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Reentry Overview and Foundational Principles

Course Overview
- Scope and Issues in Reentry
- Case Management
- Mentoring

Reentry Overview and Foundational Principles

Scope and Nature of Transition and Offender Reentry
Statistics
- Mass incarceration is causing a budget strain.
- 95 percent of all the incarcerated will one day be returned to society.
- More than 700,000 prisoners reenter society yearly.
- Most are rearrested within six months of release.

Welcome to "Case Management and Mentoring Ex-Offenders." Case management and mentoring have been found to be beneficial for justice-involved persons and lead toward a successful reentry.

In this course, we will review the scope and issues of prisoner reentry and foundational correctional practices and principles used when working with the incarcerated and justice-involved persons. The first half of the course will focus on case management. We will explore different models, introduce the roles and responsibilities of case management workers, and practice skills needed for effective case management. The second half of the course will focus on mentoring. We will identify how to establish a mentoring program, the different components of a mentor program, and how to mentor from a biblical perspective. Strategies for mentoring those with addictions will be highlighted. Let's begin with looking at the scope and nature of transition and reentry for the incarcerated.

The growth in the number of offenders incarcerated and under community supervision, as well as the failure rate for offenders released from prison, has placed a tremendous burden on the criminal justice system. Approximately 700,000 offenders are released annually, and more than half will return to prison within three years. Many will be rearrested within the first six months after release. In the United States, the cost of incarceration has grown from $9 billion to more than $60 billion annually over the last twenty years, a figure that does not include the added cost to the courts, prosecutor and public defender offices, or probation and parole. This ever- growing burden on federal and state budgets has resulted in increased interest in the complex challenges of successful offender reentry, encouraging many jurisdictions to reexamine their current policies and practices in the light of escalating costs, limited resources, and particularly, emerging research on methods to reduce recidivism. It also presents an opportunity for the church to assist in meeting the needs of offender reentry as God calls us to make disciples

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Scope and Nature of Transition and Offender Reentry
A movement to end mass incarceration
- Reduce the prison population by 50 percent in the next 10-15 years
- 6,000 federal prisoners released in 2015

Changes in correctional ministry
- Increased need for faith-based reentry programs and services
- Decreased demand for prison chaplains

(Matthew 28:18–20) and to meet the physical needs of those reentering society (Matthew 25:31–45).

While we have lived in the Era of Mass Incarceration and have seen incarceration numbers peak in 2007, there has been a small gradual decline in the number of incarcerated. In 2015, a growing number of criminal justice reform organizations are uniting behind one big goal: To reduce the prison population by 50 percent in the next ten to fifteen years. With 2.3 million Americans incarcerated in prisons and jails, a 50 percent reduction would mean changing sentencing and parole rules to cut the net population by more than a million people, either by releasing current inmates or by not incarcerating future offenders.

At the end of October 2015, the Justice Department released some 6,000 inmates from federal prisons as part of new sentencing guidelines for drug crimes established in 2014. The new drug sentencing guidelines from the US Sentencing Commission, which are intended to reduce penalties on certain nonviolent drug offenders, also applies to any future offenders. The US Sentencing Commission decided in July 2014 that close to 50,000 federal inmates locked up on drug charges would be eligible for reduced sentences.

This is one of the largest one-time releases of federal prisoners ever. While "a majority" of the inmates granted release will be transferred to halfway houses and, in certain cases, drug rehabilitation centers, approximately one-third will be handed over to ICE to face possible deportation. The individuals released at the end of the month will also face a normal probationary period and supervised release.

Under the new guidelines, inmates who were deemed eligible under the new rules could apply for release. Each case was then reviewed by a federal judge in the district in which the inmate's case was tried in order to determine whether it would be beneficial to public safety to grant the prisoner early release.

> "Even with the Sentencing Commission's reductions, drug offenders will have served substantial prison sentences. Moreover, these reductions are not automatic,"

Deputy Attorney General Sally Yates said in a statement.

