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The Iconic Impact of Substance Use and High Recidivism in the Criminal Justice System: An Exploration of Interventions Within America's Most Costly "Solution"

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CRIMINAL JUSTICE SYSTEM: AN EXPLORATION OF INTERVENTIONS
WITHIN AMERICA'S MOST COSTLY "SOLUTION"

By

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B.A., Southern Illinois University Carbondale, 2016

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the
Master of Science

Department of Rehabilitation

In the Graduate School

Southern Illinois University Carbondale

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RESEARCH PAPER APPROVAL

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Approved by:

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CHAPTER 1

INTRODUCTION

The continued increase of incarceration rates has raised the attention of many who are now looking at reform. The current offender reentry problems of limited treatment resources influence the emphasis that is being placed on recidivism. Upon release, formerly incarcerated persons (FIP's) are at high risk for homelessness and limited employment opportunities, which increase the potential for recidivating. The reentry programs that begin implementation within the prison systems work to address the needs of the offender prior to their release, with the intention to reduce criminal behavior. In doing so, it is necessary to address the needs of the individual. Current programs rely heavily on the utilization of risk assessment screening tools upon entry into the prison system. These screening tools examine the need for mental health and substance abuse services, amongst other environmental factors that place the individual at risk for recidivating.

Incarceration rates within the United States have continued to increase exponentially since the 1980's. According to the Bureau of Justice Statistics; The Sentencing Project (2016), Since the official beginning of the War on Drugs in 1982, the number people incarcerated for drug offences in the U.S. skyrocketed from 40,900 in 1980 to 450,345 in 2016. Increase sentence terms, even for first-time offenders, for drug-related charges contributed to the vastly growing numbers within the criminal justice system. With the comorbidity rates of mental health and substance dependence, the war on drugs has made a significant contribution to the increase in numbers of people with mental illness behind bars (Lewis, 2018). Over the years there has been a paradigm shift, steering further away from the rehabilitation movement and placing more emphasis on a management approach. The management approach can be seen as problematic

because it has developed into a process where a criminal is sentenced based on a risk assessment (i.e. likeliness of committing future crimes), rather than on the possibility to reform or deter him or her from future crimes (Patten, 2016). After decades of maintaining the “tough on crime” perspective, the U.S. is now experiencing a mass-incarceration crisis, in addition to a heightened recidivism rate, subsequently efforts have been made at federal, state, and local levels to resolve these problems.

Notably, former President Bush signed the Second Chance Act on April 9th, 2008. The Second Chance Act of 2007 (Public Law 110-199) provides federal grants to government and nonprofit organizations to provide employment assistance, substance abuse treatment, housing, family programming, mentoring, victim support and other services to individuals returning from jail to reduce recidivism (NIJ, 2018). Due to the additional costs that recidivating offenders require, more attention has been placed on the development of transitional programs to provide an opportunity to study the potential cost-benefits of providing a rehabilitative treatment within the criminal justice system.

Purpose

The purpose of this literature review is to examine the trends of incarceration, specifically amongst special populations, risk factors that contribute to high-recidivism, and the current treatment modalities that are offered within the United States criminal justice system with the emphasis being placed on the care provided within the institution and post-incarceration. In addition, further exploration of the current cost of incarceration in comparison to the potential benefits of decreased recidivism through the utilization of substance abuse treatment and reentry transitional programs.

Definition of Terms

Substance Use Disorder (SUD) – Disorder which occurs when the recurrent use of any substance(s) that causes significant impairments, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-V, a diagnosis of a SUD is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria (SAMHSA, 2015).

Federal vs. State Prisons - The federal criminal justice system handles crimes committed on federal property or in more than one state. State criminal justice systems handle crimes committed within their state boundaries (BJS, 2018)

Cost-Benefit Analysis – The process of comparing the costs involved in doing something to the advantage or profit that it may bring (Cambridge Dictionary, 2018)

Reentry – The transition of an offender from prison back into the community.

