

**The Reduction of Prison Reentry Among Male Offenders in the United States: Social  
Support and Mental Health Program Implementation**

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**The Reduction of Prison Reentry Among Male Offenders in the United States: Social  
Support and Mental Health Program Implementation**

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## **Abstract**

According to the United States Bureau of Justice Statistics (2018), the United States is found to have one of the highest criminal recidivism rates in the world, with over 75% of incarcerated individuals being prior offenders, and recidivism peaking in the male population of ages 18-24 (Mizel and Abrams, 2020). As criminality increases, it is crucial to investigate intervention programs that assist in deterring repeated criminal activity. With use of secondary data, this research proposal will prove that mental health treatment and social support initiatives are the most effective prison reentry programs that work to reduce the United States recidivism rate (Mizel and Abrams, 2020). After cumulative data analysis, it was found that male offender recidivism was significantly reduced in the United States by incorporating components of social support and mental health programs in the incarceration and probationary reentry period. Implications for future research include continued evaluation, and assessment of reentry programs and their effectiveness.

*Keywords:* prison reentry, recidivism, social support, mental health treatment

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## INTRODUCTION

### **Statement of the Problem**

According to the United States Department of Justice (2018), the United States is found to have one of the highest criminal recidivism rates in the world, with over 75% of incarcerated individuals being prior offenders, and recidivism peaking in the male population of ages 18-24 (Mizel and Abrams, 2020). As criminality increases, it is crucial to investigate intervention programs that assist in deterring repeated criminal activity. Not only must the offender be held responsible, but they also need to be provided proper mental health treatment and social support before release back into society. Recidivism is detrimental to the offender, the criminal justice system, and society as a whole.

Currently in the United States, there is a need for mental health treatment and social support programs within the prison reentry system, as recidivism rates are continually growing over time (Berghuis, 2018). This research proposal will prove that mental health treatment and social support initiatives are the most effective prison reentry programs at reducing the United States recidivism rate (Mizel and Abrams, 2020).

### **Purpose of Study**

In the United States, there is a critical number of male offenders who recidivate after serving time in prison for criminal activity. The primary purpose of this specific research will be to provide evidence that recidivism is a significant problem in the United States and to show how it affects the structural functioning of society. The outstanding significance of the research proposal will be to advocate for better mental health treatment and social support programs for male offenders pre- and post-release, so as to significantly deter recidivism and reduce criminality nationwide.

## **Significance of Study**

Moreover, in the research proposal provided, there will be an argument that prison reentry programs focused on mental health treatment and social support planning are the most effective in reducing recidivism among male offenders in the United States. It will also be argued that by creating and implementing progressive treatment programs that provide humility and integrity to the individual, male offenders will be more successful in fulfilling non-criminal lives after release from incarceration.

Although research has been previously done on prison reentry program effectiveness, this paper will conduct a comprehensive critical analysis of what the specific needs are of these programs to successfully reduce recidivism. The study will focus on the offender's perspective, as well as specific data on the recidivism rates of those who have completed prison reentry programs. The offender's perspective is one of the most effective ways to identify the need. As Mizel and Abrams (2020) explain, delivering practical and professional support, cultivating emotional connections, continuity of support inside and out, and support from other offenders are all beneficial reentry program strategies.

Not only will it benefit society to have a universal crime reduction, but the costs of incarceration will drop immensely as well. If the criminal justice system and correctional facilities do not utilize intervention programs when releasing male offenders back into society, the United States recidivism rate will only increase as time goes on. With this being said, prison reentry programs must be tailored to mental health treatment and social support to be effective in overall crime reduction.



## **Contributions to the Field**

As for specific contributions to the field, the proposal will provide cumulative critical analysis, where generalized trends and conclusions will be made. These trends and conclusions will be focused on the effectiveness of mental health treatment diversion programs, the influence of social support on recidivism of male offenders, and examples of both effective and ineffective programs and policies currently in place. After this comprehensive analysis, where evident conclusions are made, there will be recommendations towards change that encourage social support programming and individual mental health treatment planning in order to reduce the crime rate in the United States. The primary recommendation for an ideal and effective prison reentry program includes prioritizing the mental health treatment needs and social support needs of the offenders.

## **LITERATURE REVIEW**

The male incarceration rate in the United States has increased in the last decade, and recidivistic offenders make up a large population of these individuals (Connor, 2020). Therefore, there is a need for prison reentry programs to emphasize mental health treatment and social support, to encourage both a decreased national crime rate and a reduction in recidivism among offenders. For the purposes of this literature review, there will be introductions to necessary topics of discussion; such as components of adult male recidivism, reentry, and recommendations for future programs. The sources were discovered through secondary research and were assessed for proper inclusion into the research paper.

### **Adult Male Recidivism**

Recidivism can be described as a criminal relapse of behavior, specifically after an offender has already been incarcerated or penalized for their criminal behavior in the past

(National Institute of Justice, 2020). Being one of the most crucial concepts to understand in the criminal justice field, recidivism can be measured by additional arrest, conviction, and/or re-incarceration of an individual following a three year post-release period. Recidivism is especially crucial when understanding core concepts of criminal justice in the United States, such as with rehabilitation (breaking criminal pattern through healing), deterrence strategies (program implementation to keep individuals from committing crime), and incapacitation (the stopping of criminal behavior by isolation from society and incarceration), (National Institute of Justice, 2020). Overall, the main importance of a measurable concept like recidivism is that it will help researchers and professionals further understand how to attain desistance, which is the occurrence of offender reaching a point of complete non-offending (National Institute of Justice, 2020).