> "Under the Commission's directive, Federal judges are required to carefully consider public safety in deciding whether to reduce an inmate's sentence."

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Scope and Nature of Transition and Offender Reentry
Public Opinion
- Punishment does not create safer communities or increase positive behavior change.
- Public sentiment is moving away from "tough on crime" to rehabilitation.

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Scope and Nature of Transition and Offender Reentry
Historical Context
- The 1900s focused on "corrections" or rehabilitation by attending programs while incarcerated.
- 1970s found that "nothing works."
- Parole boards
- Increase in crime
- Tough on crime

These changes will have a significant impact on correctional ministry and reentry. In the next ten to fifteen years, there will be an increase in the need for faith-based reentry programs and services and, as prisons are closed, a reduced demand for prison chaplains.

Even as correctional agencies are expressing a renewed interest in offender reentry strategies, the public opinion about crime is also leaning more toward rehabilitation and less on punishment. The public has expressed a desire for the criminal justice system to be "smarter" and to use the knowledge about "what works" and "what doesn't work" in changing offender behavior to inform public policy.

Let's look at a quick summary of corrections history. For much of the first half of the twentieth century, the business of corrections—indeed the very name "corrections"—was focused largely on the rehabilitation of offenders. Individuals were sentenced to prison for an indeterminate period. While incarcerated, offenders were to participate in various programs that would contribute to their rehabilitation. Parole boards were charged with releasing offenders when they had been rehabilitated.

By the 1970s, faith in this model of corrections was beginning to wane. First of all, those studying the effectiveness of correctional programming found little evidence from research and concluded, famously, that "nothing works." At the same time, critics of parole and the indeterminate sentence found that parole boards had few, if any, standards upon which to make their judgments and charged that their actions ran counter to the principles of fundamental fairness. Also at the same time, crime rates began to rise, and the public became more demanding of sentences that were "tough on crime."

These three developments gave rise to a new "determinate" sentencing model that focused on the punishment aspects of a sentence, abandoning interest in rehabilitation. Many states abolished discretionary parole release. During the 1980s and 1990s, this "just deserts" approach to sentencing and the notion that criminal sentences could not really change behavior and reduce the likelihood of reoffending opened the door to longer and longer periods of incarceration. Such sentences were geared primarily for punishment and incapacitation. If criminal sentences couldn't change behavior, at least they could keep people behind bars—and out of communities—longer. In response to this paradigm shift, correctional agencies invested heavily in increased bed-space

capacity, and investment in correctional programming decreased proportionally. Although most institutions did retain programs of some sort, they have not had the priority, funding, or support to serve great numbers of offenders.

Community corrections agencies have similarly emphasized incapacitation with enhanced surveillance and monitoring technologies such as electronic monitoring, substance abuse screening, and use of the Global Positioning System known as GPS. These agencies stressed compliance with conditions and expected staff to bring noncompliance to the attention of the court or paroling authority.

As the new century opened, the heavy investment in incapacitation began generating large numbers of returning offenders. The combination of this growing population with the significant fiscal crises facing many states gave rise to the burgeoning interest in reentry.

A parallel evolution in the field also influenced the development of National Institute of Corrections' (NIC) Transitioning of Prisoners to the Community (TPC) model. As state sentencing schemes were focusing more on deserved punishment and incapacitation, a body of research was accumulating that provided well-founded insights into the types of interventions with offenders that are, in fact, associated with reductions in recidivism. Beginning with the work of Canadian researchers who utilized the techniques of meta-analysis to systematically analyze large numbers of studies, this research provides the evidence on which to base correctional practice that reduces recidivism.

In summary, four developments in the field are reshaping how agencies define their correctional mission. First, larger numbers of offenders are being released from prison to the community. Second, a significant proportion of these offenders are returning to prison, raising questions of community safety and the effectiveness of current strategies. Third, fiscal crises in many states have heightened concerns about ever-growing correctional costs. Fourth, research is beginning to define specific principles of evidence-based practice that can help shape correctional practice to reduce this failure and enhance community safety.