Recidivism – Relapse of criminal behavior

CHAPTER 2

LITERATURE REVIEW

Trends of Incarceration

According to the statistical data released by the Bureau of Justice (BJS; 2018), in 2016 the number of prisoners in state correctional facilities was 1,298,159, with 15.2% of those prisoners admitted for drug offences. Federal correctional facilities totaled 172,554 prisoners, with 47.5% admitted for drug offenses. When further examining the percentage for drug offences in the total incarcerated population for both state and federal agencies, statistics on demographics provide insight to common trends and populations that appear to have an increased risk for SUD's. The breakdown of demographic data for the general population in both state and federal correctional facilities in relation to drug offences is referenced in Table 1.

Demographics play an important role in one's risk for incarceration or being a victim of a crime. Harrell et al. (2014) explored the relationship between poverty level and crime using data from the American Community Survey. From 2008-2012 there were a total number of 5,930,800 violent crimes committed in the United States. The authors found a statistically significant relationship between these crimes and poverty levels in the United States; poor (39.8%), low-income (26.5%), mid-income (20.8%), and high-income (16.9%). Harlow (2003) further explored the relationship between demographic factors and incarceration. They found a differentiation in educational attainment and demographics of male inmates between the ages of 20 to 39 within state prisons. Harlow (2003) found that male inmates consistently have low academic achievement than those in the general population, but white and black male inmates were twice as likely to have not completed high school or its equivalent, with males in the

general population being four-times more likely to have attended some college classes in comparison to male inmates. Please refer to Table 2.

The Executive Office of the President of the United States, Counsel of Economic Advisors summarized the disproportional concentration of Black, Hispanics, individuals with substance abuse and mental health problems and their interactions with the criminal justice system. They found Blacks and Hispanics comprise over 50% of the incarcerated population while only making up 30% of the general population. When for similar offences, they report that Blacks and Hispanics are more likely than Whites to be stopped, searched, arrested, convicted, and sentenced to harsher punishments. When examining the prison population as a whole they report over one-third has at one point in their life received public aid; 13% spent part of their lives involved in the foster system; and over 10% experienced homelessness the year prior to entering prison. In addition, over 50% of the incarcerated population experience mental health problems; 70% report regular drug abuse; and 65% report regular alcohol abuse prior to incarceration (2016).

Risk Factors for Recidivism

With more than 1.5 million people incarcerated, and a ten-year average of 689,000 individuals released from prison each year, there are a number of implications as these former inmates return to their communities (Ojha, Pape, Burek, 2018). Many of the environmental and social risk factors that contributed to the engagement in criminal behaviors upon arrest remain present once released. As cited by Durose, Cooper, & Snyder (2014), according to the National Institute of Justice (NIJ), of the total 404,638 released prisoners from state prisons in 2005 from thirty states, two-thirds (67.8%) were rearrested within three-years, and three-quarters (76.6%) were rearrested within five-years. High rates of recidivism should not be a surprising concept.

Irrespective of the nature of their felony offense, the majority of prisoners experience a multitude of psychosocial stressors prior to, during, and after their incarceration that makes their behavior susceptible to becoming involved with the criminal justice system (Mellow, Christian, 2008). Given the high rates of recidivism it has promoted an increase of study to help identify potential risk factors.

Substance abuse and mental health.

According to a BJS special report, in 2005 the estimates of mental health problems within the prison system represented 56% of state prisons and 45% of federal prisons. Of those who experienced mental health problems, the rate of homelessness 1-year prior to incarceration was 13.2% for state prisons and 6.6% for federal. In addition, an estimated 42% of state prisoners and 28.5% of federal prisoners were found to meet criteria for co-occurring mental health and substance use disorders (James & Glaze, 2006). Effective mental health and substance abuse interventions depend on coordination in response between criminal justice agencies and treatment providers (Chandler, Fletcher, & Volkow, 2009). In 2018, 46.2% of the total incarcerated populations within the federal prison system are due to drug charges. According to the CASA report, 65% of all U.S. inmates meet medical criteria for substance abuse addiction, with only 11% receiving any treatment during their incarceration (2010). Prisoners with a substance abuse addiction experience many barriers to receiving the treatment they need. As stated by Chandler et al. (2009), “addiction remains a stigmatized disease not often regarded by the criminal justice system as a medical condition; as a consequence, treatment is not constitutionally guaranteed, as is the treatment of other medical conditions”.