Recidivism should specifically be recognized as a significant social issue in the United States, as the nation is viewed as having mass incarceration rates affecting both the socio-economic and cultural functionality of society. For example, even though the United States population only makes up about 5% of the world, it houses over 20% of the world's incarcerated population (Connor, 2020). Much of this incarcerated population is made up of recidivistic offenders, who if had an influential reentry program, may not be a part of the statistic. Moreover, the United States Bureau of Justice Statistics (2020) released a cumulative report on the recidivism of male offenders after 9 years of observation. The researchers found that male recidivism was a major problem in the United States and provided statistics that validated this research. Within 3 years, 68% of offenders were arrested for additional criminal charges; within 6 years, 79% were re-arrested; and within 9 years, 83% were re-arrested. This data supports the concern for male incarceration and recidivism rates.

## **Adult Male Reentry**

Building off of recidivism, reentry can be defined as programs or courts that work to assist the offender in entering back into society after a period of incarceration. Aside from providing individual assistance to the offender, reentry is helpful to “reduce recidivism rates, improve public safety, and save money”, making it effective on both a micro and macro level (US Department of Justice, 2021). The primary goal of reentry programs is to create solutions to the major barriers faced when attempting achievement of desistance, or a non-offending lifestyle post-release. The programs are designed to give reentering offenders a fair shot at attaining necessary components of a non-criminal life, such as permanent housing, job stability, connection to their community, and strong interpersonal relationships with friends and family (US Department of Justice, 2021). By creating more support and stability for the offender, there will be a decreased chance of recidivism, and will overall reduce the crime rate in the United States.

As reflected by Nelson Mandela “It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones.” (Connor, 2020). Every year in the United States state and federal prison system, there are more than 650,000 offenders released; while in local jails, over 9 million are released (Cottle, 2021). With such vast amounts of reentry, it is crucial that there are sufficient programs to further deter these offenders from behaviors that get them rearrested. Recidivism is not the only concern and reasoning for having more effective reentry programs, as the health of these offenders is at a major risk once released as well. Not only do the offenders experience physical health problems from their incarceration, but they often have trouble with social, behavioral, and financial health resources once released. With this being said, there are significantly higher rates

of hospitalization and death in the reentering offender population than in the general population (Cottle, 2021). Specifically in a study done by the New England Journal of Medicine in Washington State, the first two weeks of reentry are particularly dangerous, as offenders are “129 times as likely to die of an overdose” during this time period (Cottle, 2021). In order to curb recidivism and care for the offenders being released from incarceration, it is crucial to have effective reentry programs implemented throughout the country.

In further research, Mizel and Abrams (2020) completed a study showing the need of reentry programs for prisoners by highlighting four themes that are proven the most beneficial to reduce recidivism, as validated by a focus group of released male prisoners. In line with the need for mental health and social support reentry programs, the highlighted themes include “delivery of practical help, fostering an emotional connection, continuity from inside to out, and receiving support from other members (Mizel and Abrams, 2020). This version of reentry support agrees that the offender must have some form of continuous care and support to be successful in reentering society. Without these resources and connections, offenders are at a substantially high risk for recidivism and major health problems, which puts the offender, the criminal justice system, and society, in a place of increased harm.

### **Reentry Program Implementation**

One of the main areas of focus when implementing a successful reentry program relies heavily on the integration of strong social supports, along with the exploration of the impact of the probation officer, family, peers, and community resources. Bares and Mowen (2020) completed a research study and found that the parole officer is the most useful in socially supporting the offender through professional support during reintegration. The parole officer must provide direct connections to legal assistance, healthcare, housing, and mental health

treatment in order to ensure the offender feels supported from a professional standpoint from someone directly in the field. This information enhances the evidence that social support is effective in reentry programs.

Alongside the parole officer's support, there are several research articles focusing on the importance of the family support system during transition from prison to community. First, Liu (2020) explained in his study that the private level of social control implemented by a supportive family has the most significant effect on the deterrence of recidivism among male offenders. For example, a family that has informal constraints on expectations, while supporting the offender through transition, will create the most supportive environment for a reentering offender. Furthermore, in 2019, Mowen, Stansfield, and Boman conducted an experiment observing three major components of family support for the offender. The authors found that interactional, instrumental, and emotional factors are all important to successful reentry, but that the most effective in reducing recidivism is basic instrumental support. The family must assist the individual in building a healthy foundation to grow from by helping with basic necessities like shelter, food, and transportation. Both Mowen et al (2019) and Liu (2020) advocate for the necessity of social support during reentry.

In continuing research, Mowen and Boman (2019) further assessed the significance of family support in another article that evaluated a different component of familial influence. Although family support is the most instrumental in reducing recidivism, family coercion has the highest risk of increasing recidivism among the male offenders. Therefore, an offender will benefit the most from having a supportive family but will also be challenged the most from having an unhealthy family. This bilateral evaluation is a significant representation of how family support

can both be supportive to the reintegrating offender, and also detrimental if the family's influence is toxic.

Moving on from social support, the inclusion of mental health treatment in reentry programs is crucial in reducing incarceration and recidivism rates in male offenders. Veeh et al (2018) completed research assessing the social services provided to offenders reentering society, with an emphasis on mental health facilitation. According to the authors, the most effective reentry programs include individualized treatment plans for each offender based on their mental wellness (Veeh et al., 2018). Their investment in validating the individual mental health needs of released offenders provides professional framework to effective recommendations for future reentry programs. As an example of the significance of this mental health focus, Dickson and Webster (2021) conducted research specifically on the effects of behavioral health intervention during reentry in order to reduce the number of DUI offenders in Kentucky. The results show that there is a major need for behavioral health assessment before releasing DUI offenders, further supporting Veeh et al's (2018) stance on the requirement for mental health treatment in reentry programs.

