

ADDRESSING FEDERAL PRISONER'S MENTAL HEALTH AND CRIMINOGENIC
NEEDS DURING COMMUNITY REENTRY

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ABSTRACT

Within the United States, prisons are experiencing increased numbers of prisoners who have a mental illness. Federal and state prisons have various ways of addressing the needs of prisoners as they transition from prison to the community. Currently, there are federal pilot programs attempting to address the needs of inmates who have a mental illness as well as other factors relating to reentry success, but more should and could be done. The Federal Government should consider expanding current reentry programs to address mental health of the federal prison population upon release to facilitate successful reentry and reduce recidivism in this population. This thesis attempts to argue for the implementation of more programs at the federal level that address not only mental health but also criminogenic factors in the hope that such measures will reduce recidivism for this population and successfully maintain the possibility of this population staying out of prisons in the future. The first portion of this thesis looks at the overall goal of the criminal justice system as well as the implementation of specialized courts attempting to defer individuals away from imprisonment altogether. After establishing the current move to use alternatives to prison as evidence in favor of also implementing measures post-release to effect reentry, current programs at the federal level are discussed as well as the lack of research in this area. Finally, suggestions are made to improve the current programs at the federal level as well as areas of consideration when discussing a population of individuals who straddle both criminal and mentally ill categories.

Goal of the Criminal Justice System

The goal of the criminal justice system can be understood by two major perspectives on punishment: utilitarian and retributive. Punishment considered utilitarian is meant to “achiev[e] greater good; specifically, a safe and civil society” (O’Toole & Sahar, 2014, p. 48-49). Utilitarian punishment focuses on both the offender and general public in order to accomplish this goal. In particular, focus is given to “isolating and instilling a sense of fear in the offender” (O’Toole & Sahar, 2014, p. 48). For the general public, utilitarian punishment attempts to deter people from committing crimes that are being done by offenders (O’Toole & Sahar, 2014, p. 48). In addition, rehabilitation can be considered part of utilitarian punishment since it would help fulfill the goals of this punishment (O’Toole & Sahar, 2014, p. 48). Retributive punishment is the other main perspective. This has a focus on “just des[s]erts, or balancing the scales of justice and making offenders suffer for their wrongdoings” (O’Toole & Sahar, 2014, p. 48-49). Generally, people may use a combination of these two perspectives in determining the correct punishment to utilize, but the goals of one may be emphasized more than the other (as cited in O’Toole & Sahar, 2014, p. 50). Therefore, the overall goal of the criminal justice system is influenced by these two perspectives and may maintain a mix of the two or lean more heavily towards one which in turn influences the specific focus of providers in the system.

Based on the perspectives of punishment, one could argue the goal of the criminal justice system is to maintain public safety while protecting communities. Relating to this sentiment, a main focus for determining success in fulfilling these goals is reducing recidivism. As a measure of success, recidivism measures the amount of offenders who

recommit a crime, commit other crimes, or return to prison or jail. Various entities define the criteria for recidivism differently due to what they are interested in. There is a general belief that serving time in prison or jail should reduce future offending, but “evidence suggests that long prison sentences generally do not achieve the intended deterrent effect” (Taylor, 2017, p. 751). One suggestion is for the criminal justice system to emphasize work on reintegration into the community post-prison (Parker, 2016, p. 399-400). With this emphasis, achieving an overall goal of ensuring public safety and bettering society could be met more effectively. The negative effects of long prison sentences on deterrent effects may also be addressed through this work. Because “research indicates that prisoners with mental health problems have higher recidivism rates than those without mental health problems” reintegration work may benefit both groups of prisoners (Kim, Becker-Cohen, & Serakos, 2015, p. 11). Individuals with mental health problems could benefit greatly from a move to work on reintegration since this population has many needs affected by the reintegration process. With a large proportion of prisoners who deal with mental health issues, ensuring reduced recidivism may incorporate a larger focus on the individual needs of prisoners such as those who deal with mental illness.

If reducing recidivism is important, then it may be aided through successful reentry of prisoners back into society. DeMatteo, LaDuke, Lockliar, and Heilbrun (2013) described reentry as “a general term that includes all institutional and community-based programming dedicated to assisting individuals with mental illness to re-integrate into the community following release from incarceration or hospitalization, including efforts to prevent further criminal justice system involvement” (p. 68). A more specific term that is also used is community reentry which “describes the process of leaving a correctional

facility and transitioning back into community life” (Bilger, 2016, p. 6). This transitional period for many is stressful and burdensome. There are many issues faced and some unique ones for specific populations such as the mentally ill. Some reentry programs have been established through legislation such as the “Second Chance Act” which provides funding to establish programs “designed to: reduce the barriers that offenders often face when returning to the community” (Latessa, 2012, p. 46). Barriers may include housing, legal issues, child care and more specific needs such as family reunification, mental health services, and anger management programs (Latessa, 2012, p.46). Within this critical time frame, a diverse range of issues faced by ex-offenders can be addressed to lower recidivism rates.

Over the years, the criminal justice system has increasingly taken responsibility for the treatment of mental illness, especially in the prison and jail systems. State or federal agencies are responsible for running prisons and offer confinement for longer sentences. In contrast, jails are the responsibility of local agencies and usually deal with shorter sentences. Prisons and jails have seen an increase in the number of mentally ill making up their populations. Living with mental illness increases the probability of coming into contact with the criminal justice system and for many this is the first time they can address their needs. Legislation from the Senate and House incorporates serving the mentally ill through the parole and probation systems (Kim et al., 2015, p. 37). These actions involve pilot reentry task forces that work in conjunction with the Department of Corrections to “develop contracts with community-based organizations that provide mental health services to ex-offenders” such as “substance abuse treatment, employment and housing services, general health care, and faith-based services” in hopes of reducing

recidivism for this population (Kim et al., 2015, p. 37). Furthermore, prisons can be considered a “public health opportunity,” as argued by Glaser and Greifinger, since these are environments in which needs unmet outside of prison, such as “medical care, food, shelter, mental health treatment, substance abuse treatment, [and] education,” are addressed (as cited in Shannon & Page, 2014, p. 631). Aiding mentally ill offenders through various sections of the criminal justice system supports the finding from Wilson and Draine that “the criminal justice system has assumed increasingly greater responsibility for the treatment of those with mental illness within the system” (as cited in Duwe, 2015, p. 20). As the responsibility to address the needs of this population is further expanded, services provided by the system will evolve to better serve the needs of the mentally ill.

One of the many areas impacted is prisons. The mission statement of the Federal Bureau of Prisons is “to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens” (The United States, 2018). Prison environments are great spaces for affecting change in offenders since prison terms tend to be longer than jail terms and the environment is controlled. Therefore, services and programs such as work, drug abuse treatment, education, and anger management allow for development of new skills as well as positive behaviors that may translate to the community after release. These policies aid in accomplishing additional goals incorporated into the Bureau’s strategic plan which includes “provid[ing] services and programs to address inmate needs and facilitate the successful reentry of

inmates into society” (United States, 2016, p. 45). The needs of inmates vary drastically. Since a sizable portion of the prison population have a serious mental illness, these needs require programs and services to fulfill this part of the strategic plan. At the federal level, the Mentally Ill Offender Treatment and Crime Reduction Act and Justice and Mental Health Collaboration Program are examples of legislation that have attempted to promote and prioritize interactions between criminal justice and mental health providers (U.S. Department of Justice, National Institute of Corrections, 2009, p. 33). If the Bureau also wants to influence the reentry of inmates into communities, careful planning and programs require transition from the prison environment to the community and taking responsibility during this transitional phase. By taking on this goal, the Bureau and the criminal justice system is furthering their investment in offenders as they move out of the system.

Other arms of the criminal justice system such as parole and probation may also help to facilitate successful reentry. Parole allows for supervision when receiving early release from a sentence while probation occurs prior to serving time. Both offer supervised alternatives within the community to traditional incarceration. Parole and probation measures are integral in forming contacts within communities that aid in the reentry process for inmates. Specific needs can be addressed through these established programs and could further the work done during prison as inmates transition into society. The integration of these services into the reentry process determine the outcome for many inmates and ideally translate to lower recidivism rates overall. These intermediate sanctions “are believed to offer more rehabilitation and reintegration potential than does incarceration” (Latessa, 2012, p. 39). For the mentally ill, better

transition options may be the most beneficial in ensuring lowered recidivism rates and increased clinical outcomes due to the specialized focus of parole and probation caseloads.