The Center for Prisoner Health and Human Rights reports that the lack of community-based treatment options has influenced the incline of people with mental illness in the

incarcerated population (2018). The Council of Economic Advisors office makes note that over 5 million children have a parent that has been incarcerated at one point, which is a strong risk factor for a number of adverse outcomes including, antisocial and violent behavior, mental health problems, school dropout, and unemployment (2016). Though an adverse experience, mental health substance abuse problems are typically present prior to admittance into a correctional facility. By not addressing the behaviors that contributed to their incarceration, these populations are at an even greater risk for recidivating.

Socioeconomic status and education.

Education has been called the most basic component of socioeconomic status (SES) because of its influence on future occupational opportunity's and earnings potential (Shavers, 2007). According to a BJS special report, only about half of the incarcerated population within the state and federal prison system had obtained their high school diploma or its equivalent (Harlow, 2003). In 2015, the graduation rate among public high school students based on demographic information and SES are presented as, white (88%), Black (75%), Hispanic (78%), American Indian/Alaska Native (72%), and low-SES (76%) (National Center for Education Statistics, 2016).

According to a report made by the Council of State and Government Justice Center in 2015, approximately 36,000 youth are committed to state juvenile correctional facilities with sentences that range from 3 to 12 months. It also notes that more than half of the incarcerated youth are in need of, if have not already received, special education services – at a rate nearly four times higher than the general public. Though there have been advancements in recent years to increase the educational resources within the juvenile justice system, only 23 states participate in a state education accountability system and have obtained nationally recognized accreditations

(Locked Out, 2015). Providing high school credit accumulation while maintaining core curriculum proficiency targets can provide an increase to this already risky populations chances at succeeding in the educational and employment realm.

Socioeconomic status and accessibility to resources.

SES contributes to the resources that returning inmates have access to. Many returning FIP's cannot afford to obtain a driver's license or operating vehicle. Based on their geographical location (i.e. urban or nonurban), available public transportation acts as a major contributor to obtaining/maintaining employment, following up with court mandated requirements, treatment providers, and other resources once released. Housing is another major obstacle that FIP's face. With difficulties obtaining employment, many FIP's experience difficulties obtaining stable housing. In addition, many of the public housing authorities prohibit certain felony charges. These barriers may result in a domino effect, leading to "reopening of the revolving door of justice" for FIP's (Ojha, Pape, Burek, 2018).

Treatment Modalities

With an increase in research being conducted to study the predictors and risk factors of recidivism, we are seeing an up rise in treatment programs to help reduce recidivism. Some of the common treatment modalities within a prison setting include individual and group therapy, substance abuse education, 12-step programs, cognitive behavioral therapies, and other evidence-based approaches to substance abuse and mental health treatment. We have also seen reentry programs that focus on reintegration back into the community, work-release programs, and assistance within the transitional phases that focus on helping the prisoner obtain housing and resources for continued support once released.

The process of reintegration is typically associated with three phases: the institutional phase, taking place while incarcerated and determining the offender's classification and needs; the reentry phase, occurring during the transitional period in preparation for the offender's release; and the community phase, which helps to facilitate the offenders transition back into the community and receive appropriate levels of aftercare. The identified phases help to facilitate the implementation of these programs while the offender is incarcerated. In addition, they emphasize resources that are directed towards work training and placement, mental health and substance treatment, and facilitating the offender in finding appropriate housing. According to a meta-analysis studying the effectiveness of reentry programs, conducted by Ndreckam (2018), the majority of the studies revealed that reentry programs reduced recidivism by 72.4% (p. 133).