Overall, even though comparative analysis shows that researchers emphasize different factors of social support and mental health as the most beneficial for reentry programs, all of the studies had a primary goal to prove the importance of increased services upon reintegrating the male offender into society. While social support from the community, family, and the criminal justice system is crucial, there is evidence that the same can be said for inclusion of mental health intervention. These articles cumulatively support the fact that there is a need for prison reentry programs emphasizing mental health and social support, as to encourage a decreased national

crime rate, a reduction in recidivism among male offenders, and an overall humanistic support to those being released.

## **THEORETICAL FRAMEWORK**

### **Deterrence and Rational Choice Theory**

According to the modern classical approach of the rational choice theory, crime will be reduced by both formal and informal forms of deterrence. In this theory, deterrence is applied as a term describing an offender's fear or concern with completing a behavior because of the consequences of the action. The major concept indicates that the criminal will complete some form of risk assessment before committing a crime, as to decide whether the risk will outweigh the benefit (Tibbetts & Hemmens, 2019).

In further understanding of this theory's relation to crime rate, the concepts of formal and informal sanctions are a necessary evaluation point. Formal controls are described as a deterrence strategy enforced by authorized agents in society, such as law enforcement, the criminal justice system, the legal system, and other administrative agencies. Contrarily, informal controls are enforced by society, such as family members, peers, schools, churches, and social media. The informal controls in deterrence are more effected by violating societal customs or norms, as opposed to laws or regulations (Tibbetts & Hemmens, 2019).

According to the rational choice theory, criminals will be deterred from committing crimes if efficient formal and informal controls are in place; however, further research shows that informal controls are more effective in the reduction of recidivism. Tibbetts and Hemmens (2019) explain that although formal controls have some effect of the individual's decision to commit a crime, these types of controls are "almost always relatively unimportant compared to extralegal or informal factors". With this being said, the research surrounding the rational choice

theory's approach to crime reduction verifies that mental health and social support in reentry programs will have a greater impact on reducing recidivism by incorporating a heavier reliance on the implementation of informal controls. For example, an offender reentering society will be less likely to recidivate if they have strong informal controls of family support, job stability, education, and peer support, such as a mental health support group or recreational church following. These types of solid social supports and mental health treatments will deter the criminal from reoffending, as they are more likely to fear the guilt and shame of violating the customs and norms created in their reentry stabilization, than they would fear the actual arrest and incarceration itself.

Several other research articles over time have similarly found that the informal controls emphasized in the rational choice theory will be effective in the reduction of recidivism. In 1984, the United States Department of Justice released a research article explaining the benefit of utilizing the rational choice theory in offender rehabilitation. In this study, 1,425 inmates who were being released from a North Carolina prison were assessed over a period of 6 months to understand what factors played the biggest role in crime deterrence. Overall, the findings showed that the offenders participating in programs involved with "work release; educational and vocational activities; prison enterprise and duty assignments; a community transition program; and alcohol, drug, and mental health programs" were less likely to recidivate over time, as they had informal sanctions motivating them to avoid criminal behavior (Orsagh & Marsden, 1984). In a more recent study, Paternoster et al. (2015) assessed secondary research to better understand the rational choice theory's relation to criminal desistance. The authors found that informal controls, such as healthy relationships, family supports, and stable employment all had the greatest impact on reducing recidivism in offenders reentering society. Overall, the rational



choice theory clearly validates the need for mental health and social support initiatives in reentry programs, as from a theoretical approach, these deterrence factors are incredibly effective in reducing recidivism.

### **Social Control Theory**

In accordance with the rational choice theory, the learning theories of social control further substantiate the positive effect of mental health and social support in crime reduction. The social control theory is based off the understanding that every individual has the ability to commit crime, but it is determined by social and humanistic restraints if they will actually execute a crime. While the rational choice theory assesses what factors can be put in place to deter someone from recidivating, the social control theories ask what factors are in place to cause a resistance toward a criminal impulse (Tibbetts & Hemmens, 2019).

Although there are several social control theories that encourage the need for mental health and social support in reentry, such as Reckless's containment theory and Matza's drift theory, the most prominent social control theory for the purposes of this research is Hirschi's social bonding theory. The containment theory mirrors the rational choice theory, in its emphasis on internal and external forms of containment deterring crime, much like formal and informal controls. On the other hand, Matza's drift theory explains that individuals will be more likely to commit crimes when they have the least amount of social connection and reliance. However, the social bonding theory clearly ascertains that "conventional entities, such as families, schools, and communities" will have the greatest effect on an individual's ability to refrain from recidivating (Tibbetts & Hemmens, 2019).

The social bonding theory contains four key elements in explaining how interpersonal relationships and societal bonds will influence crime reduction- they are attachment,

commitment, involvement, and belief. Attachment is the strongest social bond, as it embodies the internalization of social norms by way of having adequate relationships to other individuals. The concept of commitment refers to a commitment to society, and the offender refraining from crime as a result of the fear of losing their place in standard society. Involvement explains the need for an offender to be a member of groups, or to participate in common activities in an attempt to reduce the impulse of committing crime due to compliance. Lastly, in belief, the offender would be able to conform to society's norms and values, and fear violating laws because of their bond to society and community (Tibbetts & Hemmens, 2019). The social bonding theory emulates the need for mental health and social support programs in reentry, as it has a heavy reliance on the formation of social bonds to both individuals and society in order to reduce recidivism.

