distance, cost, and visiting regulations, further weakening re-entering persons’ social ties.³¹

Additional needs. Other needs of those returning from prison may negatively affect their self-sufficiency, recidivism, and levels of participation in programming.³² The formerly incarcerated may lack or need:

- Identification and important documents (e.g., state ID, social security card, birth/marriage certificates, educational credentials).
- Transportation.
- Food, clothing, and amenities.
- Child care, custody, and support.
- Legal debts (e.g., court fines, fees).
- Legal assistance (e.g., record expungement, child custody, support).
- Federal assistance benefits.
- Bank account.
- Technology assistance.³³

People of color returning to underserved communities that have been disproportionately impacted by mass incarceration are particularly impacted by the challenges of reentry.³⁴ See [the other article](#) in this series about the individual, familial, and community effects of concentrated incarceration.

Best Practices for Parole Supervision

The majority of returning individuals are released on parole supervision.³⁵ Parole officers monitor, supervise, and assess needs of these individuals and refer them to services such as job training, behavioral health treatment, and housing. The extent of assistance provided may vary by officer.

Research indicates using parole supervision as a method of surveillance is ineffective in reducing recidivism.³⁶ In fact, surveillance-oriented intensive supervision may increase recidivism, as persons may receive more technical violations leading to parole revocation.³⁷ Research instead suggests that community corrections must be guided by effective intervention principles to reduce recidivism.³⁸ These principles propose a rehabilitative approach to supervision through the use of prosocial communication skills, positive reinforcement, and community support.³⁹ Parole officers should practice and obtain feedback on their communication skills. Parole administrators must offer encouragement and time for parole officers to strengthen these skills.⁴⁰ However, there can be internal and external challenges for officers to learn and use these techniques, such as high caseloads and limited resources, training, and support.⁴¹

Enhancing the **therapeutic alliance** between officers and their caseloads can augment an officer’s impact. A strong alliance consists of agreed-upon goals, mutual respect, and tasks that both groups deem as productive. For officers, this means providing role clarification as to what officers collect and share, their duties, reasoning for their actions, as well as having realistic expectations for clients.

Source: Bourgon, G., & Gutierrez, L. (2013). The importance of building good relationships in community corrections: Evidence, theory, and practice of the therapeutic alliance. In P. Raynor & P. Ugwu-dike (Eds.), *What works in offender compliance: International perspectives and evidence-based practice* (pp. 256-275). Basingstoke: Palgrave Macmillan.

Evidence-Based Reentry Principles

While research is limited on what works in reentry support, programs that adhere to three evidence-based principles of risk, need, and responsivity can increase the likelihood of success (Table 1).⁴² These principles are incorporated within what is called the [risk-need-responsivity \(RNR\) model](#).

Table 1
Three Principles of RNR

risk	the level of service that persons receive should be matched to their risk of recidivism
need	persons should be assessed for their unique criminogenic needs
responsivity	persons must be provided appropriate interventions for their learning style and motivation

Adapted from Bonta, J., & Andrews, D. A. (2007). *Risk-need-responsivity model for offender assessment and rehabilitation*. Ottawa, Canada: Her Majesty the Queen in Right of Canada.

Using the RNR model, the U.S. Department of Justice proposed five best practices for reentry:⁴³

- 1) Once incarcerated, persons should be provided an individualized plan for reentry based upon their risk of recidivism and their needs.
- 2) During incarceration, persons should be provided services that assist with mental health, substance use, education, employment, life skills, and other programming that targets criminogenic needs to increase their likelihood of success once released.
- 3) Incarcerated persons should be provided the opportunity as well as the resources needed to maintain and strengthen family relationships and other social supports before release.
- 4) During the transition back into the community, returning persons should have access to halfway houses or supervised release programs that provide individualized continuity of care before and after release.
- 5) Comprehensive reentry information and resources should be provided to persons before leaving custody.

Reentry planning should begin long before an individual is released. Reentry programs should be prepared to make referrals and cultivate relationships with community agencies and parole in order to assist an individual and remove barriers to success. These practices can be used to guide the development of innovative reentry programs or improve upon reentry programs already available.