Halfway houses and work release programs.

The most challenging obstacle that FIP's experience is successfully reentering the labor market (Lockwood & Nally, 2016). Halfway houses (HWHs) and work release programs provide participants the opportunity to enhance their job skills, re-establish familial connections, reintegrate back into their communities, and build financial savings prior to their release (Bales, et al., 2015). Studies support that an offender's criminal record acts as a major obstacle when attempting to reenter to labor force due to the employers own attitudes and biases of employing ex-offenders (Lukies, Graffam, & Shinkfield, 2011). These findings have continued to have an influence on the implementation of work-release programs within a transitional approach. Offenders are placed into the category of programs addressing mental health, substance abuse, and work release based on their specific needs (Routh & Hamilton, 2015).

The timeline that a prisoner is eligible to engage in a work release varies by state. The National Institute of Justice (NIJ; 2017) notes the Minnesota Prison Work Release Program

requires an individual to be within 8-months of being released, and have served at least half of their sentence. It is also noted that the program participants were 8 times more likely to find a job post-release than the comparison group. In addition to employment, housing stability is considered a major risk factor to reoffending. Based on their findings, Routh & Hamilton found that the effects of HWHs that specialize in work release programs should be utilized when developing a participant's reentry plan. Their findings indicate a significantly lower propensity of parole revocation due to a technical error (decreased by 41.5%) or return to prison for any reason (decreased by 29.9%) (2015).

Therapeutic communities.

One of the more commonly used approaches is the therapeutic community interventions (TCI) program. There have been modified versions of TCI specific to corrections, which utilize treatment approaches to assist prisoners with co-occurring substance use and mental health problems reintegrate back into the community post-incarceration (NIDA, 2002). The TCI-correction typically follows the three transitional phases of institution, reentry, and community. Common treatment approaches within the second phase include cognitive behavioral therapy and motivational interviewing. It is here where the participant develops insight towards the effects of their perceptions of events, and how it has influenced their patterns of emotions and thoughts into justifying past criminal behaviors (NIDA, 2015). Some prisons that utilize this program include drug-free wings where the prisoners commit to being drug-free for small incentives. This is a positive factor for the therapeutic environment and in gaining peer support, however this approach has limited research showing its effectiveness on recidivism. It does however show an increase in ex-prisoners seeking out programs of recovery once released (Larney, Mathers, Dolan, 2007). TCI is used both with and without aftercare. Though studies have shown both

variations to be successful, TCI with aftercare is shown to be more effective in reducing the rates of re-incarceration and drug misuse relapse compared to alternative programs (Galassi, Mpofo, & Athanasou, 2015).

Drug and reentry courts.

The history and progression of drug courts have influenced the development of reentry courts that facilitate reintegration into our communities. Drug and reentry courts provide case management and substance abuse services to typically non-violent offenders under judicial supervision (Vance, 2016). Given the obstacles that released prisoners face with reintegrating back into their community, their reentry plan needs to address the availability of resources in the coordination with their supervision and responsibilities.

Given the emphasis that is placed on case management in the drug court model it is necessary to include the premise that it holds. The National Drug Court Institute (NDCI; 1997) refers to case management as a series of interrelated functions that provides coordination and team collaboration between the treatment and justice system, and is essential for sustaining integrated and effective drug court systems. The role of case management within the drug court system is considered a key component. The overall goal of each of the team members is to ensure: “(1) clients are linked to relevant and effective services; (2) all service efforts are monitored, connected, and in synchrony; and (3) pertinent information gathered during assessment and monitoring is provided to the entire drug court team in real time” (Monchick, Scheyett, & Pfeifer, 2006). When all team members from each involved system collaborate, the opportunity to improve case coordination and meet the expectations of each system involved is greatly enhanced. This makes it possible to monitor and link the necessary substance abuse

and/or mental health services integrated into the program while meeting both treatment and legal expectations.