The orientation taken when considering punishment or rehabilitation impacts the overall goals of the system and its various parts. Programs that take a treatment-oriented perspective will vary drastically from one that focuses on punishment and control since the goals for each may not be entirely compatible (Latessa, 2012, p. 40). This emphasizes the differences in services provided which in turn impacts outcomes such as recidivism rates and successful reentry. In fact, outcome criteria is also determined by the orientation taken when determining goals. Therefore, although the criminal justice system has utilized recidivism as a major measurement of success, other factors should also be considered. Koshman and Peterson point to the fact that many individuals recidivate due to technical violations in parole or probation and not due to criminal activity such as reoffending (as cited in Bilger, 2016, p. 7). This makes criminal behavior hard to understand and predict. Although one measurement to summarize effectiveness appears beneficial, recidivism rates do not account for factors such as “underlying social, behavioral, environment, and personality factors contributing to repeated offense behaviors” (Jones, 2017, p. 6). This complication requires accounting for factors that are not traditionally considered in relation to crime. Maintaining a wider view of criminal behavior may benefit programs in determining the needs of offenders especially those with additional needs such as the mentally ill.

One primary solution to increased numbers of those with mental illness in the criminal justice system utilizes an alternative to incarceration. Rather than going through

the traditional channel of courts and then prison, specialized courts deal with populations with specific needs or problems and attempt to provide options to stay out of prison entirely. Within the system, court-involved pretrial diversion programs are seen as being “tied to treatment and services in the community” which “provide more intensive services and supervision” than other programs in place (United States, 2016, p. 17, 38). These programs tend to closely work with community services to ensure the monitoring of offenders while effectively addressing their needs. Due to integrated work, the Department of Justice “has encouraged its prosecutors to consider the use of alternatives to incarceration and specifically encouraged more widespread adoption of diversion programs and practices such as drug courts and other specialty courts across the districts” (United States, 2016, p. 40). Rather than relying on traditional methods such as incarceration, some judges are more inclined to consider alternatives such as mental health treatment or drug courts when determining the path to take for some offenders especially for those with lower level offenses (United States, 2016, p. 15, 17).

Current mental health courts are based on drug court programs that have generally met positive results. As explained by the Government Accountability Office, drug courts focus on addressing underlying needs of offenders through “providing a range of treatment, case management, and social services delivered under close judicial supervision” (as cited in DeMatteo, LaDuke, Locklear & Heilbrun, 2013, p. 65). A combination of general staff and judge interactions throughout these courts provide focus and leadership to offenders in addition to aiding in the creation of contact between offenders and community resources. Screening offenders early in the process identifies the correct program placement and entails a clean transition for participants after arrest.

Judges and staff benefit from the ability to tailor program requirements and goals to each individual's needs which may include intensive drug abuse treatment and close monitoring. Continuous contact with providers ensures direct and coordinated interactions in the progress and compliance monitoring of the program. Rewards and punishments therefore can be applied appropriately as offenders are monitored (Latessa, 2012, p. 41). These aspects highlight the influence drug courts have on other problem-solving courts: "Problem solving courts are based on the premise that addressing offenders' underlying needs in a range of areas is the most effective way to prevent further involvement with the criminal justice system" (DeMatteo, LaDuke, Locklier, & Heilbrun, 2013, p. 65). Straddling the line between the criminal justice system and community services permits problem-solving courts a special opportunity to influence the outcome for offenders through an individual need-focused solution.

Over the years, drug courts have inspired other problem-solving courts including mental health courts. These courts take the stance of "therapeutic jurisprudence" where "the court is an active agent in the defendant's treatment" (DeMatteo, LaDuke, Lockliar, & Heilbrun, 2013, p. 67). As an active agent, mental health courts incorporate mental health treatment and social service providers in affording a "practical platform to decrease the number of mentally ill offenders in correctional facilities while linking defendants to effective treatment and supports" (Kim et al., 2015, p. 40). By addressing multiple factors associated with the specific needs of this population, service providers share a belief in decreasing future contact with the criminal justice system while improving clinical outcomes.

Overall, mental health courts resemble drug courts in the way they are organized and implemented. Screening occurs for eligibility through assessments and consideration of criteria before a placement into the program is made. Once made, Rossman and colleagues describe how a collaborative team of “court staff and mental health professionals” determine a specialized treatment plan for the offender which is then supervised by the courts when implemented (as cited in Kim et al., 2015, p. 27). Participation and completion of a mental health court program may offer additional benefits to the offender; sentences may be modified or a charge may be annulled (Kim et al., 2015, p. 27).

Mental health court programs contain variations in necessary criteria for participation. One obvious difference occurs in deciding when the process for the program is implemented. Some programs defer prosecution until the program is completed (pre-adjudication) while others require a guilty plea in order to gain eligibility to participate in the program (post-adjudication) (Kim et al., 2015, p. 28). Additionally, variations in eligibility criteria are also apparent. According to Rossman and colleagues, clinical eligibility focus on Axis I disorders as one of many eligibility criteria (as cited in Kim et al., 2015, p. 28). On the other hand, legal eligibility identifies certain offenses as criteria for the program. In this case, a distinction is usually made between programs that allow lower level non-violent crimes and more serious offenses to determine eligibility (Kim et al., 2015, p. 28). These variations in criteria for program participation enhances the target population and needs attended to by the program.

Although programs are tailored for specific populations, there is currently little research taking into account these variations and the research that exists has offered

mixed results on the effectiveness of programs in reducing recidivism. DeMatteo, LaDuke, Lockliar, and Heilbrun (2013) acknowledge the limited knowledge of “how the variations in MHC procedures, sanctions, and criteria for participation are associated with criminal justice and clinical outcomes” (p. 68). Without understanding the effects of these variables on program participant’s outcomes, the field is missing valuable information for improving the implementation of such programs. Some research focused on recidivism outcomes provide evidence for success in reducing recidivism (Duwe, 2015, p. 21). Rossman and colleagues found that recidivism was reduced for program participants by 6 to 17 percentage points when compared to nonparticipants (as cited in Kim et al., 2015, p. 29). Although the reduction in recidivism rates varied between the two programs (Bronx and Brooklyn Mental Health Courts) in this quasi-experimental study, both were successful in lowering recidivism to an extent. On the other hand, Gary and Bess Associates (as cited in Kim et al., 2015, p. 29) utilized a randomized controlled trial when studying mental health courts in California which resulted in “a statistically significant improvement in clinical outcomes for the treatment group but no measurable improvement in recidivism rates” (Kim et al., 2015, p. 29). In a similar case, Cosden and colleagues did not find a significant difference in recidivism rates between 137 mental health court participants and 98 nonparticipants in their randomized controlled trial (as cited in Kim et al., 2015, p. 29). Meta-analyses also offer mixed results when determining successful clinical outcomes. According to Cross and Sarteschi, Vaughn, and Kim, there is evidence of little to no significant effect on clinical outcomes for participants in mental health courts (as cited in Kim et al., 2015, p. 30). Overall, the effectiveness of mental

health courts in addressing the needs and fulfilling outcome goals is a mix of results that requires further research.

The utilization of mental health courts as alternatives to prison grant the criminal justice system additional options in fulfilling their joint goal of ensuring justice and protecting citizens. As an extension of the system, these courts incorporate both judicial and mental health providers into a holistic response to offenders with mental illness. Although this population may require unique needs to be met, if the criminal justice system's goal is to reduce recidivism in offenders to meet their goals, these needs and population must be considered when implementing programs. Currently, there are many programs at the state and local level that work with this population, but the federal level lacks in number and scope these types of programs. With the possibility of not only reducing recidivism but also ameliorating underlying factors of criminal behavior, the federal government is overlooking a possible solution.

Federal Programs dealing with Reentry

The federal government currently has multiple programs dealing with inmates returning to the community after incarceration. These programs aid in the reentry phase by offering connections to community services with the goal of reducing the likelihood of reoffending and decreasing recidivism rates. Each program is tailored slightly differently in how program participants receive services and oversight. Differences in implementation aids in keeping programs flexible for further tailoring to the specific needs of participants. Specific characteristics of different federal programs are summarized in Table 1. Current knowledge of program effectiveness is restricted by the lack of research, little acknowledgement of mental health needs, and a variety of other general issues.