Research has made clear that punishment-driven approaches alone are not effective in reducing recidivism or preventing future crime. To encourage successful offender reentry and prevent future crime, corrections professionals must address the reasons

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The New Century
- Larger numbers of offenders are being released from prison into the community.
- High recidivism rates
- Fiscal crises in many states
- Evidence-based practices

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Barriers to Offender Success
Education
- More than one-third lack high school diploma or GED.
- Most lack post-secondary education.
- Few receive in-prison education opportunities.
- Second Chance Pell Grant

why offenders become involved in the criminal justice system. Without effective intervention, offenders will leave incarceration facing those same challenges and without the tools necessary to overcome them. Common obstacles to offenders' success include education barriers. More than one-third of offenders in prison have not earned a high school diploma or GED and four out of five have not received any postsecondary education.

While most prisons offer educational classes such as Adult Basic Education and Adult Secondary Education, only a portion of inmates receive these services. In fact, between 2000 and 2005, the number of prisons offering these services decreased. In 1994, President Bill Clinton cut funding to 350 college programs in prisons around the country as a part of his Violent Crime Control and Law Enforcement Act. With the elimination of Pell grants for prisoners, the funding was gone and so were the college courses in prisons. In 2015, the Obama administration reversed the 1994 Clinton cuts of the Pell grant for prisoners. The Second Chance Pell Grant Pilot is for the next three years. Colleges can apply for the funding and offer courses within prisons. Christian colleges have joined those colleges who offer college courses. Calvin College offers a BA degree at Ionia Prison in Michigan. New Orleans Baptist Theological Seminary offers a BA to prisoners at Angola Prison in Louisiana, and Southwestern Baptist Theological Seminary offers a degree to prisoners at the Darrington Unit Prison in Texas. Correctional education has been found to reduce recidivism, increase chances of obtaining employment after release, and is cost-effective.   Research also supports participation in a Bible college as improving offender behavior and reducing misconduct. But, according to Byron Johnson, colleges need to be careful not to rush into offering seminary courses as not all programs reduce recidivism. To be effective, there are several factors that need to be considered when offering college accredited courses.

Former prisoners also experience employment barriers. The lack of job skills, the deterioration of skills while incarcerated, intermittent work histories, and the stigma of being in prison make finding legitimate and well-paying employment in the community difficult. Only one-third of offenders receive vocational training while they are incarcerated.

Another barrier is substance abuse and addiction. Fifty-three percent of male state prisoners and 60 percent of female state prisoners meet the DSM-IV drug dependence or abuse criteria. This is four times the rate of addiction experienced by the general population. Yet only about one in every ten offenders participates

in substance abuse programming prior to release.

You may have heard it said that the prisons have become the new mental hospitals. Mental health problems affect the majority of both male (55 percent) and female (73 percent) adults in prison. Women offenders often suffer from depression, anxiety disorders such as PTSD, and eating disorders, while substance abuse and antisocial personality disorders are more prevalent among men. Prisoners are given prescriptions while incarcerated to address mental health issues, but unless the trauma that has contributed to mental health problems is addressed, there is little healing.

There is a shortage of housing in reentry. For offenders who may have been homeless prior to incarceration and struggle to find sustainable, affordable housing after release, fewer than 10 percent will have the opportunity to live in a halfway house or other community release center. This housing shortage is significant for those with a sex offense. Unless the person is able to go to a relative's home, there is often no place for them to go.

Caring for children is another challenge for those returning home. For the majority of offenders (55 percent) who have dependent children, reentry brings an increased responsibility for the physical, emotional, and financial wellbeing of others. As soon as the offender is released, those who have been caring for his or her children, often relatives, are eager to give the children back to the parent even if the parent is not ready to take them back.

Other survival concerns add to the barriers in reentry. For offenders who are released from prison without the necessary identification (such as a birth certificate and state-issued identification) and transportation options (such as access to a personal vehicle or a residence near public bus routes) can be quite challenging if not impossible.