Further research validates this approach, as in 2020, Liu completed a research study focusing on the relation of social control levels with offender recidivism rates. The author assessed offender's likelihood of recidivism based on their incorporation of private and public social controls in their reentrance to society. The research showed that there was a significant correlation between increased private and public forms of social control and reduced recidivism among the offenders (Liu, 2020). Furthermore, other research has been completed to exhibit more specific types of social bonds that are influential in reduced recidivism. Wyse et al (2014) completed a study showing the significance of "romantic relationships and criminal desistance", where it was found that offenders in marital relationships with positive social supports were more successful at refraining from criminal activity. In another article, Stansfield et al (2017) found that religious support as a social bond in reentry programs had a highly significant effect on the desistance of crime among offenders and had "robust prosocial effects on both post

release employment and substance use”. Overall, the cumulative research on the social bonding theory substantiates the benefit and need for mental health and social support influences in reentry programs, as the incorporation of strong social bonds will directly influence the desistance to recidivate.

## **METHODOLOGY**

For the purposes of this research paper, secondary research and data were collected and assessed from various peer-reviewed scholarly research articles, state health and human services databases, and independent sources to further understand reentry programs corresponding with adult male recidivism and reentry rates in the United States. The data from the secondary sources was then critically analyzed to provide evident positive correlation between the incorporation of mental health treatment and social support initiatives in reentry programs with the reduction of recidivism and reentry rates among the offenders.

## **RESULTS**

### **Opening Avenues to Reentry Success**

In order to complete efficient evaluation, several reentry programs focusing on mental health and social support were assessed for their effectiveness. In 2020, the Wisconsin Department of Health Services provided an overview of the Opening Avenues to Reentry Success (OARS) program in Wisconsin. OARS clearly believes in the benefit of mental health focused reentry programs, as their mission is to support offenders with a serious-severe mental illness in their transition from prison to their community (WDHS, 2020). This program outlines the necessary components of a successful reentry program and is crucial as a supporting example to the thesis.

The OARS program uses an efficient team based approach to supporting released offenders by assisting them with job stability, housing, structured release plans, and tools to help

them attain self sufficiency. A typical OARS team would be compiled of “an institutional social worker, a DHS OARS program specialist, a DHS-contracted OARS case manager, and an agent from the Division of Community Corrections” (NCJA, 2020). These primary four team members will also include the offender themselves in planning and preparation for reentry and follow through. The success of this program comes from powerful evidence-based practices, where the offender’s mental health treatment is at the utmost significance; and medication compliance, dual diagnosis assessment, person-centered planning, and motivational interviewing are utilized (NCJA, 2020). Another benefit of this program is the cost, as over the last decade, the cost of the program has significantly decreased due to pre-planning based on the offender’s existing financial means, and by connecting the offender with adequate public assistance programs. For example, an offender would be connected with resources to apply for Medicaid to assist with mental health treatment and medicine management. Although OARS is a voluntary program, the offender must abide by a set of pre-release and post-release guidelines, and the program last an average of 12 months. By month 12, the offender will have reached self-sufficiency with a significant reduction in their potential recidivism (NCJA, 2020).

Statistically, the OARS program has resulted in a major reduction of recidivism rates in Wisconsin, as in 2010 the recidivism rate for participants in the program was 14% lower than those who had not completed the program (NCJA, 2020). Over the years, the completion rate of the program increases as the recidivism rate decreases, and as the program outreach and effectiveness continually prospers as time goes on. The OARS program is a prime example of a thriving reentry program that focuses on mental health and social support for the offender in order to reduce recidivism. Furthermore, the program provides compassion to the individuals involved, and is a cost-effective program that bilaterally reduces the costs of incarceration.

## Minnesota Comprehensive Offender Reentry Plan

Moving on, the next beneficial reentry program observed in this research is the Minnesota Comprehensive Offender Reentry Plan (MCORP). In 2016, the National Institute of Justice highlighted MCORP as an effective prison reentry program, focusing on the importance of the connection between social support and transition of the offender. This program utilized SMART planning strategies and goal setting between the offender, a specialized case worker, and the probation officer in order to ensure the offender would not recidivate. The most important piece of this research is that it proves a reentry program focused on social support and connection has a significant reduction in recidivism, “measured by rates of rearrest, reconviction, technical violation revocation, and reincarceration for any reason” (NIJ, 2016).

The MCORP program places significant emphasis on the collaboration and relationship between the community social worker and the institutional social worker. Similarly to OARS, MCORP begins in a phase of pre-release and continues to post-release, as to develop a full spectrum plan to encourage anti-criminal behavior. The participant will be assessed for strengths and areas of need, where the social workers will then work together with the offender to provide social and structural support during transition (NIJ, 2016). Some of the specific resources provided to participants include assistance with housing and financial assistance, education and employment attainment, and medical and mental health treatment. Statistically, MCORP has significantly helped reduce recidivism, shown by Duwe (2013):

**Table 1: Recidivism Comparison of MCORP and Control Group Offenders Rearrest**

(Duwe, 2013)

	<i>Rearrest</i>	<i>Reconviction</i>	<i>New Offense Reincarceration</i>	<i>Tech. Viol. Revocation</i>	<i>Any Return</i>	<i>N</i>
<b>Total Control</b>	76.3%	64.2%	30.3%	38.3%	52.2%	274

<b>Total MCORP</b>	70.1%	58.3%	29.4%	30.6%	46.5%	415
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As shown in Table 1, the reduction of recidivism among offenders who participated in the MCORP program was considerable compared to generally released offenders. Overall, in conjunction with OARS, MCORP provides evidence that mental health and social support programs will have an impact on rates of recidivism in the United States, based on their structured integration of evidence based-practices and team-based approaches.