Residential Reentry Centers (RRCs) and Halfway Houses

Residential Reentry Centers (RRCs) and halfway houses are two programs in place that often offer loose supervision in the community. Resources may be available, but are mainly up to program participants to seek out although there are variations in provider participation. Located within communities, halfway houses are situated perfectly for transitions since it offers a continued connection between the criminal justice system and community providers. While residential centers, pre-release guidance centers, and drug-free and alcohol-free living spaces are prime examples of environments for participants, some programs are specialized for specific offenders: sex offenders, substance abusers, the mentally ill (Latessa, 2012, p. 43). In addition, size of facilities influence various aspects of these programs. Participants may find small facilities to be “more supportive, provid[e] a roof, meals and minimal services” while large facilities

may be “interventive – providing a wide range of programs and services, ranging from employment assistance to cognitive behavioral treatment” (Latessa, 2012, p. 43).

Probation and Parole

Additional community corrections programs include probation and parole (U.S. Department of Justice, National Institute of Corrections, 2009, p. 2). Traditionally, these programs include infrequent contact with participants ensuring compliance with requirements for participation in the program, but are flexible to the changing needs of specific populations which make these programs ideal for transitioning populations (Latessa, 2012, p. 39). Specialty probation programs solely focus on those offenders with a mental illness. According to Skeem, Emke-Francis, and Eno Loudon, these programs include reduced caseloads which provide “sustained officer training, active integration of internal and external resources to meet probationers’ needs and an emphasis on collaborative problem solving (vs. Punitive) strategies to address treatment noncompliance” (as cited in DeMatteo, LaDuke, Locklier, & Heilbrun, 2013, p. 69). More personal and focused attention ideally leads to better monitoring and resource aid for participants. This client centered approach incorporates both community corrections supervision and mental health treatment into one program which shows promising evidence in reducing arrests and revocations as well as improving the likelihood of receiving mental health treatment (U.S. Department of Justice, National Institute of Corrections, 2009, p. 26). With a focus on connecting participants to mental health treatment, specialized probation programs ensure additional monitoring and aid to those with specific needs. Although this has shown promise for this population, the close monitoring of participants may in some cases lead to heightened reporting of technical

violations which could disrupt the transition and treatment of this population (U.S. Department of Justice, National Institute of Corrections, 2009, p. 27). Such issues may result in more jail time and have the opposite effect of the program's goals. Therefore, caution is encouraged when implementing this type of program.

Reentry Courts

Similar to mental health and drug courts that keep offenders out of prison, reentry courts implement close judicial monitoring while also offering treatment services in the community to reduce recidivism and improve public safety (Latessa, 2012, p. 47). As specialized courts, reentry courts generally work with drug offenders, but may include aspects addressing mental health and other criminogenic factors. Monitoring entails reviewing program progress, ensuring compliance with treatment and reintegration programs, drug and alcohol testing or other requirements, and handling sanctions or rewards (Latessa, 2012, p. 47). With a general model, the teams usually incorporate a judge, probation officer, and service providers in addition to an assistant United States attorney and assistant federal defender for federal reentry courts (Parker, 2016, p. 408). Due to the flexibility in program models and teams, program plans may be tailored to the specific needs of the individual offender and changes may occur as progress and problems appear.

For developing reentry courts, the Department of Justice outlines six core elements for reentry courts: “1) assessment and planning; 2) active oversight; 3) management of support services; 4) accountability to community; 5) graduated and parsimonious sanctions; and 6) rewards for success” (Parker, 2016, p. 406). As a general set up, many reentry courts incorporate and enhance several aspects of these elements

further developing an effective program for participants. Although there are not many reentry courts at the federal level, federal programs incorporate: “1) traditional drug court model (a majority of which follow this model); 2) targeting high-risk offenders, regardless of substance abuse history; 3) targeting returning prisoners with a substance abuse history; and 4) targeting high-risk probationers or supervised parolees within the risk parameters identified by the program” (Parker, 2016, p. 408). Most federal programs follow the drug court model, but there are variations. Main differences between programs appear in the length of enrollment, focus, participant eligibility criteria (history of substance abuse, moderate or high-risk offenders, and history of sexual assault), team features, and implementation features (Parker, 2016, p. 408, 409). With the amount of possible varying factors, programs find success in tailoring to specific populations which supports the need for programs focused on mental health needs of ex-offenders (Parker, 2016, p. 408).

Table 1 – Summary of Federal Programs

Federal Programs		
Residential Reentry Centers (RRCs) and Halfway Houses <ul style="list-style-type: none"> • Positive Aspects <ul style="list-style-type: none"> • continued connection between the criminal justice system and community providers • situated within community • environment supports positive habits such as drug-free and alcohol-free environments • some specialization for specific populations: sex offenders, substance abusers, the mentally ill • Areas for Improvement <ul style="list-style-type: none"> • more structured supervision • better integration of resources • specialization must incorporate services and support for the needs of specific populations while also addressing other needs such as criminogenic factors • services should not be dependent on size of program 	Probation and Parole <ul style="list-style-type: none"> • Positive Aspects <ul style="list-style-type: none"> • flexible to changing needs • specialty programs offered with reduced caseloads that emphasize collaborative problem solving • Areas for Improvement <ul style="list-style-type: none"> • more frequent contact with participants • solely focusing on mental illness may improve clinical outcomes but overlooks other factors related to criminal behavior • caution for the possibility of more technical violations which could disrupt treatment during transition • requirements may be difficult for offenders to comply with • improve relationship between case manager and program participants 	Reentry Courts <ul style="list-style-type: none"> • Positive Aspects <ul style="list-style-type: none"> • specialized for specific populations • utilizes teams of criminal justice actors and service providers • Tailored plans • Target high-risk offenders • Areas for Improvement <ul style="list-style-type: none"> • focus on both specialized needs and criminogenic needs

Supervision to Aid Reentry (STAR) Program.

A promising federal program is the Supervision to Aid Reentry (STAR) Program which is a reentry court. This court connects program participants to resources in the community while allowing for more contact between service providers and participants. Additionally, group engagement is an important aspect to the STAR program. Originally a pilot program initiated by the United States District Court for the Eastern District of Pennsylvania in 2007, the STAR program holds multiple objectives as pillars of the program: “preventing recidivism, reducing the high rate of violent crime in the City of Philadelphia, and assisting high-risk ex-offenders with the multiple social, family, and logistical issues they must confront upon their return to society after years in prison” (Parker, 2016, p. 411; Taylor, 2013, p. 50-51). Both criminogenic and mental health needs can thus be monitored during this transitional phase. Program participation eligibility rests on “serv[ing] time in federal prison, scor[ing] between five and seven on a risk prediction index indicating a medium to high risk level and [having] been recently released on ‘supervised release’ to Philadelphia” (Taylor, 2013, p. 50). The program is also open to voluntary participation from individuals who have served time in a federal prison and have acquired supervised release in Philadelphia (Taylor, 2013, p. 50). Allowing for voluntary participation adds another dimension to the predetermined factors for eligibility which provides diversity in interactions for both the program teams and participants, enriching the overall program experience.

The court offers a conglomerate team with a variety of specialized knowledge. Teams in the STAR Program include a judge, probation officer, reentry coordinator, a representative from the U.S. Attorney’s Office, and other members of the reentry court

work group such as law clerks, administrative assistant, and assistant federal public defenders (Parker, 2016, p. 413; Taylor, 2017, p. 760). As a unit, the team offers increased support and expanded network of services aiding in addressing the needs of participants. In particular, the judge fills a unique role in these programs since they are allowed to become more involved in the participant's transition developing both an amicable and disciplinary relationship with participants while also working closely with other team members who may address specific aspects of the participant's plan (Taylor, 2013, p. 54-57). Serving as a central enforcer and final judgement, judges straddle an interesting line between traditional roles of a judge and a specialized role. A merging of the two elevates the role in this particular setting and enhances the contributions of other team members in order to effect better outcomes for participants.

The regular requirements of supervised release in conjunction with reentry court sessions implemented in the STAR program every two weeks including meeting with a judge to discuss successes and obstacles personalizes the experience of the program for participants which also enforces adherence to the requirements of the program and plan (Taylor, 2017, p. 760). Monitoring and personal involvement are both addressed through these court sessions as well as provide an opportunity for team members and the judge to discuss the progress of the individual participant. This allows the team to better understand obstacles or successes and may help in determining punishments or rewards throughout the process. Social services and specific programs may be incorporated into the program plan as required by supervised release, be requested by the participant, or suggested by the judge and other team members (Taylor, 2013, p. 54-57). Services cover a wide range of factors such as substance abuse treatment, mental health counseling,

mentoring, education, legal assistance, and transportation assistance to name a few (Taylor, 2013, p. 54-57). Diversifying offered and required services allows for changes to occur in program plans as the participant faces varying situations in the community. Issues not considered when first developing a plan may still be addressed later in the timeline of the program due to this built in flexibility.