The Office of Justice Programs (OJP) launched the Reentry Court Initiative (RCI) in 2000. Reentry programs are based on a reintegration approach that looks at a multitude of obstacles that returning offenders are facing, in addition to substance abuse treatment. The OJP identifies the six core elements of reentry courts as assessment and planning, active oversight, management of supportive services, accountability to the community, graduated and parsimonious sanctions, and rewards for success (1999). Reports on the success of reentry courts have been mixed. Carey et al. (2017) conducted a summary overview of the eight sites participating in the National Institute of Justice Evaluation of the Second Chance Act (SCA) adult reentry courts. The re-arrest and re-conviction rates ranged from 38% to 89%, where 5 of the reentry courts showed positive impacts of reduction, and 3 of the reentry courts showed significant positive reductions. They found the mixed findings are possibly due to a wide variation in implementation, but still point to the potential for positive impacts. Based on the six core elements of reentry courts, the findings compared the participant group and comparison group during a 12-month follow-up period prospective interview. The findings concluded that the participant group was more likely to receive staff follow-up post-release, receive both incentives and sanctions, praise from both the supervision officer and the judge, and were less likely to experience substance use issues upon the date of the interview. Please refer to Table 3 for comparison rates.

The data collected provides insight into the implementation of the elements and potential effects on outcomes. The reentry court participants were found to have received more help in obtaining services for substance abuse and mental health treatment, employment and education,

housing, public assistance, transportation, criminal thinking, and life skills training. In addition, specific to substance abuse treatment, the participant group reported significantly more hospital stays for detox, outpatient counseling services, and self-help groups (Carey et al., 2017).

There are many variations of reentry programs that work towards facilitating the transition of a FIP back into society. The “What Works” literature reviews the various programs that are currently being implemented and their level of efficacy. As many of the programs differ in execution and follow-up strategies, the transitional programs appear to receive mixed reviews. Duwe and King (2013) found that participation in the InnerChange reentry program reduced the risk of reoffending by 26% for rearrests, 35% for reconviction, and 40% for new offense incarceration. They note that the best recidivism outcomes came from those who received a continuum of mentoring support from the institutional phase to the community phase. In addition, Duwe and King found that minorities did significantly worse for the recidivism measure of re-incarceration, but considered that it may have been influenced by the decreased likelihood of these groups maintaining mentoring support (2013). The variables that differ from many of the reentry programs lie primarily with the level of support that is either offered while incarcerated or once entered into the community.

The Serious and Violent Offender Reentry Initiative (SVORI) was one of the federal programs funded by the Second Chance Act. SVORI awarded three-year grants to states ranging from \$500,000 to \$2 million to develop or expand programs that provide assistance to adults and juveniles during reentry (Patterson, 2013). SVORI aimed to provide services during incarceration, post-release - while the participants were under supervision, and post-supervision. SVORI programs provided an approximately 50% increase in reentry services during incarceration and post-release prior to the implementation of SVORI programs (Patterson, 2013).

A study conducted by Bouffard and Bergeron in 2006 examining the effectiveness of the SVORI – North Dakota program suggests that the SVORI participants were 60% less likely to be rearrested than their comparison group counterparts. However, during this study they found that the comparison group participated in more programming than SVORI participants while incarcerated, which suggests this program was not succeeding in providing enhanced institutional programming (as cited in What Works in Reentry Clearinghouse, 2018). Patterson summarized that the consistencies of the reentry programs vary in part due to the resources that are available (2013).