### **Juvenile ReEntry System Effort**

Another successful reentry program can be seen in the Juvenile ReEntry System Effort (JReS), which is a massive collaborative effort by the Iowa Department of Human Services to reduce recidivism of juvenile offenders. The Iowa DHS (2019) acknowledges the importance of providing support to offenders at a young age, as to further deter them from committing crime in adulthood. The primary goals of “cross-system coordination, quality and effective programming, and prioritization of resources” (IDHS, 2019), further enhance the evidence that reentry programs will reduce the United States male incarceration and recidivism rates by delivering necessary provisions to juvenile offenders.

The JReS program emphasizes practical case management combined with family planning and community services. The primary goals are not only to reduce recidivism, but to also spread awareness of juvenile delinquency and safe prevention and intervention plans. What sets JReS aside from other programming is that there is widespread initiative to integrate awareness into schools, as to further deter delinquency and recidivism. The foundation of the support programs in JReS are created with an understanding of the highest risk factors of offending, those being “family dysfunction, lack of family engagement, lack of support systems,

and mental health challenges” (IDHS, 2019). Statistically, the JReS program showed a significant reduction in the juvenile offenders that it served, as shown by Table 2 below (IDHS, 2019):

**Table 2: Recidivism within 1 year of Exit from Group Care from 2015-2018 (IDHS, 2019)**

	<i>No New Complaints within 1 Year</i>	
<b>2015</b>	142	41.3%
<b>2016</b>	297	44.3%
<b>2017</b>	273	42.0%
<b>2018</b>	322	40.4%

Although there was an increase in recidivism during the first year of assessment, as the program continued to develop and refine, there is clear evidence that the JReS program assisted in reduction of recidivism among juvenile participants. Overall, this program is another example of how effective reentry programs can be when there are integrative approaches to mental health and social support, along with awareness and intervention tactics.

### **Colorado Criminal Justice Reform Coalition**

Lastly, the Colorado Criminal Justice Reform Coalition (2019) shows the powerful outcome of support for offenders releasing from prison in their 2019 annual report. The CCJRC is a non-profit organization that focuses on the safety of both the offender and the community upon release from prison, with an additional emphasis on prevention of incarceration. Their programs initiate direct connection between offenders and social support, such as their campaigns for healthcare, legal assistance, and voting eligibility for prior criminals. The

CCJRC's emphasis on providing offenders access to services is a great representation of a social support reentry program.

One primary goal of CCJRC that influences its successful operation is its focus on mental health and addiction recovery as a way to deter recidivism. The impact is not only seen with the adult offenders themselves, but on the children who are affected by parental incarceration and addiction. For example the CCJRC (2019) explains that 80% of incarcerated individuals in Colorado in 2019 were affected by addiction, and 25% were affected by untreated mental illness. Of these numbers, this left over 20,000 children in Colorado with incarcerated parents in 2019. These statistics are used as fuel by the CCJRC to incorporate mental health and social support services to those being released

Overall, OARS, MCorp, JReS, and the CCJRC all provide crucial evidence that mental health and social support reentry programs are successful in reducing recidivism rates and decreasing incarceration among offenders in the United States. Although each program has a slightly different emphasis, all four represent the primary goals addressed in this research study. The components of these programs will be integrated into recommendations for future programs.

## **RECOMMENDATIONS**

When looking at reentry, there are three phases that must be completed in order to have a successful outcome. The institutional phase begins at least 6-months before the offender is planning to be released; the structured phase is included in the 6-months before release but includes the 30 days after release; and the integrative phase goes past 30 days post-release (Taxman, 2003). All of these 3 phases are necessary in planning successful reentry treatment of the offender, as the offender is supported in both preparation of release and adjustment of post-release. Moreover, there are differentiated models of the participant's role during reentry: being an active recipient or an active participant. As an active recipient, the offender's reentry is



created and carried out by the administrators in the offender's case; however, this can be ineffective as it often lacks the commitment and motivation of the offender. A more useful concept is that of the active participant, where the offender plays an active role in planning and decision making about the risks, needs, and community engagement (Taxman, 2003). This empowerment is mandatory in the reentry process, as it will help the offender build long-term tools to ensure they are adhering to public safety and law. Instead of being told what they must do, the offender will find motivation and encouragement to succeed by being a part of the team in processing their reentry requirements.

### **Social Support Focus**

As previously mentioned, social support from family, peers, parole officers, and the community are crucial to reentry programs that will reduce recidivism. While parole officers are the most helpful in providing resources like legal assistance, medical health planning, and housing; the community resources will aid in basic necessities like food, clothing, job training, and education. The family influence can be incredibly important to an offender's success if they have a strong support system but can also be detrimental if the family triggers negative thoughts and behaviors of the offender (Mowen et al, 2019). Peers and other social support can help the offender stay on track with their reentry journey while maintaining a healthy social environment (Mowen & Boman, 2019). While all of these roles have been seen as incredibly successful in deterring recidivism, there are many more specific reentry targets for social support that will further push the offender to avoid criminal behavior.