Court sessions in the STAR program are also open to the group of participants incorporating additional sources of motivation and feedback other than the program team (Parker, 2016, p. 413). Including other participants in court sessions establishes a community approach to finding resolutions to problems and also promotes self-sustainability outside of relying on team members. The additional source of knowledge and support is found in other participants who may be facing similar issues in this transitioning phase. Personal matters, such as employment or family issues, can be broached during these court sessions where the judge may make note of the matter and suggest resources if necessary and other program participants may offer support in dealing with the issue (Taylor, 2013, p. 54-57). Another facet of the program deals with strengthening social networks through not only inquiring about problems with family members or other social contacts but also considering them while monitoring program compliance (Taylor, 2013, p. 54-57). Family and social contact involvement in program plans aids in ensuring positive contacts for the ex-offenders when re-establishing their role in the community. An expanded network of sources available upon completion of the program aids in maintaining the positive outcomes of the program.

Although there is not a large amount of research currently focused on outcome evaluations for reentry courts, Taylor (2013) has performed an evaluation on the STAR

program. In this study, 60 program participants were compared to a matched group (based on gender, release date, date of birth, and risk prediction index (RPI) score of the STAR program participants) of 60 non-program participants receiving standard supervision for release over a span of 18 months after being released from federal prison (Taylor, 2013, p. 50, 57). A variety of information was collected for both groups including services received, sanctions utilized, revocation of supervision, new arrests, and employment.

After collecting this information for the 18 months, a bivariate analysis was conducted to compare outcomes between the groups. The analysis resulted in a higher likelihood of STAR program participants receiving services falling in the realm of education, mentoring, and legal services while comparison participants were “significantly more likely to receive substance abuse treatment and mental health services” (Taylor, 2013, p. 61). In terms of sanctions utilized, the STAR program implemented community service while the matched comparison group receiving standard supervision for release received more verbal reprimands (Taylor, 2013, p. 61). This may be due to varying perspectives on the role of punishments between the STAR program and other community based monitoring (probation and parole). While the STAR program takes a more active stance on influencing the transition phase for program participants, parole takes an active stance in providing a loose support system for participants. Varying perspectives on overall objectives for outcomes and implementation may account for the differences in sanctions more likely to be utilized.

Differences in revocation, new arrests, and employment were also evident. Fewer than 10% of STAR program participants had their supervision revoked and almost 25%

of the comparison group suffered the same outcome (Taylor, 2013, p. 61). In fact, an “81% reduction in the likelihood of supervision revocation” was recorded for those who participated in the STAR program (Taylor, 2013, p. 61). In terms of new arrests, both groups saw about a third of each group arrested for a new offense, but the STAR program had a higher portion of participants arrested for a new violent offense: 8% of STAR program participants had new violent offenses while only 6% of the matched comparison group which receives standard supervision for release were found to have committed a violent offense (Taylor, 2013, p. 61). The previous two points are contradictory in nature, but highlight the fact that while participation in the STAR program may help to reduce a risk of revocation, dealing with a population of high risk ex-offenders who are under closer monitoring may lead to a larger proportion of participants at risk of being arrested for committing new violent crimes. The pressures associated with monitoring and transitioning back into the community may affect decision making in relation to committing violent crimes.

Taylor (2013) also found successful completion of the STAR program lead to a lower likelihood of committing a new crime when compared to participants who did not successfully complete the program (p. 62). Perhaps there is a difference in program participants who are likely to complete the program and those who do not which may explain some of the difference in proportions of those who commit a new violent crime. Additionally, the study found about 22% of the STAR program participants were unemployed while more than 40% of the comparison group were also unemployed (Taylor, 2013, p. 61). The findings of this study show successes, areas of improvement, and areas for future research when considering this particular program.

Overall, the STAR program has come across success since its inception in 2007 which makes it a promising model for establishing other programs. When looking at later studies of the STAR program, multiple positive outcomes have surfaced. Considering the total participants who have been in the program since inception (237) about 74.2% graduated or were still a participant of the program (Parker, 2016, p. 415). Additionally, about 6% did not complete the program for reasons outside of criminal activity, 19.8% had their supervision revoked or were arrested for criminal activity, and 11.7% of the graduates “have had supervision revoked, [have] been arrested without revocation, or [were] arrested and pending revocation” (Parker, 2016, p. 415). With extended time for analysis, researchers may be better equipped to determine long term outcomes for this program based on the current positive results.

As Parker (2016) argues, the STAR program outcomes may in large part stem from the programs “focused attention to areas that are critical to participant success” which include housing, employment, legal, family life, and psychological well-being (p. 400). Utilizing a comprehensive approach for a target population aids in establishing an individual into the community post-release. The resources a person is connected to may also continue long after the program duration and may result in future benefits for those involved. The STAR program’s wide range of services are also due to the relationships developed with other agencies and institutions such as the Philadelphia Housing Authority and Reintegration Services (Parker, 2016, p. 421). A combination of a team within the program and a network of outside resources appears to be one of the highlights of this program which could be implemented in other similar programs. The personalization of the program to the specific needs of participants is also another

important aspect. Parker (2016) also notes the influence of individual team members, the reentry coordinator in particular. Developing a close tie to the cases of participant's not only helps in tailoring program plans but also improves participant's experience within the program. The team dynamic, focus on a specific population, tailoring to needs, and a comprehensive approach are all factors to consider when looking at the outcomes for the STAR program. Table 2 provides a summary of various aspects of the STAR program as well as research outcomes.

Table 2 – Summary of STAR Program

STAR Program	
	<ul style="list-style-type: none"> • Highlights <ul style="list-style-type: none"> • group engagement • close monitoring • voluntary and non-voluntary participation • multiple factors (mental health and criminogenic) addressed • team of criminal justice actors and service providers • plan flexibility and personalization • program relationship with community providers • services provided reflect program participants' needs which may lead to weak services in certain areas
	<ul style="list-style-type: none"> • Outcomes <ul style="list-style-type: none"> • receive services related to education, mentoring, and legal advice • implemented community service as a sanction • less than 10% had supervision revoked • 8% of participants were arrested for a new violent offense • successful completion of program led to a lower likelihood of committing a new crime • 22% were unemployed • graduated or participant in program since inception: 74.2% <ul style="list-style-type: none"> • 6% did not complete program for reasons outside of criminal activity • 19.8% had supervision revoked or were arrested • 11.7% of graduates had supervision revoked or were arrested either without or pending revocation

The federal government currently has a variety of programs to address the needs of ex-offenders in their transition from prison to the community post-release. Residential Reentry Centers and halfway houses, probation and parole, and reentry courts are current federal programs connecting community providers and the criminal justice system as ex-offenders move into the community outside of prison. All of the listed programs provide for specialization to accommodate specific populations and aid in guiding individuals within the community with the goal to reduce future recidivism. Despite these similarities, reentry courts stand out from Residential Reentry Centers, halfway houses, probation, and parole because of the level of specialization for specific populations, the integration of criminal justice actors and service providers, and the tailoring of plans for smaller caseloads. Historically, these areas lack development in Residential Reentry Centers, halfway houses, probation, and parole programs. One of the main concerns for these particular programs is the lack of structured supervision and integrated resources. Meaningful contact in addition to more contact is addressed more fully in reentry courts than the other mentioned programs. Overall, all program types lack a focus on both specialized and criminogenic needs. Specialization usually focuses on needs related to drug abuse or dependency and in some cases mental health. Although addressing these needs is important, criminogenic factors cannot be forgotten. Taking these aspects of the federal programs into account, reentry courts provide the most flexibility to address the needs of participants in this program type and examples such as the STAR program in Pennsylvania are models to further analyze as possible future programs to invest in.

Problems in Discussing Programs

Lack of Research

While outcomes are important as ways to measure the success of a program, paltry research leaves much to be desired for this field of inquiry. Many studies institute small samples and short time intervals for collecting data. This alone may influence the often mixed results found for community reentry programs not only for those with a mental illness but also for those without one (Barrenger & Draine, 2013, p. 157). Study designs are in most cases a quasi-experimental design which does not allow for much manipulation of variables nor is it possible to control for all variables at play. Barrenger and Draine (2013) point out how “social disadvantage and poverty may enable or suppress the effectiveness of such intervention models” (p. 154). Those variables not accounted for may have a distinct effect on the effectiveness of a program and on the participants as they make progress in the program. Knowing how unknown factors interact with lowering recidivism and improving community reentry would provide a clearer picture of program necessities, but specific advantages of aspects such as social services “have been understudied, in particular with mentally ill justice-involved populations” (Jones, 2017, p. 7). Since research is incomplete, especially for the mentally ill within the criminal justice system, establishing and improving programs becomes a harder task.