Evidence-Based Reentry Programs

Defined broadly, a reentry program is any activity or program designed to assist returning individuals with a safe and smooth transition to their communities.⁴⁴ A reentry program is considered evidence-based if its effectiveness was established through the use of high-quality outcome evaluation research and replicated in multiple sites.⁴⁵ Programs that have been validated at only one site are considered promising and require future replication (*Table 2*). Few practices or programs can be considered effective, as many have only been evaluated once or not at all.⁴⁶ The following practices and programs are rated as either promising or effective by the National Institute of Justice's CrimeSolutions.gov website, which only rates programs that have been rigorously evaluated.⁴⁷

Table 2
Level of Evidence

Terminology	Description	Effect
Anecdotal or Not Evidence-Informed or Evidence-Based	There is little or no evidence, through the use of reliable, replicable, or generalizable research, indicating the programs achieve what they are intended to achieve.	No effect or unknown effect
Evidence-Informed	There is some evidence, through the use of reliable, replicable, or generalizable research, indicating the programs achieve what they are intended to achieve.	Promising practice
Evidence-Based	There is strong evidence, through the use of reliable, replicable, or generalizable research, indicating the programs achieve what they are intended to achieve.	Effective practice or Best practice

Source: Gleicher, L. (2019). *Reducing substance use disorders and related offending: A continuum of evidence-informed practices in the criminal justice system*. Chicago, IL: Illinois Criminal Justice Information Authority.

The following program categories serve primary needs of returning individuals, though they may not cover all of an individual’s needs.⁴⁸ Highlighted practices were chosen based upon previous reviews that identified categories of evidence-informed reentry programs.⁴⁹ Specific program examples were found through multiple sources, including the [What Works in Reentry Clearinghouse](#) and [continuum](#) of evidence-informed practices for reducing substance use disorders. These are not the only examples and should not be considered an exhaustive list.

Employment

Stable employment has been identified as a high priority for returning individuals.⁵⁰ However, simply having a job may not be enough to reduce recidivism risk.⁵¹ Bushway and Apel (2012) suggested that effective employment programs have not reduced recidivism by providing jobs, but by providing additional services, like case management and mentorship.⁵² More research is needed on how employment programming can reduce recidivism and improve outcomes for returning individuals.

Work release. Work release is a promising reentry practice that gives incarcerated persons an opportunity to work outside of their correctional facilities during regular business hours. Work release programs are typically only available to persons who are a low safety risk and may not be available for those who are incarcerated in more secure facilities. Prisons often operate separate work release centers to which qualifying individuals live and return to at the completion of the work day. These centers are usually less structured than prison and help incarcerated persons earn money and connect to their families and communities. Findings on program effectiveness are mixed,⁵³ but work release is considered a promising approach to reducing recidivism through employment.⁵⁴

Florida's Work Release Program is a promising program in which individuals apply for a preferred work center based on county of residence. If accepted, participants are provided secure housing, work unsupervised within the community, and return to their center at the end of the day. An evaluation of the program showed those who successfully participated were 4 to 10 percent less likely than non-participants to be arrested or convicted for a new offense.⁵⁵ These individuals also were five times more likely to find employment after release. The study noted work release did not reduce technical violations of parole.

Vocational training and assistance programs. Providing vocational training and services may be a promising practice for assisting individuals seeking and gaining employment, although findings remain unclear.⁵⁶ Services may include:

- Preparation for interviews.
- Resume development.
- Guidance on professional behavior and dress.
- Linkage to employers and jobs.
- Subsidized jobs through the program.⁵⁷

EMPLOY is a promising program that capitalizes on individuals' work skills developed during incarceration.⁵⁸ Incarcerated persons meet with a job training specialist shortly before their release for two, eight-hour sessions developing a resume and interview skills. Job specialists look for employment options in incarcerated persons' anticipated release area; call employers and search for open positions; and advocate for the job-seeking individual. The program extends support for one year after release.

An evaluation of this program found that, on average, EMPLOY reduced the risk of three types of recidivism by 32 to 55 percent compared with non-participants.⁵⁹ Those who participated in EMPLOY were 63 percent less likely to experience parole revocation for a technical violation. Participants in this program also were 72 percent more likely to have found employment within the year after release.