For the purposes of this recommendation, it is crucial to highlight the importance of parental incarceration in reentry as a major tool in reducing recidivism among this population. Although not every offender is a parent, there is a significant population of offenders that are

parents; and utilizing this information can be the most impactful in deterring recidivism. In 2007, the US Department of Justice reported that over 50% of incarcerated individuals were parents of children under the age of 18, leaving over 1.5 million children in the United States with absent, incarcerated parents. By assessing the data between 1991-2007, it was found that the number of incarcerated parents increased by almost 80% (US Bureau of Justice Statistics, 2009). Not only does this issue cause major physical, financial, psychological, and social stress onto the child of the parent, but it also is found to have a significant effect on the incarcerated parent themselves. A majority of the parents who are incarcerated are found to have primary issues of substance abuse, medical health problems, mental health problems, and a history of physical and/or sexual abuse (US Bureau of Justice Statistics, 2009).

Furthermore, in a study completed by Visher (2013), it was found that fathers who have communication with their children pre- and post-release are more likely to be successful in reentry by obtaining job stability, working on mental health conditions, avoiding substance abuse, and refraining from any criminal activity, with their child as a major motivator (Visher, 2013). By looking at this data, there is clear evidence that addressing parental incarceration as a social support focus in reentry is tremendously impactful in reducing recidivism.

### **Mental Health Treatment Focus**

As previously discussed, mental health treatment is mandatory in the implementation of successful reentry programs, as the individual investment in the offender's wellness has been shown to have a major impact on their likelihood of recidivating. While any form of relevant mental health treatment will be beneficial to the applicable offender, it is crucial to focus on the specific population of offenders with one of the most common conditions in those with criminal behavior: substance abuse. In a 2007 report by the US Bureau of Criminal Justice statistics, it

was found that almost 60% of state prisoners and over 60% of offenders in jail had a substance dependence or met the DSM-IV criteria for substance abuse. In many of these offenders, substance abuse is entangled with their criminal behavior, further affecting their likelihood of recidivism; as it was found that an average of 4 in 10 inmates were under the influence of alcohol or other drugs when they were arrested. While the rate of substance abuse in prisoners is so high, the percentage of those who have previously completed treatment is incredibly low. For example, “26% of prisoners and 19% of jail inmates participated in a drug treatment program” prior to their current incarceration (US Bureau of Justice Statistics, 2020).

In a research study completed by Tangney et al (2016), substance use was assessed from pre-incarceration to post-release with the inclusion of focused mental health and substance abuse treatments. After reviewing the success of 305 participants, it was concluded that upon post-release completion of treatment, “inmates' frequency of substance use and dependence decreased substantially from pre-incarceration to post-release” (Tangney et al, 2016). After evaluating this research, the evidence shows that offenders with substance abuse issues are a majority population that will have a more successful reentry if the program includes specific mental health focused treatment for their dependence or addiction.

In creating these beneficial reentry programs, Belenko et al (2013) highlight some key principles to include in working with offenders in substance abuse recovery to deter recidivism. The primary components consist of evidence-based practices following a risks-needs-responsivity method. The risks-needs-responsivity approach focuses on the individual treatment of offenders, by assessing the risks and needs of each individual participant to see what unique principles will help them achieve the greatest accomplishment towards their goal. This approach furthermore supports the idea of an offender being an active participant in their reentry, in that

they must find their focus and will to change themselves before implementing an intervention plan.

First in following Belenko et al's (2013) model, there will be a comprehensive evaluation of the offender's risk influences that will ideally be reassessed throughout the process. Also, there must be an understanding that offenders at a higher risk must have treatment recommendations that are prioritized, as they are most likely to recidivate. Next, there will be an assessment of the offender's needs in terms of their ability to think critically and make proper judgements to avoid criminal activity. Lastly, the treatment plan must be "responsive to an offender's temperament, learning style, motivation, culture, and gender" (Belenko et al, 2013).

Overall, as substance abuse is proven to be a major commonality in the incarcerated population, it is crucial that this risk factor is specifically addressed in relevant cases during reentry. While any form of mental health treatment will be beneficial to reducing recidivism of offenders with mental illness, those with substance abuse are a specific majority population that should be attended to, as outlined by the highlighted recommendations, in order to reduce recidivism in the United States.

Referring to previously assessed data, the programs of OARS, MCORP, JReS, and CCJRC all contain recommended components of successful reentry programs, further validating the necessary suggestions. In Wisconsin, the OARS program follows the recommendation of the importance of mental health treatment, as they successfully provide individual assessment and treatment plans for reentering offenders with mental illness. In Minnesota, the MCORP program utilizes the suggestion of building strong support systems both during and after reentry, as they are catalysts towards connecting released offenders to community social workers and resource agencies. In Iowa, the JReS program further follows social support recommendations, as they

successfully provide individual case management to youth offenders with a goal to instill a positive family support system and community resource availability upon release. Lastly, in Colorado, the CCJRC adapts several recommendations, as their primary mission is to advocate for direct community resources and accessible mental health and addiction recovery for reentering offenders, emphasizing both social support and mental health connections. All four of these programs have been proven to significantly reduce recidivism across various parts of the United States, further validating that the provided recommendations are reliable and necessary to create social change.