There are multiple areas researchers must address when conducting studies. Although outcome assessments are an integral part of many research studies, a disconnect between findings and how they relate to other factors such as recidivism exists. For example, measures for RRCs and home confinement “do not yield information or insight

into the potential benefits they provide after the inmates use them, or potential areas for program improvement” (United States, 2016, p. 46). The aftereffects of program services develop an image of the continued needs of participants as well as help to describe future problems that may be faced after the official end of program participation. A general understanding of this time period may be beneficial in improving current program plans as well as preparing participants for the end of program participation and ensuring continued success post-program.

Record Keeping.

Increasingly hard to manage record keeping complicates research studies. Due to incorporating a team approach, reentry programs include a large and diverse group of individuals and organizations who provide services to participants (Kim et al., 2015, p. 13). This conglomerate of actors makes it “impractical even for a single intervention or prevention program to maintain a centralized records management system that reliably tracks all services provided to mentally ill offenders” (Kim et al., 2015, p. 13). Despite the inability to consolidate records, better record keeping could provide a much needed resource for analysis. This would in turn aid in increasing research for this population which would also help in developing effective programs for the mentally ill. Knowledge in this area on what services are more likely to be used and how long they would be utilized as well as long term effects could be better measured through collecting and recording this information in one place. Efforts to do this would aid in understanding the transition process for those who straddle the line between mental illness and the criminal justice system.

Focus on Mental Illness.

Another lacking aspect of research is the focus or connection to those with a mental illness. There is notoriously a small body of research for this population (U.S. Department of Justice, National Institute of Corrections, 2009, p. vi) and Jones (2017) describes how “[t]here is a limited knowledge in terms of adjustment after release from prison of mentally ill adults, regardless of the high percentage of mentally ill offenders” (p. 20). Limited knowledge in this area is concerning considering the current ongoing interest in mental illness within the criminal justice system (Kim et al., 2015, p. v). Adjustment after release is a critical time period to study not only for criminal justice outcomes (recidivism) but also for clinical outcomes. Ensuring a balance between the two perspectives for this time period could aid in improving both outcomes, but this is hard to predict due to a lack of research for this population. Mixed results are described in *The Use and Impact of Correctional Programming for Inmates on Pre- and Post-release Outcomes* (2017) as being partially due to a “relative absence of program evaluations that measure service delivery for offenders in the treatment and comparison/control groups” which in turn complicates “determining what distinguishes a successful prisoner re-entry program from an unsuccessful one is difficult” (U.S. Department of Justice, Office of Justice Programs, p. 21). Thus effective policies and strategies are hard to determine since research does not give much direction on these topics (Kim et al., 2015, p. 13). If the criminal justice system takes mental illness seriously, then the population of prisoners with a mental illness and those with a mental illness who come into contact with any part of the system should be considered populations of interest, making their needs a priority of the government.

Offenders with mental illness may have additional issues complying with the requirements for probation and parole which may result in re-arrest or revocation. Some research findings point to the conclusion that offenders with mental illness have a higher likelihood of being re-arrested or have their participation in community correction programs revoked (U.S. Department of Justice, National Institute of Corrections, 2009, p. 14). Multiple factors come into play when considering why this population may be at risk for such outcomes. While one of the goals for reentry programs is to provide resources to address the needs of program participants, the mental illness itself may or may not directly affect revocation decisions. If a specialized method is used, mental illness may directly affect revocation since the participant may not fulfill the requirement of accessing treatment (U.S. Department of Justice, National Institute of Corrections, 2009, p. 8). What may appear as a technical violation may in fact be influenced by the participant's status as an offender with mental illness. Mental illness may also indirectly affect revocation decisions since it may interfere with standard conditions of probation or parole programs (U.S. Department of Justice, National Institute of Corrections, 2009, p. 9). Maintaining employment, for example, may be difficult for some individuals to comply with due to impaired functioning due to their mental illness (U.S. Department of Justice, National Institute of Corrections, 2009, p. 9). Participants may also be influenced by other variables such as criminogenic factors (criminogenic attitudes or affiliations) or close monitoring that may result in a higher likelihood of revocation (U.S. Department of Justice, National Institute of Corrections, 2009, p. 10). In general, offenders with mental illness have a complex relationship with the criminal justice system which may influence recidivism and clinical outcomes.

When interacting with this population other key components should be considered. As increased numbers of offenders dealing with mental illness come into contact with the criminal justice system, an increase in offenders with co-occurring disorders (mental illness and substance use disorder) has materialized (U.S. Department of Justice, National Institute of Corrections, 2009, p. 1). Only addressing the needs of an individual with a mental illness may not provide necessary services for other equally important factors such as dealing with substance abuse behavior. Criminogenic factors also increase recidivism risk for any offender but especially those who suffer from a mental illness. Since offenders with mental illness are affected by both factors, they are at a higher risk of revocation and recidivism (U.S. Department of Justice, National Institute of Corrections, p. 15-16). Research points to eight risk factors: history of antisocial behavior, antisocial personality pattern, antisocial cognition, antisocial associates, family and marital circumstances where there is “poor-quality relationships in combination with either neutral expectations with regard to crime or procriminal expectations,” quality of interpersonal relationships and performance in school and work settings such as “low levels of performance and involvement and low levels of rewards and satisfactions,” (leisure/recreation) “low levels of involvement and satisfactions in anticriminal leisure pursuits,” and substance abuse (Andrews & Bonta, 2010, p. 58-60). Those with mental illness may be at a greater disadvantage due to being affected by a large number of these factors in addition to factors directly or indirectly related to having a mental illness. Programs may consider specializing in multiple areas or developing relationships with community providers that will better fulfill participant’s needs. The relationship between program participants and case managers or officers involved with their supervision play

an important role in influencing the behavior of the participant which may reflect in the outcomes reported for programs. Relationships established with an authoritative style, care, fairness, and trust show signs of reducing the risk of recidivism (U.S. Department of Justice, National Institute of Corrections, 2009, p. 23). Incorporating problem-solving strategies in discussions of compliance with plans may also be a beneficial approach to aiding participants (U.S. Department of Justice, National Institute of Corrections, 2009, p. 23). Considering all of these factors complicates program implementation but may improve outcomes overall.

Specialization of Program Services.

Reentry programs also suffer from other setbacks. While determining a specific population to tailor a program for, specialization of a program can inadvertently focus more heavily on mental health needs or criminogenic factors rather than forming a balance between the two. Since reentry programs are modeled after drug courts and are to a large extent entrenched in a criminal justice lens, it is invariably natural for these programs to lean more heavily on addressing criminogenic factors (education, employment, housing) while only focusing on mental health when necessary for specific ex-offenders. In a similar way, if a program is established for ex-offenders with mental health needs, too much emphasis may be given to treating mental illness and less energy is given to criminogenic needs. Interventions often attempt to connect participants to mental health resources in the community to ensure treatment for the mental illness which has not shown effective results in reducing recidivism (Barrenger & Draine, 2013, p. 158-159; Duwe, 2015, p. 19; U.S. Department of Justice, Office of Justice Programs, 2017, p. 17). These mental health focused programs may lack expected outcomes for

recidivism due to the assumption “that reoffending is caused by untreated mental illness” (U.S. Department of Justice, Office of Justice Programs, 2017, p. 17). Despite the inability of mental health treatment to reduce recidivism, there is evidence of reducing recidivism by incorporating both treatment of mental illness and criminogenic needs (U.S. Department of Justice, Office of Justice Programs, 2017, p. 18). Criminal behavior is a complex occurrence when considering the multitude of factors influencing it. Therefore, a holistic approach, one that addresses as many factors as possible, may be best situated for improving outcomes for ex-offenders. Reentry programs could benefit from this equal emphasis as well as from ameliorating design problems within the program. Not all programs are implemented in an effective way which also affects outcome results. Changes in implementation, administrative oversight, and aftercare enhances the work of these programs (U.S. Department of Justice, Office of Justice Programs, 2017, p. 20). There are many areas for improvement.