The Impact of Recidivism on the Overall Cost of Incarceration

Ongoing trends in high-rates of incarceration have prompted the evaluation of our current correctional system, factors that lead to incarceration, and alternative approaches to decrease this costly “solution”. According to the National Institute of Corrections in 2018, the U.S. now spends more than \$85 billion on federal, state, and local corrections. Processing and housing an offender is very expensive, especially for the taxpayers. According to the Federal Register, during FY2015, the average annual cost for a federal inmate was \$31,977 (\$87.61 per day), with the average annual cost on an inmate in a Residential Re-Integration Center being \$26,082.90 (\$71.46 per day) (2015). Transitional programs and treatment services within the prison system have the potential to coincide with one-another by focusing on residential reentry, education, work release, mental health and substance use care. Providing the prisoner with the appropriate means to be successful upon release, therefor decreasing costs otherwise allocated towards reentry into the system.

Measuring Recidivism.

Recidivism is considered a relapse in criminal behavior, which is a simple definition for a complex set of behaviors and cause(s) of recidivism, which are difficult to measure. Criminal behavior is evidenced in both documented and other non-documented behavior. Since criminal behavior frequently is undocumented, a true measure of recidivism is difficult if not impossible to obtain. Interviewing a participant has become a popular approach to attempting to measure the recidivism rates, though it too is imperfect. The NIJ also describes Analyzing the official recorded events, charting a new offence over an elapsed time, and measuring the elapsed time until the next crime. In addition, risk affects recidivism on an individual basis. The NIJ makes a point to discuss a general assumption of many analyses is that they assume the risk environment of re-arrest is the same for everyone, whereas studies have been able to prove this to not be the case (2008). Environmental risk factors change tremendously between urban and nonurban areas, resources available, structure, and level of support.

Recidivism rates.

Due to rising incarceration rates and growing concern for recidivating offenders, there have been funds allocated to the study of recidivism in the criminal justice system. A focus is placed on the potential cost-benefit approach to transitional programs in further examination of the cost of incarcerating recidivating offenders versus the cost of rehabilitative programs that aim to reduce recidivism.

Johnson (2017) conducted a comparison analysis, which examined the outcomes from individual studies conducted by the Administrative Office of the U.S. Courts (AOUSC), United States Sentencing Commission (USSC), and the Bureau of Justice Statistics (BJS). Johnson (2017) notes the major differences between the studies were in the cohort size. AOUSC's included 454,223 people serving active supervision terms of probation and supervised released

between 2004 and 2014; USSC included 25,431 offenders either released from federal prison or on probation in 2005; and the BJS included 42,977 offenders on community supervision during 2005 (p. 53). Within the first year after being released the AOUSC found 9.3% of offenders were rearrested for a serious offence; the USSC found that 16.6% recidivated; and the BJS reported 18.2%. The studies conclude that the majority of recidivating offenders will do so within the first two years after release. These conclusions support the sensitive time frame for the majority of the transitional programs in that the initial phase of reentering the community and after care, are important to the successful release of offenders. The studies also found that the five-year recidivism rate had some of the most significant findings.

The cost of crime.

McCollister, French, & Fang (2010) evaluated multiple studies in comparison to their own in aiming to identify new crime-specific estimates. Categorizing the cost of crime into several categories, McCollister et al. (2010) identified them as victim cost (i.e. medical expenses, theft of property, lost earnings), criminal justice cost, crime career cost (i.e. productivity costs), and intangible costs (i.e. pain and suffering). The study combined the tangible and intangible cost estimates and calculated a total per-offense societal cost for murder (\$8m), rape/sexual assault (>\$240k), robbery (>\$42k), household burglary (>\$6k), and stolen property (>\$7k), which can be referenced in Table 4.

When analyzing the cost of each crime, compare it to the potential effect that a crime prevention intervention can have, and you have the potential for a decrease in expenditures and increase in cost-benefit. For example, when working with an individual with substance abuse dependence, and they are receiving the appropriate treatment that they need to maintain abstinence. If when using, the individual would commit a robbery to obtain their substances, by

maintaining sobriety or connected with the appropriate resources, the potential for decreased robberies is there. If we were to say there were three-less robberies committed, according to the data that McCollister et al. (2010) provided, a translation of \$185,250 would be saved. Now when looking for a cost-benefit, we would need to examine the cost of the aftercare and treatment to further analyze the eliminated cost from the overall expenditure.