Behavioral Health

Therapeutic communities (TCs). Incarceration-based TCs are a promising practice that involve group living, individual counseling, and activities designed to assist persons with mental health and substance use disorders in the long-term recovery process.⁶⁰ TCs often employ persons with lived experience and medical professionals to oversee operations and lead treatment sessions.⁶¹ TCs offer a comprehensive treatment model offering life skills training, self-development, and "right living" (i.e., using explicit values to guide behavior).⁶² TCs offer positive peer support and can improve social skills and influence norms and values.⁶³ Previous

research has identified that the community aftercare component of TCs may be key for reducing recidivism outcomes.⁶⁴

Amity In-Prison TC is a promising program offering comprehensive treatment for men in prison with substance use disorders. Those who volunteer to participate in the program live in a separate housing unit during the final year of their sentence. Participants' needs are identified through clinical observation and assessment. Mentors ensure that TC participants are supported while they undergo education, counseling sessions, and preparation for reentry. After release, individuals may choose to live at a community-based residential treatment facility, operated by the Amity program, for six months to a year where the TC curriculum continues. Drop-in groups are also available for program graduates if they need support. In a five-year outcome evaluation, it was found that Amity participants had lower rates of reincarceration than those who did not participate.⁶⁵ Those who participated in aftercare services had even better outcomes, including higher levels of employment and longer periods without recidivation.

“There is a difference between a reentry program that wants simply to help offenders and one that wants to reduce recidivism. The former may help them get a job and find a place to live, whereas the latter will focus on targeting criminogenic risk factors and then systematically training offenders in behavioral rehearsal techniques.”

Source: Latessa, E. (2012). Why work is important, and how to improve the effectiveness of correctional reentry programs that target employment. *Criminology & Public Policy*, 11, 87-91.

Cognitive behavioral therapy (CBT). Considered an evidence-based practice in healthcare⁶⁶ and promising practice in criminal justice,⁶⁷ CBT is a general psychological counseling method used to reduce symptoms related to mental health disorders, including anxiety, depression, severe mental illness, and substance use disorders.⁶⁸ In criminal justice, CBT can help individuals better manage anger, assume responsibility for their actions, develop problem-solving skills, and increase coping skills which may in turn reduce antisocial thinking and criminal behavior.⁶⁹ CBT can be used in correctional programming to prepare returning individuals for high-risk situations. Meta-analyses on the effects of CBT programs on general incarcerated populations found that participation can reduce the likelihood of recidivism.⁷⁰

Aggression Replacement Training (ART) is an example of an effective CBT intervention that consists of multiple sessions on social functioning, prosocial attitudes, and impulse control.⁷¹ ART is typically spread over 10 weeks and is mostly targeted at youth. Aggressive behavior is assumed to be affected by deficits in social thinking and interpersonal skills, which can be improved.⁷² The three main components of ART include prosocial skills training, anger control training, and moral reasoning development. Moral reasoning focuses on the importance of prosocial behavior for increasing behavior change. ART has been shown to reliably improve social skills and reduce behavioral problems,⁷³ as well as reduce recidivism rates when implemented correctly.⁷⁴

Medication-assisted treatment (MAT) is the use of medications, in combination with behavioral therapies, to treat opioid use disorders (OUDs) and alcohol use disorders.⁷⁵ MAT for OUDs is an evidence-based treatment with three approved medications: buprenorphine, methadone, and naltrexone.⁷⁶ Methadone and buprenorphine have been shown to decrease mortality, improve treatment retention and reduce relapse, decrease criminal activity, improve employment outcomes, health outcome, and enhance social functioning.⁷⁷ These medications affect the brain by blocking opioid effects and lessening withdrawal symptoms to restore normal bodily functioning. A study with justice-involved individuals found longer time in methadone maintenance therapy improved reentry outcomes, reduced mortality, and reduced reincarceration.⁷⁸

Housing

Supportive housing. Supportive housing is a promising, affordable housing model that includes case management, mental health treatment, substance use treatment, and vocational training.⁷⁹ Services are individualized based upon housing providers and participants. Supportive housing can enhance residential stability for those with severe mental illness, substance use disorders, and those who are chronically homeless.⁸⁰ Their usage can prevent costly hospitalizations and inpatient treatments that would be more frequent without supportive housing.⁸¹ As tenants' needs change, supportive housing services can be matched accordingly.⁸²

Returning Home Ohio (RHO) provides high-risk returning individuals with non-time limited, permanently affordable supportive housing.⁸³ This promising program uses a harm reduction approach—participants are not required to maintain sobriety or participate in services to stay housed. One study found RHO participants were 40 percent less likely to be arrested and 61 percent less likely to be reincarcerated than a comparison group of those who did not participate.⁸⁴ However, RHO participants who were rearrested were rearrested much more frequently than those who did not participate. This may be due to increased levels of supervision for RHO participants.