The federal government offers multiple reentry programs with varying characteristics but a similar goal of reducing recidivism. Many programs loosely monitor program participants and aid in connecting participants to resources within the community. A generalized approach to aiding in reentry may work for a majority of ex-offenders, but perhaps a more promising approach lies in reentry courts. Program participants can be monitored more closely while in their transition, have a team of professionals to work with as well as interaction with other participants, and are connected to community resources for specific needs. Out of the many programs currently in place, the STAR program is considered one of the most notable reentry courts established at the federal level. The overall success of the program is supportive of

further implementation of similar programs throughout the United States. Issues facing reentry programs appear to be addressed to some length within the STAR program and could be further dealt with as time goes on.

Considerations and Suggestions

Reentry is a complex problem faced by the criminal justice system. While one remedy may work for some, a general resolution is hard to come by. There are many intersecting factors at play when considering reentry success for an ex-offender. A better focus on these factors may be beneficial in implementing programs to address recidivism. The reentry courts such as the STAR program are promising solutions that can be tailored for specific populations and have rather positive outcomes for participants. Although additional research is needed, reentry courts created for ex-offenders with mental health needs may be a future focus for the federal government.

Considerations

Offenders with a Mental Illness.

When determining possible solutions for ex-offenders, an understanding of the factors at play within the transition from prison to community life is important to establish. One aspect faced by those with a mental illness is being overrepresented in the criminal justice system. Incarceration rates demonstrate an increasing number of criminals with a mental illness in both prisons and jails as well as indicating a longer term in these environments for this population (DeMatteo, LaDuke, Lockliar, & Heilbrun, 2013, p. 67; Kim et al., 2015, p. 9). According to Baillergeon et al., the number of individuals with a mental illness who are incarcerated tend to be larger than the number in the general population in the US (as cited in Bilger, 2016, p. 5). Longer terms in a

prison environment may exacerbate symptoms and interrupt treatment which worsens conditions throughout the term in prison and later in the transition to community release. Worsening conditions may manifest in problematic behavior which in some cases leads to extensions in incarceration. A study on post-release recidivism by Baillargeon (as cited in Jones, 2017, p. 20) found “that individuals diagnosed with a major mental illness had significantly greater risks of repeat imprisonment over the 6-year study period” (Jones, 2017, p. 20). Once in the system, it appears to be difficult to stay out of the system. Whether due to a mental illness or criminal proclivity, those with a mental illness are increasingly coming in contact with and continuously staying in the system. Jones (2017) summarizes this relationship by describing how “there is a propensity that being either incarcerated or hospitalized is a guaranteed outcome of mentally ill individuals” (p. 11).

Reentry in particular poses challenges for any ex-offender. The transition from prison to the community is an integral phase for ex-offenders in which many changes are occurring and determinations are made for reintegration into an ever-changing community. The possible benefits of community reentry programs should be considered more during this phase as well as incorporating treatment for those with a mental illness into these programs (Jones, 2017). The specific needs of this population add to the challenges faced for ex-offenders and discharge planners, as argued by Kaba et al., but could possibly lead to improved outcomes (as cited in Jones, 2017, p. 69).

Mental Health Needs and Criminogenic Factors.

A unique combination of mental health and criminogenic factors influence outcomes for offenders with a history of mental illness. Research has found higher recidivism rates for offenders with a mental illness (U.S. Department of Justice, Office of

Justice Programs, 2017, p. 17; Kim et al., 2015, p. v). Despite this finding, Duwe (2015) notes how “mental illness is not a criminogenic need” thus “treating its symptoms will not reduce recidivism” (p. 33). Generally, programs that have focused on treatment of mental illness have produced mixed results on outcomes such as recidivism. This does not deter from attempting to incorporate mental health treatment into program planning, but it is a warning for specializing a program to only address this particular aspect of an individual.

Recidivism issues for this population may be better described as a complex problem stemming from both mental health and criminogenic factors. Similarities lie in life experiences for those involved in the criminal justice system with and without a mental illness. Offenders with a mental illness are more likely to have been exposed to poverty, social disadvantage, unemployment, substance abuse, and prior incarceration which are some risk factors related to recidivism (Barrenger & Draine, 2013, p. 156; Duwe, 2015, p. 21; Kim et al., 2015, p. 9-10). Due to this heightened exposure, a greater recidivism rate for offenders with a mental illness is not a surprising outcome. Gendreau and colleagues found that criminogenic needs interact with mental health functioning which leads to risk of recidivism (as cited in U.S. Department of Justice, Office of Justice Programs, 2017, p. 2). Many offenders have co-occurring disorders (mental illness and substance abuse) which in some programs are prioritized by which disorder is most prevalent. Therefore, programs tend to focus on one disorder without providing enough resources or treatment for the other. The complex interactions between these factors provide support for addressing multiple needs in each area to affect recidivism and other measures of program effectiveness.

Criminogenic factors encompass multiple aspects of life in society. A history of facing these factors pre-incarceration are likely to be faced after incarceration. The influence of these factors may be heightened when transitioning from prison to a community setting because of changes in the status of the individual as an ex-offender. Housing, poverty, employment, social support and networks are aspects interrupted by incarceration long after serving time. Social networks tend to fall apart as a person serves their sentence which creates considerable challenges post-release (Taylor, 2017, p. 252-257). Non-criminal supportive networks such as family may be difficult to connect with since travelling is usually restricted (Parker, 2016, p. 405). Social networks allow individuals to find positive influences outside of those involved in the reentry program which offers a long term support system after finishing a reentry program. Ex-offenders with a mental illness also face this struggle but could benefit greatly from stable social networks when in the community. Other restrictions are placed on those with a criminal history. Restrictions in housing and employment stand as two important areas to consider for successful reintegration to decrease recidivism (Parker, 2016, p. 401). Finding adequate housing near employment opportunities that can sustain an individual or a family are of concern for many after returning to the community. Establishing restrictions in housing and employment makes fulfilling these needs difficult and leads to possible criminal behavior.

Criminal and Mentally Ill Label.

Part of the issue in regards to these aspects of reintegration and other restrictions stem from how the public responds to those with a criminal record. Grommon (2017) argues that “the public is reluctant to support emergency or temporary housing

placements for individuals released from prison, is averse to improve the conditions of such placements, and does not want reentrants to reside near their house-holds” (p. 830). An unsupportive populace and stigma surrounding criminals exacerbates issues with satisfying economic and survival needs which should be part of community reentry programs (Bilger, 2016, p. 7). In addition, other needs such as mental health treatment is hindered since community resources reflect these sentiments to some extent only providing services for low level ex-criminals or preferring not to work with ex-criminals. Limited community resources working with correction agencies also struggle with large caseloads to fully address the needs of ex-offenders who have a mental illness (U.S. Department of Justice, National Institute of Corrections, 2009, p. vi). Since those who are diagnosed with a mental illness and commit crime are part of two stigmatized groups, these individuals inhabit an intersecting space where their needs are increasingly difficult to sufficiently address post-release.

Program Effectiveness.

With all of the factors at play for reintegration after release, considerations about program effectiveness inevitably are made. When determining what models to implement or aspects of a program to incorporate in establishing or ending programs, judgement on success should be suspended after the implementation of a program since outcomes may take time to appear. Since programs experience adjustments throughout the initial portion of its existence, determining success from one time period to another could be difficult to compare. Outcome differences between criminals and criminals with a mental health illness pose problems for determining success of a program due to current restricted knowledge “about the factors that contribute to these differences; there are gaps in

knowledge about how the environment and the processes contribute to these poor outcomes” (Barrenger & Draine, 2013, p. 156). Therefore, the criminal justice system should consider “programs that may not have a direct or immediately measurable effect on recidivism” as possible candidates for models (Taylor, 2017, p. 747).

Rather than focusing on utilizing recidivism rates as a main standard for determining success, incorporating a variety of success measures into the criminal justice system benefits researchers and knowledge about this process. In *Improving Outcomes for People with Mental Illnesses Under Community Corrections Supervision: A Guide to Research-informed Policy and Practice* (2009), the authors suggest analyzing information such as key aspects of program operations, perceptions of officers’, program participants’, and community members’, technical violations, revocations, re-arrests, jail population trends, treatment, service use, symptom reduction, and functional improvements (U.S. Department of Justice, National Institute of Corrections, 2009, p. 31). Expanding measures to include information similar to the ones mentioned previously provides information about the experience during the transition from prison to the community outside of prison that is not well documented at this time. A better understanding of this transitional phase through some of these suggested additional measures highlights often-overlooked needs that should be addressed to increase the effectiveness of re-entry programs. Aspects such as considering treatment or symptom reduction in particular are currently understudied. This information could be utilized in developing program services to better address the needs of the target population. Widening possible measures expands current knowledge as to what is effective for program development and should be a goal for reentry programs.