Results from previous cost-benefit analysis studies.

Welsh (2004) examined the results from fourteen studies that evaluated the impact of correctional treatment of recidivating offenders with favorable results. The benefits of prevention programs outweighed the program cost in all but one (Welsh, 2004). The cost-benefit ratios were impressive. For every dollar spent, returns ranged from a low of 1.13:1 to a high of 270:1. These findings suggest that overall correctional treatment saves taxpayers money.

A study conducted by Aos, Phipps, Barnoski, & Lieb (2001) examined the effectiveness of various programs within Washington State, and their impact on the taxpayer-financed criminal justice system. This study explored early childhood programs, middle childhood and adolescent programs (non-juvenile offenders), juvenile offenders, and adult offender programs. For the sake of this paper, I will be focusing primarily on the results from the adult offender programs. The data collected on the net cost of the program per-participant compared to the net savings per participant can be referenced in Table 6.

In this study, Aos et al. (2001) found there was no statistically significant relationship between prevention programs and reductions in recidivism. Despite this finding, the cost-benefits of the program were notable, saving approximately three-dollars to every one-dollar of cost. Consequently, the study shows that recidivism rates are not the only factor influencing cost

reductions related to treatment and prevention amongst this population. Further research on factors that influence costs would be beneficial as more preventative programs are implemented.

CHAPTER 3

DISCUSSION

The United States criminal justice system has evolved into the world's largest users of incarceration as a primary method for deterring criminal acts. Unfortunately, statistical data suggests that the current system has ballooned into a behemoth which needs to be placed in check. Alternative approaches to providing for the public's safety, as well as for the mental health of those who are at greatest risk for incarceration is imperative. Reforms are inevitable but without the proper data, the same mistakes may be repeated. Drug-related charges remain the number one cause for incarceration in the United States. In addition, there is a significant number of people who are at risk for incarceration, have been incarcerated, or who are currently incarcerated, who experience co-occurring mental health and SUD's. Evidence-based treatment approaches should be adopted by the criminal justice system to further address these medical conditions. In doing so, the potential for a successful reintegration back into the community is far more likely and has the potential for reducing future problematic behaviors.

In addition to the mental health and SUD's, there are other risk factors that must be included when developing a reentry plan. As reported by the National Governor's Association (NGA), some of the challenges that released prisoners face when reintegrating back into the community are substance abuse, mental illness, lack of education, high unemployment, and homelessness (2005). These ever-growing risk factors contribute to the high-recidivism rate that the U.S. is currently facing.

Transitional and reentry programs are an expansion from the drug court model, utilizing rehabilitative methods. The intent is to not only have the potential to decrease the rates of recidivism, but to provide the individuals with the resources that they need to successfully

reintegrate back into the community. Given the mixed statistics and variations in implementation, there are several factors that need to be considered. First, we must differentiate between urban and nonurban areas. The resources are not comparable and different problem-solving strategies need to be developed for each. Second, transportation is a major contributor to risk that influences the other factors. Maintaining the requirements of the court, accessing treatment providers, and obtaining/maintaining employment can all be impacted. If not addressed the revolving door theory has an increased likelihood of continuing on (Ojha, Pape, Burek, 2018).

By further examining the high rates of incarceration, risk factors, rates of recidivism, effectiveness and cost of preventative programs, and compare it to the cost of incarceration, we can begin to determine if implementing these programs will decrease the deficit that the criminal justice system has caused. In addition to decreasing overall expenditures, it is important to provide rehabilitative services to not only manage the problem, but to help repair the problem to prevent future decline.