Understanding the plight of those reentering society from incarceration is foundational for effective case management and mentoring. Additional foundational practices and principles include: criminogenic risks and needs, evidence-based practices, gender-responsive principles, and trauma-informed care. Each of these principles has been discussed in previous courses, so this will serve as a quick review.

Andrews, Bontà, and associates have identified major risk factors associated with criminal conduct that predict recidivism. These factors are grouped into static factors that cannot be changed by programming but can address other predictive factors that

Criminogenic Risks and Needs
Static
- Age at first arrest
- Current age
- Gender
- Criminal history

influence an offender's current behavior, values, and attitudes. Static factors include the age at first arrest (younger increases risk), current age (people age out of crime), gender (males are more violent and commit more crimes), and criminal history (the length of their rap sheet).

Dynamic factors can be changed by associates, education, programs, behaviors, values, and attitudes. Dynamic factors include antisocial attitudes, cognitions; antisocial associates and peers; antisocial behavior; family, marital stressors; substance abuse; lack of employment, stability, achievement; lack of educational achievements; and lack of pro-social leisure activities.

Criminogenic risks and need for justice-involved females include depression/anxiety symptoms, psychotic symptoms, child abuse, anger, relationship dysfunction, housing safety, and parental stress.

For juveniles, risk and protective factors are evaluated when predicting future behavior. A risk factor is defined as anything that increases the probability that a person will suffer harm. A protective factor is something that decreases the potential harmful effect of a risk factor.

Types of risk and protective factors include individual, family, peers, schools, neighborhoods, and community.

Individual risk factors are early antisocial behavior and emotional factors such as low behavioral inhibitions, poor cognitive development, and hyperactivity. Individual protective factors include high IQ, positive social skills, willingness to please adults, and religious and club affiliations.

Juvenile Risk and Protective Factors
A risk factor is anything that increases the probability that a person will suffer harm.

A protective factor is something that decreases the potential harmful effect of a risk factor.

Types of Factors
- Individual
- Family
- Peers
- Schools and community

Family risk factors are inadequate or inappropriate child-rearing practices; home discord; maltreatment and abuse; large family size; parental antisocial history; poverty; exposure to repeated family violence; divorce; parental psychopathology; teenage parenthood; a high level of parent-child conflict; and a low level of positive parental involvement. Protective family factors are participation in shared activities between youth and family (including siblings and parents); a forum to discuss problems and issues with parents; availability of economic and other resources to expose youth to multiple experiences; and the presence of a positive adult (ally) in the family to mentor and be supportive.

Peer risk factors are spending time with peers who engage in delinquent or risky behavior, gang involvement, and less

exposure to positive social opportunities because of bullying and rejection. Peer protective factors are positive and healthy friends to associate with and engagement in healthy and safe activities with peers during leisure time.

School risk factors are poor academic performance; enrollment in schools that are unsafe and fail to address the academic, social, and emotional needs of children and youth; low commitment to school; low educational aspirations; poor motivation; living in an impoverished neighborhood; social disorganization in the community in which the youth lives and high crime neighborhoods. Protective factors include enrollment in schools that address not only the academic needs of youth but also their social and emotional needs and learning; schools that provide a safe environment; and a community and neighborhood that promote and foster healthy activities for youth.

It is important to note the following:

- No single risk factor leads a young person to delinquency.

- Risk factors "do not operate in isolation and typically are cumulative: the more risk factors that [youth] are exposed to, the greater likelihood that they will experience negative outcomes, including delinquency."

- When the risk factors a youth is exposed to cross multiple domains, the likelihood of delinquency increases at an even greater rate.

- Different risk factors may also be more likely to influence youth at different points in their development. For example, peer risk factors typically occur later in a youth's development than individual and family factors.

- Because risk and protective factors are dynamic in nature, service providers and agencies should adopt ongoing assessments of these conditions.