Suggestions

Case Management.

Research on current reentry programs point to several possible aspects that should be considered in developing programs. Although many reentry programs utilize teams consisting of a handful of treatment professionals and judicial actors, an avenue of interest lies in intensive case management. Intensive case management may be implemented for ex-offenders with mental illness and “provide[s] behavioral health treatment that emphasizes small caseloads (typically less than 20 individuals) and a collaborative team of treatment professionals, usually consisting of at least one nurse, social worker, and clinical case manager per client” (DeMatteo, LaDuke, Lockliar & Heilbrun, 2013, p. 69). Establishing a specialized team within a collaborative program to better solidify the relationship between the mental health treatment provider and federal agency develops a wider middle ground for both parties in regards to the outcomes of program participants and aids in reducing the stigmatization of this population. A stigma surrounds those labeled criminals and may impact the services provided by community providers since they take this label into consideration when determining who to provide services to. Some community programs are reluctant to provide services to individuals who have been incarcerated. Therefore, stronger relationships between federal agencies and community service providers could decrease the impact of the stigma surrounding incarceration. Outcome results by Roskes and Feldman found a reduction in the rate of violation of program requirements when comparing rates before and after participation in a specialty supervision program based on a collaborative team (as cited in U.S. Department of Justice, National Institute of Corrections, 2009, p. 26). This provides some

evidence to the benefit of having an integrated program with smaller caseloads. Further incorporating mental health needs within additional supervision through personalized interactions is a future area for consideration especially when considering case management and community services.

Case management and community services are integral parts of reintegration for ex-offenders. Both contribute to the overall process of developing ties between ex-offenders and their community which relates to the success of ex-offenders in the community. Reentry programs tend to incorporate both into plans, but little is known about what specific characteristics are beneficial for offenders with mental illness. Overall, Way, Sawyer, Lilly, Moffit, and Stapholtz (2015) determined that expanded case management services had positive outcomes for recidivism and reoffending for the mentally ill (as cited in Jones, 2017, p. 2). Case management offers ways for addressing key issues related to the success of reentry such as “an over-crowded criminal justice system... and a continuity of care available to justice involved mentally ill adults” (Jones, 2017, p. 23). With a large incarceration population, reentry efforts are tasked with high demand which leads to issues in supervision such as quality in relation to addressing specific needs of participants. Emphasis on individualized case management through smaller caseloads prior to release and for a period of time post-release is important (Jones, 2017, p. 69). Additionally, community services have been shown to “significantly lowering the probability of re-arrests and longer periods before re-arrest” (Jones, 2017, p. 2). Personalized tailoring aids in connecting participants with meaningful services within the community improving outcomes in this process. Ties made to services especially treatment within the community enables future stability. Both case management and

community services are important on their own for success in reentry, but further understanding in how the two interact and affect success may shed light on how the two can be implemented together for heightened results.

Relationship between Case Manager and Program Participant.

Social relations during re-integration are another area of interest especially the relationship between the case manager and program participant. This relationship in particular is unique to the transition period from prison to the community and serves multiple purposes. Although case managers focus on supervision and community network building for the participant, Jones (2017) describes how “the positive relationship between the case manager and the service recipient was the primary source for support and influence subsequent decision-making” (p. ii). One of the first contacts established for ex-offenders may be found in the relationship built with a case manager. This unique position allows case managers to better understand the needs of the participant to not only connect them to community services but also aid them in the emotional processing of the transition. Case managers have an intimate viewpoint of the struggles and setbacks ex-offenders face as well as a position to provide additional support that may not come from other sources. In a study by Jones (2017), a focus group was conducted with participants in a case management program where participants “revealed that ultimately it was the dialogue between the case manager and the service recipient that effectuated a change in the negative thought process” which may influence decision-making behavior and thought processes (p. 63). A positive relationship can impact the overall experience of participants in a community supervision program as well as influence participant behavior within the community. Since a therapeutic relationship

may develop, some suggest case managers should be licensed for individual and family therapy to better meet the emotional needs of participants (Jones, 2017, p. 69). Ex-offenders may feel more comfortable working with case managers on these issues rather than utilizing a required community resource. If this is the case, a participant may benefit from these interactions before becoming accustomed to the community resource. Despite these advantages of a therapeutic relationship, ex-offenders often struggle after the manager-client relationship ends. Developing extended support or phasing out the program over a longer period of time may result in an easier transition out of the program for current participants (Jones, 2017, p. 68).

Benefit-application Assistance.

The transition from incarceration to community life may also benefit from discharge planning or reentry programs that include benefit-application assistance. Ex-offenders leaving prison who require mental health treatment may find it difficult to receive this treatment without assistance from healthcare such as Medicaid. There is evidence that use of mental health services increase with benefit-application assistance, but studies on this topic are limited (U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2013, p. ES-10). Many of the studies done focus on offenders in jails rather than those in prison. Since jails are shorter periods of incarceration, this may explain why it shows benefits for those in jails and may not show equally beneficial outcomes for prisoners or be a feasible implementation. Overall, results show an increase in mental health service use as well as shorter waiting periods for services after release (U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, p. 50, 60). This can impact the transition for many ex-

offenders as addressing mental health needs can decrease future possibilities of coming in contact with the criminal justice system. The general goal of addressing mental health needs is to decrease the future likelihood of recommitting a crime or returning to prison. Stabilizing within the community may be the initial step in the process of successfully reintegrating ex-offenders who suffer from mental illness.

Program Specialization.

Programs transitioning ex-offenders from prison to the community tend to focus on either mental health treatment or substance abuse. A clear distinction is made between programs addressing a broad range of mental health illnesses and those specialized for substance abuse and chemical dependency. Programs targeting ex-offenders with a mental health illness utilize teams of treatment professionals and treatment services to address the participant's symptoms while attempting to reduce the likelihood of future incarceration (U.S. Department of Justice, National Institute of Corrections, 2009, p. 27). A general belief that treating symptoms relates to better criminal justice outcomes such as recidivism exists. While this belief has mixed results, programs continue to implement mental health treatment as an emphasis. Other programs focus on prisoners who have a history of substance abuse. Specialized teams of professionals address issues related to substance abuse and provide treatment and resources in the hopes of reducing recidivism. Despite an emphasis, some federal court programs "seem to have similar results as other substance abuse treatment programs that do not incorporate this collaborative approach between the courts and correctional institutions" which "suggests that targeting only individuals with substance abuse problems may not be the best model and may not address the various other issues ex-offenders face" (Parker, 2016, p. 420). Substance

abuse may be a main obstacle to successful reentry for an ex-offender but is often part of a myriad of obstacles related to the community. If no other issues are addressed, outcomes related to the specific needs met may improve while other measurements of success may not share similar improvements. Therefore, rather than specializing only in apparent needs, programs should consider multiple factors within the re-integration period; viewing the problem and person as a multifaceted whole affected by a combination of issues including mental health needs and criminogenic factors.

Merging techniques addressing a multitude of factors related to recidivism may provide ex-offenders the necessary skills needed for successful reentry into the community. Specifically for ex-offenders with a mental illness, addressing both the symptoms of mental illness and specific criminogenic factors such as criminal thinking are effective goals in reducing recidivism in this population. Other criminogenic factors that are of equal importance include housing and employment which is similar to the needs currently addressed in most reentry programs. The supervision incorporated into these programs coupled with specialized treatment may result in reductions in recidivism for this population (U.S. Department of Justice, National Institute of Corrections, 2009, p. 19). Supervision ensures compliance to program plans including treatment requirements and aids in supporting the ex-offender in the community when they are vulnerable. Although there is no clear indication in research as to which therapeutic technique is most effective for offenders with mental illness, research supports cognitive behavioral therapy as a possible candidate for reducing recidivism (U.S. Department of Justice, Office of Justice Programs, 2017, p. 11). Programs implementing cognitive behavioral therapy “generally address the link between dysfunctional thought processes and harmful

behaviors through timely reinforcement and punishment, as well as role-playing and skill-building exercises” and “seek to improve decision-making and problem-solving skills, and to teach individuals how to manage various forms of outside stimuli” (U.S. Department of Justice, Office of Justice Programs, 2017, p. 11). The skills learned in cognitive behavioral therapies aid in developing self-sustaining behaviors after participation in the program which allows individuals the freedom to live independently. Formation of such skills may result in part to lowered recidivism rates due to the wide assortment of situations these skills can be utilized in. Participants are better equipped to deal with changing environments and problems within the community.