Social Support

In-prison visitation. Assisting prison visitations with friends and family is a promising practice to enhance the reentry process for returning individuals.⁸⁵ For those who do not have social supports, reentry programming that links these individuals with a community volunteer may be impactful. Previous research has found that those who receive visits from community volunteers (e.g., mentors, clergy) may be less likely to recidivate than those who receive visits from family, friends or others.⁸⁶ Researchers have suggested multiple reasons why this could be the case; visits from friends and family may actually increase risk when there is a volatile relationship (e.g., ex-spouse), and clergy are specifically trained in how to assist persons going through difficult times.⁸⁷ In either case, promoting or providing positive social support that continues after release may be important for returning individuals' risk of recidivism.

Community Mediation Maryland (CMM) is a promising program that assists returning individuals in creating and maintaining relationships with their family and community. A mediator meets with an incarcerated individual and their family shortly before release and

facilitates a discussion encouraging problem-solving, honesty, and active listening.⁸⁸ An evaluation of CMM found participants had a 15-percent reduced likelihood of reconviction and 10-percent reduced likelihood of reincarceration when compared with individuals who were interested in mediation but unable to receive it.⁸⁹ By comparing non-participating individuals who were interested in CMM with actual participants, differences in personal motivation between the treatment and control group were minimized.

Comprehensive Programs

Comprehensive reentry programs are multi-faceted and target more than one need, oftentimes providing case management services. Programs that focus on singular needs may be less effective,⁹⁰ but comprehensive programs can be labor-intensive and expensive.⁹¹ Stakeholders will need to consider available resources when deciding between programs.

[InnerChange Freedom Initiative](#)⁹² is a promising program that begins in prison and focuses on family and social relationship support, religious programming, and preparation for community service. While the program teaches using Christian values, individuals do not have to be religious or Christian to participate. The program includes partnerships with local faith organizations, landlords, and employers, and provides each participant with a mentor to assist in the reentry process. Mentors meet with participants on a weekly basis during the final months of incarceration and continue to meet after release. An outcome evaluation found that participants were significantly less likely to be rearrested, reconvicted, or reincarcerated for a new offense than non-participants, although no significant difference were noted between the groups for technical violations.⁹³

[Serious and Violent Offender Reentry Initiative \(SVORI\)](#) was a federal initiative that provided correctional institutions with funding for reentry programming. In SVORI programs, participants are assessed for their strongest criminogenic needs and then referred to specific programs within their correctional institution based upon those needs. Case managers create reentry plans and provide support before and after release. A multi-site evaluation of SVORI programs found no significant differences between participants and non-participants, but implementation of services varied by site.⁹⁴ An evaluation of a SVORI program in a Midwestern state was more promising; SVORI participants on parole were 55 percent less likely to be convicted for a new offense in the first year after release than those who received regular parole services, although there were no differences in reincarceration rates.⁹⁵

Other analyses of SVORI data concluded that simply adding more services was not always beneficial for participants and that some services (e.g., CBT) may be more effective than others.⁹⁶ Future research must continue to evaluate both specific reentry services and combinations of services.

Conclusion

Individuals released from prison often face immediate challenges related to employment, housing, behavioral health, and social support. Released individuals frequently return to underserved communities with few resources to address their wide-ranging needs.⁹⁷ Without assistance, individuals reentering their communities find themselves at an increased risk for

recidivism and return to prison. Thus, improving and expanding reentry programs may be one strategy to reduce risk of recidivism and increase quality-of-life for returning individuals.⁹⁸

Whereas there is significant research on the characteristics of returning individuals, their reentry needs, and the importance of reentry programming,⁹⁹ far less is known about the specific components of successful programs. Promising practices and programs exist to assist individuals with community reentry, although the causal relationships between employment, behavioral health, social support, and housing on recidivism risk levels have yet to be determined. More rigorous study is needed to pinpoint what works to both improve the health and well-being of the formerly incarcerated and increase public safety.¹⁰⁰

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