To briefly review, the recommendations for successful reentry programs include:

- Three Phase Commitment Plan to Achievement
  - Institutional Phase- 6 months before offender release to begin goal planning and realistic expectations of reentry
  - Structured Phase- 6 months before release plus 30 days after release to closely monitor offender's initial reentry and provide necessary support to successful reentry
  - Integrative Phase- 30+ days post-release to ensure the offender remains continually successful at avoiding further criminal behavior
- Active participant- the reentering offender is a part of their reentry team, creating longevity for deterrence based on their empowerment and motivation to be a part of their reentry plan and decisions
- Social Support Integration
  - Probation and Parole Officers- provide professional support like legal assistance, medical care planning, and housing placement

- Community Resources- provide access to basic necessities like food, clothing, vocational training, and education
- Family Support- provide strong social support, or refrain from relationship if toxicity encourages criminal behavior
- Peers and Other Social Support- provide accountability and support such as from friends, church groups, or recreational activities
- Target Majority Population: Parental Incarceration
  - As over 50% of incarcerated individuals are parents of minor children, the focus on the child-parent relationship will be motivating in criminal deterrence (USDOJ, 2017).
- Mental Health Treatment Integration
  - General Mental Health Treatment- assessments, treatment plans, and goal planning tailored specifically to the individual's mental health needs
  - Target Majority Population: Individuals with Alcohol and Other Drug Addiction (AODA) Issues
    - As over 60% of incarcerated individuals have underlying AODA issues, the emphasis on alcohol and drug rehabilitation is crucial in deterring future criminal behavior of reentering offenders (US Bureau of Criminal Justice Statistics, 2007).

## **CONCLUSION**

Although there are ample reentry programs in the United States, the most effective ones include social support programs and specified mental health treatments. Although some people believe that reentry programs are not impactful and lengthy incarceration is necessary to combat crime, there is ample research that shows the crime reduction effectiveness of social support and

mental health treatment during reentry. Annually, over 600,000 inmates are released from prisons and over 7 million are released from jails, with a high recidivism rate reaching more than 50%, or every 2 out of 3 offenders (Office of Disease Prevention and Health Promotion, 2022). Therefore, there is a major need in the United States for enhanced mental health treatment and social support programs for male offenders who are incarcerated, so as to deter recidivism and reduce criminality.

First, the research proposal explored the prevalence of recidivism, reentry, and reentry programs, as well as critically assessed reentry programs with the relevant theoretical approaches of deterrence theory and social control theory. ADD The theories show that both strong formal and informal social bonds, as well as specified mental health treatment plans will tremendously deter crime and recidivism.

Next, there was a cumulative analysis of four prominent and effective reentry programs in the United States that all represented the benefit of social support and mental health treatment. Opening Avenues to Reentry Success (OARS) uses a team based approach focusing on the incorporation of mental health treatment to support offenders with mental illness avoid recidivism. The Colorado Criminal Justice Reform Coalition (CCJRC) has a specialty in advocacy and community resource distribution to offenders reentering society to deter them from the lifestyle that led them to criminalize. The Minnesota Comprehensive Offender Reentry Plan (MCORP) works towards rebuilding social support in the offender before and after they are released. The Juvenile ReEntry System Effort (JReS) emphasizes building strong social bonds in youth offenders in order to deter future recidivism both in adolescence and adulthood. While OARS and CCJRC focus more on individual support, treatment, and resource connection; MCORP and JReS focus on case management, social bonds, and goal planning.

Lastly, recommendations and suggestions for future programs were made that provided a solid basis for effective reentry programs. While social support and mental health treatment need to generally be incorporated in reentry programs, recommendations for interventions specifically tailored to incarcerated parents and substance abusers were identified, as these represent majority populations of criminal offenders. As a limitation to this study, there should be more research completed on other types of reentry programs and courts, in order to thoroughly compare which are the most effective. In contribution to the growing criminal justice field and future research, this study provides evidence that reentry programs are successful tools in deterring crime and recidivism, primarily emphasizing the monumental impact of social support and mental health treatment implementation.



## References

- Bares, K. J., & Mowen, T. J. (2020). Examining the parole officer as a mechanism of social support during reentry from prison. *Crime & Delinquency*, 66(6/7), 1023–1051.  
<https://doi-org.ezproxy.uwplatt.edu/10.1177/0011128719881599>.
- Belenko, S. Hiller, M. Hamilton, L. (2013). Treating substance use disorders in the criminal justice system. *National Library of Medicine: Curr Psychiatry Rep*. doi: 10.1007/s11920-013-0414-z.
- Berghuis, M. (2018). Reentry programs for adult male offender recidivism and reintegration: a systematic review and meta-analysis. *International Journal of Offender Therapy & Comparative Criminology*, 62(14), 4655–4676. <https://doi-org.ezproxy.uwplatt.edu/10.1177/0306624X18778448>.
- Colorado Criminal Justice Reform Coalition. (2019). *CCJRC Annual Report*.  
<https://www.ccjrc.org/wp-content/uploads/2020/12/2019-CCJRC-Annual-Report-draft-FINAL.pdf>.
- Connor, M. (2020). From first steps to second chances: Addressing mass incarceration in state prisons. *Notre Dame Law Review*, 95(4), 1699+.  
<https://link.gale.com/apps/doc/A628756328/AONE?u=platteville&sid=bookmark-AONE&xid=f00d4a10>.
- Cottle, M. (2021). This bill could save the lives of formerly incarcerated people. *New York Times*, A24(L).  
<https://link.gale.com/apps/doc/A687572939/AONE?u=platteville&sid=bookmark-AONE&xid=73eb10c1>.