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Table 1

Demographic Data within Correctional Facilities in Relation to Drug Offences

	State		Federal	
	Total	Drug Offence	Total	Drug Offense
Female	93,360	23,200 (24.9%)	11,222	6,300 (56.4%)
Male	1,204,799	174,000 (14.4%)	161,332	75,600 (46.8%)
White	403,600	61,000 (15.1%)	47,300	17,700 (37.5%)
Black	429,000	61,600 (14.4%)	63,900	31,000 (48.5%)
Hispanic	278,600	38,800 (13.9%)	55,800	31,600 (56.5%)

Source: The Bureau of Justice Statistics, (2018).

Table 2

Educational Attainment by Race for State Prison Inmates and the General Population

Offender Ethnicity	Below High School (General population)	High School (General population)
African American	43.9% (15.6%)	47.9% (40.5%)
Caucasian	27.7% (13.9%)	61.0% (32.1%)
Hispanic	51.8% (41.3%)	41.6% (27.0%)

Source: Harlow, (2003)

Table 3

Prospective Interview Results: Twelve-Month Follow-Up

	Participant Group	Comparison Group
Staff follow-up after release	93%	68%
Received reward/incentive	87%	74%
Praise from supervision officer	70%	58%
Praise from judge	73%	8%
Received sanction	59%	48%
Substance use issue	17%	28%

Source: Carey et al. (2017)

Table 4

Estimated Overall Cost Per-Offence Societal Cost

Crime	Total Estimated Cost	Range
Murder	\$8,982,907	\$4,144,677 to \$11,350,687
Rape/sexual assault	\$240,776	\$80,403 to \$369,739
Robbery	\$42,310	\$18,591 to \$280,237
Household burglary	\$6,462	\$1,974 to \$30,197
Stolen property	\$7,974	\$151 to \$22,739

Source: McCollister et al. (2010).

Table 5

Cost-Benefit: Prevention Programs

Adult Offender Drug Treatment Programs (compared to no treatment)	Net Direct Cost of Program (ea.)	Net Benefits Per Participant (ea.)
In-Prison Therapeutic Community, No Community Aftercare	2,604	-\$899 to \$2,365
In-Prison Therapeutic Community, With Community Aftercare	3,100	-\$243 to \$5,230
Non-Prison TC (as addition to an existing community residential facility)	2,013	\$4,110 to \$15,836
In-Prison Non-Residential SUD Treatment	1,500	\$1,672 to \$7,748
Drug Courts	2,562	-\$109 to \$4,691
Case Management SUD Programs	2,204	-\$1,050 to \$1,230
Community-Based SUD Treatment	2,198	\$237 to \$5,048
Drug Treatment Programs in Jails	1,172	\$373 to \$3,361
Adult Sex-Offender Treatment Programs (compared to no treatment)		
Cognitive-Behavioral Sex Offender Treatment	6,246	-\$778 to \$19,534
Adult Offender Intermediate Sanctions (compared to regular programs)		
Intensive Supervision (Surveillance-Oriented)	3,296	-\$2,250 to -\$384
Intensive Supervision (Treatment-Oriented)	3,811	-\$459 to \$5,520
Intensive Supervision: Diversion from Prison	-5,925	\$6,083 to \$6,386
Adult Boot Camps	-9,725	\$9,822 to \$10,011
Adult Boot Camps--As partial diversion from prison	-3,380	\$3,477 to \$3,666
Cognitive-Behavioral Programs (compared to no treatment)		
Moral Reconciliation Therapy	310	\$2,471 to \$7,797
Reasoning and Rehabilitation	308	\$2,202 to \$7,104
Other Programs (compared to no treatment or regular programs)		
Work Release Programs	456	\$507 to \$2,351
Job Counseling for Inmates Leaving Prison	772	\$625 to \$3,300
In-Prison Adult Basic Education	1,972	\$1,852 to \$9,176
In-Prison Vocational Education	1,960	\$2,835 to \$12,017
Correctional Industries Programs	1,800	\$1,147 to \$9,413

Source: Aos et al., (2001)

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