The criminal justice system is experiencing an increase in the number of offenders who have a dual-diagnosis or co-occurring illness. These individuals generally are diagnosed with a mental illness as well as a substance use disorder. Both diagnoses require attention in determining treatment plans which demand substantial resources from programs. Programs that work with this population tend to work well when there is a clear mission and well-organized supervision (U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, p. 4). Implementation takes various forms as seen in a mentally ill chemical abuser (MICA) therapeutic community studied by Van Stelle and Moberg and an integrated dual-disorder treatment program used in the community after release studied by Chandler and Spicer which were established to address the needs of ex-offenders with a dual-diagnosis (as cited in U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, p. 51-53).

The MICA therapeutic community started while offenders were in prison then continued after release and offered group and individual treatment for mental health and substance abuse, social activities, and topic specific classes such as anger management (U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, p. 51). Monthly meetings were held after release for monitoring medication adherence and aiding in connecting to community resources (U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, p. 51). The integrated dual-disorder treatment program included services while offenders were serving time in jail (assessment, medication, counseling, and discharge planning) and offered resources for the treatment of both mental illness and substance abuse post-release (U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, p. 51). Outcomes for both programs show positive results.

Both programs recorded fewer days in psychiatric hospitals, fewer hospitalizations, and increased use of mental health services both before and after release (U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, p. 52- 53). Additionally, the study by Van Stelle and Moberg found that MICA participants received more ratings for having adequate housing and being stable while they shared similar ratings for social support (as cited in U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, p. 53). These findings support dual focused programs that address more than one diagnosis while preparing program participants for living in a community post-release. The combination of services prior to release and in the community in conjunction with monitoring and personalized planning are aspects shared by the two programs and should be researched further to

determine their effect on the outcomes reported for these programs. Further research on specific aspects of programs may provide a better understanding of what parts of programs can be implemented in other programs or improved upon to reach outcome goals.

Continuity of Care.

Another important aspect to consider for a population of ex-offenders who have a mental illness or co-occurring diagnosis is continuity of care (mental health services). Stability and control in relation to a mental illness should not be confused with curing a mental illness or even substance abuse. An apparent absence of symptoms does not equate to no possibility of future occurrence, rather, a “major mental illness is a persistent condition with multifarious symptoms that need continuous treatment, management, and medication therapy” (as cited in Jones, 2017, p. 20). Stabilizing inmates before release and then reintegrating them into the initial environment that helped form symptoms and criminal behavior should be a consideration of reentry programs and the criminal justice system. Therefore, a continuum of care is considered a necessary view for providing services starting in prison and continuing in the community post-release and shows promise in reducing recidivism and improving individual outcomes for those who participate in programs offering this service (Duwe, 2015, p. 34 ; U.S. Department of Justice, Office of Justice Programs, 2017, p. 22; Jones, 2017, p. 61; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2017, p. 4; Kim et al., 2015, p. 39). Stable connections within the community may help ease in the transition from incarceration to living within the community as well as ensuring continued maintenance of treatment after the program.

One program in particular, the Washington State's Dangerously Mentally Ill Offender (DMIO) program or Offender Reentry Community Safety Program, was initiated to provide continued care for offenders with a mental illness up to five years after release from prison (Washington State Legislature, 2009). Services offered up to five years not only includes treatment for mental health and substance abuse but also includes other support services such as housing and medical assistance (Washington State Legislature, 2009). Program services begin prior to release and after approval for program participation and assignment to a provider has been determined (Washington State Legislature, 2009). Participants benefit from this structured approach. Research results provide evidence for receiving community mental health services both before and a year after release in addition to reduced recidivism rates for new felonies and new violent felonies (Duwe, 2015, p. 22; Washington State Legislature, 2009). Continuance of services is a highlight of this program and appears to offer positive outcomes for program participants. Similar to maintenance therapy for individuals dealing with a mental illness, continuity of care within reentry programs offers a similar opportunity for individuals who need continued care to maintain stability within a community. Considering the ongoing mental health needs of participants, continuity of care is an area for improvement and research in current federal reentry programs.

Table 3 offers a summary of the local programs described in this section.

Table 3 – Summary of Local Programs

Mentally Ill Chemical Abuser (MICA) Therapeutic Community	Integrated Dual-Disorder Treatment Program	Washington State's Dangerously Mentally Ill Offender (DMIO) Program or Offender Reentry Community Safety Program
<p>•Highlights</p> <ul style="list-style-type: none"> •Services start in prison •Continuity of care (monthly meetings) •Group and individual treatment for mental health and substance abuse •Social support •Topic specific classes such as anger management •Community monitoring (medication adherence and resource use) <p>•Outcomes</p> <ul style="list-style-type: none"> •Fewer days recorded in psychiatric hospitals •Fewer hospitalizations •Increased use of mental health services •More ratings of adequate housing and being stable 	<p>•Highlights</p> <ul style="list-style-type: none"> •Services start in jail (assessment, medication, counseling, and discharge planning) •Continuity of care (resources for treating mental illness and substance abuse in community) <p>•Outcomes</p> <ul style="list-style-type: none"> •Fewer days recorded in psychiatric hospitals •Fewer hospitalizations •Increased use of mental health services 	<p>•Highlights</p> <ul style="list-style-type: none"> •Continuity of Care (services start prior to release and continued care up to five years post-release) •Treatment for mental health and substance abuse •Criminogenic factors addressed (housing and medical assistance) <p>•Outcomes</p> <ul style="list-style-type: none"> •Reduced recidivism rate for new felonies and new violent felonies

Conclusion

Federal reentry programs are in high demand due to the large number of incarcerated individuals. As individuals transition from incarceration to community life, outcomes and effectiveness of programs become important areas of focus. While many factors influence the successfulness of reentry, programs tend to implement services to address a wide variety of issues without specializing further for specific populations. General criminogenic needs such as education, housing, and social networks are usually, to some extent, incorporated into reentry programs. However, needs related to mental health are not heavily emphasized in the creation of these programs. An increasing number of individuals with a mental illness are coming in contact with the criminal justice system and while there are some methods of keeping this population out of prison or further penetrating into the system, only a subset of criminals with a mental illness can benefit from this work. Despite efforts such as mental health courts at the initial stages of the criminal justice system, the population of offenders with mental health needs have continuously increased in prisons. As part of the goals of federal prisons and the overall criminal justice system, needs related to this population must be addressed if the intended outcome is reductions in recidivism.

Reentry programs provide the opportunity to influence recidivism rates and to ensure successful reintegration into community settings. Aspects of programs such as team management, smaller caseloads, case manager's relationship with offenders, addressing both criminogenic and mental health needs, providing discharge planning with benefit application, and continuity of care are areas of interest for current programs in place as well as the establishment of more reentry programs. Similar to mental health

courts, reentry courts serve as potential models for these programs due to their overall positive outcomes for program participants and may be tailored to the specific needs of those participants. For specific characteristics proposed as possible areas of interest for reentry programs refer to Table 4 which summarizes the considerations and suggestions discussed in previous sections of this text. While these suggestions offer possible solutions to recidivism problems, more research and programs are a necessary next step in determining what should be considered effective methods. Offering services during the reintegration phase for ex-offenders and implementing tailored discharge plans setup ex-offenders to become incorporated actors within their community. The potential benefits are reaped not only by the ex-offender and criminal justice system, but the community as well.

Table 4 – Summary of Considerations and Suggestions

Considerations

Offenders with Mental Health Needs	Program Effectiveness
<input type="checkbox"/> Criminogenic Needs	<input type="checkbox"/> Consider programs with no direct or immediate effects on recidivism
<input type="checkbox"/> Mental Health Needs	<input type="checkbox"/> Expand success measure
<input type="checkbox"/> Social Support	<input type="checkbox"/> Limited Research (especially for those with a mental illness)
<input type="checkbox"/> Restrictions due to criminal record and stigma	

Suggestions

Reentry Program Components	
<input type="checkbox"/> Intensive Case Management	<input type="checkbox"/> Case Manager and Participant Relationship
<input type="checkbox"/> Expanded Case Management Services	<input type="checkbox"/> Benefit-application Assistance
<input type="checkbox"/> Individualized Plans	<input type="checkbox"/> Holistic Approach <ul style="list-style-type: none"> ▪ Address both mental health and criminogenic needs ▪ Cognitive Behavioral Therapy ▪ Dual-diagnosis (mental illness and substance abuse)
<input type="checkbox"/> Continuity of Care	

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