- While youth may face a number of risk factors, it is important to remember that everyone has strengths and is capable of being resilient: "All children and families have individual strengths that can be identified, built on, and employed" to prevent future delinquency and justice system involvement. In recent years, studies of juvenile delinquency and justice system involvement

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Peers

Risk Factors
- Spending time with peers who engage in delinquent or risky behavior
- Gang involvement
- Less exposure to positive social opportunities because of bullying and rejection

Protective Factors
- Positive and healthy friends to associate with
- Engagement in healthy and safe activities with peers during leisure time

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Juvenile Risk and Protective Factors

Important notes:
- No single risk factor leads a young person to delinquency.
- Risk factors "do not operate in isolation and typically are cumulative."
- Risk factors that cross multiple domains increase the likelihood of delinquency at a greater rate.
- Certain risk factors may be more likely to influence youth at different points in their development.
- Ongoing assessment is needed.
- Strengths are important.

have increasingly examined the impact of these strengths (protective factors) on youth's ability to overcome challenges and thrive.

Trauma matters. Whether you are interacting with justice-involved juveniles, adult men, or adult females, it is safe to assume they have experienced trauma; and those serving this population must be trained in providing trauma-informed care. The definition used by SAMHSA is, "Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." Trauma-informed care means making sure that we are taking trauma into account and avoid triggering trauma reactions or further traumatizing a person. Trauma matters because it changes the question the caseworker and mentors asks from "What is wrong with this person?" to "What has happened to this person?"

Trauma-informed care includes six key principles. First is safety—being physically and emotionally safe. There is no risk that they will experience abuse or disrespect or be unsafe. It means staff must think about their language, tone of voice, and body language. How they can support clients when they are struggling and the environment needs to be reviewed from the lens of a person who has experienced trauma and could be triggered by the environment. Questions you may want to ask clients are: "Do you feel physically safe here?" "Do you feel emotionally safe?"

Second is trustworthiness and transparency, which means you say what you mean and mean what you say. Many have experienced false promises from those they love and trust. Keeping your word is a huge deposit in developing trust. Don't make promises you can't keep.

Next is peer support, which is sometimes referred to as "trauma survivors." It is nice for those who have experienced trauma to interact with those who have gotten to the other side of their trauma. This gives them hope and connection with someone who "has been there."

Collaboration and mutuality means we recognize that successful reentry is a shared responsibility between the case manager, mentor and mentee, family, parole officer, and anyone else in the person's life. It is working together with everyone involved in the

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Trauma Matters
Definition
"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." —SAMHSA

Reentry Overview and Foundational Principles

Trauma-Informed Care
Six Key Principles
- Safety (physical and emotional)
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historic, and gender issues

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person's life without being territorial and withholding helpful information. It is a team effort with everyone working toward the same goals.

The next principle is empowerment, choice, and voice. This is where we recognize the clients' strengths and create opportunities for them to grow and to succeed. We share decision-making and goal setting with the client to avoid being paternalistic and coming across as the expert and telling them what they need to know and do. Whenever possible, include the client in the decisions.

And lastly is the principle of cultural, historical, and gender issues. The caseworker or mentor must move past stereotypes and biases based on race, religion, sexual orientation, age, geography, etc. The worker offers access to gender-responsive services; leverages the healing value approach of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served; and recognizes and addresses historical trauma.

In this lecture I have provided an overview of reentry highlighting the challenges and barriers for those returning to society from incarceration. Case management and mentoring are key components for successful reentry and the foundational principles of criminogenic needs, needs and protective factors, and trauma-informed care principles were reviewed. In the next lecture we will continue to identify the foundational principles and introduce case management.

> Let's close in prayer. *Lord, my heart goes out to those who are returning to society from incarceration. Some have been locked up for years and some for weeks. Both have incredible challenges facing them. I pray that this course will be used to equip students to better love and serve those who God has given them a heart to serve. Help us not to do harm because we have not been properly trained or don't understood who we are working with. Give us grace, wisdom, and discernment. Most of all, I pray that you will work in the hearts of those who don't know you, that they will come to know you, and that those who know you will grow more in love with you. In Jesus' name, amen.*

Christ-Centered Learning — Anytime, Anywhere