- Dickson, M. F., & Webster, J. M. (2021). Conviction celerity and intervention compliance as predictors of DUI recidivism: A mediation model of deterrence among Kentucky DUI offenders. *Journal of Offender Rehabilitation, 60*(5), 311–328. <https://doi-org.ezproxy.uwplatt.edu/10.1080/10509674.2021.1931624>.
- Duwe, G. (2013) An evaluation of the Minnesota Comprehensive Offender Reentry Plan (MCORP) pilot project: Final report. *Minnesota Department of Corrections*. [https://mn.gov/doc/assets/MCORP\\_Evaluation\\_Final\\_DOC\\_Website\\_tcm1089-271479.pdf](https://mn.gov/doc/assets/MCORP_Evaluation_Final_DOC_Website_tcm1089-271479.pdf).
- Iowa Department of Human Rights. (2019). *Iowa's Juvenile Reentry Systems (JReS) final report*. <https://humanrights.iowa.gov/sites/default/files/media/JReS%20Progress%20Report%2002-6-2020.pdf>.
- Liu, L. (2020). Family, parochial, and public levels of social control and recidivism: An extension of the systemic model of social disorganization. *Crime & Delinquency, 66*(6/7), 864–886. <https://doi-org.ezproxy.uwplatt.edu/10.1177/0011128719901106>.
- Mizel, M. L., & Abrams, L. S. (2020). Practically emotional: Young men's perspectives on what works in reentry programs. *Journal of Social Service Research, 46*(5), 658–670. <https://doi-org.ezproxy.uwplatt.edu/10.1080/01488376.2019.1617225>.
- Mowen, T. J., Stansfield, R., & Boman IV, J. H. (2019). Family matters: Moving beyond “if” family support matters to “why” family support matters during reentry from prison. *Journal of Research in Crime & Delinquency, 56*(4), 483–523. <https://doi-org.ezproxy.uwplatt.edu/10.1177/0022427818820902>.

- Mowen, T. J., & Boman, J. H. (2019). Do we have it all wrong? The protective roles of peers and criminogenic risks from family during prison reentry. *Crime & Delinquency*, 65(5), 681–704. <https://doi-org.ezproxy.uwplatt.edu/10.1177/0011128718800286>.
- National Criminal Justice Association (NCJA). (2020). *WI OARS programs works to reduce recidivism for mentally ill offenders*. <http://ncja-avectra.informz.net/admin31/content/template.asp?sid=41732&brandid=3481&uid=783702736&mi=4886124&mfqid=23281916&ptid=&ps=41732>.
- National Institute of Justice. (2016). *Program Profile: Minnesota Comprehensive Offender Reentry Plan (MCORP)*. <https://crimesolutions.ojp.gov/ratedprograms/486#ii>.
- National Institute of Justice (2020). *Recidivism*. <https://nij.ojp.gov/topics/corrections/recidivism>.
- Office of Disease Prevention and Health Promotion. (2022). *Incarceration*. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/incarceration>.
- Orsagh, T & Marsden, M. (1984). Rational choice theory and offender rehabilitation. *U.S. Department of Justice*. <https://dx.doi.org/10.3886/ICPSR08515>.
- Paternoster, R., Bachman, R., Bushway, S. (2015). Human agency and explanations of criminal desistance: Arguments for a rational choice theory. *J Dev Life Course Criminology*, 1, 209–235. <https://doi.org/10.1007/s40865-015-0013-2>.
- Stansfield, R., Mowen, T. J., O'Connor, T., & Boman, J. H. (2017). The role of religious support in reentry: Evidence from the SVORI data. *Journal of Research in Crime &*

- Delinquency*, 54(1), 111–145. <https://doi-org.ezproxy.uwplatt.edu/10.1177/0022427816657578>.
- Tangney, J. P., Folk, J. B., Graham, D. M., Stuewig, J. B., Blalock, D. V., Salatino, A., Blasko, B. L., & Moore, K. E. (2016). Changes in inmates' substance use and dependence from pre-incarceration to one year post-release. *Journal of Criminal Justice*, 46, 228–238. <https://doi-org.ezproxy.uwplatt.edu/10.1016/j.jcrimjus.2016.05.002>.
- Taxman, F. (2003). The offender and reentry: Supporting active participation in reintegration. *Federal Probation*, 68(2). [https://www.uscourts.gov/sites/default/files/68\\_2\\_6\\_0.pdf](https://www.uscourts.gov/sites/default/files/68_2_6_0.pdf).
- Tibbetts, S. & Hemmens, C. (2019). *Criminological theory*. Los Angeles, CA: SAGE.
- Veeh, C. A., Renn, T., & Pettus-Davis, C. (2018). Promoting reentry well-being: A novel assessment tool for individualized service assignment in prisoner reentry programs. *Social Work*, 63(1), 91–96. <https://doi-org.ezproxy.uwplatt.edu/10.1093/SW/SWX050>.
- US Bureau of Justice Statistics. (2020). *2018 Update on prisoner recidivism: A 9-year follow-up period (2005-2014)*. <https://bjs.ojp.gov/content/pub/pdf/18upr9yfup0514.pdf>.
- US Bureau of Justice Statistics. (2020). *Drug use, dependence, and abuse among state prisoners and jail inmates, 2007-2009*. <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>.
- US Bureau of Justice Statistics. (2009). *Parents in prison and their minor children*. <https://bjs.ojp.gov/content/pub/pdf/pptmc.pdf>.
- US Department of Justice. (2021). Reentry program. *Western District of Washington: The United State's attorney's office*. <https://www.justice.gov/usao-wdwa/reentry-program>.

- Visher, C. A. (2013). Incarcerated fathers: Pathways from prison to home. *Criminal Justice Policy Review*, 24(1), 9–26. <https://doi-org.ezproxy.uwplatt.edu/10.1177/0887403411418105>.
- Wisconsin Department of Health Services (WiDHS). (2020). *Opening Avenues to Reentry Success (OARS)*. <https://www.dhs.wisconsin.gov/oars/index.htm>.
- Wyse, J. J. B., Harding, D. J., & Morenoff, J. D. (2014). Romantic relationships and criminal desistance: Pathways and processes. *Sociological Forum*, 29(2), 365–385. <https://doi-org.ezproxy.uwplatt.edu/10.1111/socf.12088>.