that corrections technology will accelerate in the coming years and will allow community corrections the option of becoming more surveillance oriented.

Conclusions

Once a parolee arrives at parole headquarters to check in, he will find a very different organization than existed prior to the 1980s. Parole officers will likely be armed with weapons and a list of conditions the parolee must follow. Most of these conditions are related to prohibited behavior (e.g., no drug use), but others require work or treatment participation. The parole officer may or may not, depending on the jurisdiction, be able to offer much help in finding a job or treatment program. Parole caseloads have risen while resources have declined. The parolee, however, will be responsible for adhering to the conditions, and the parole system will be increasingly intolerant of his failure. Part of this intolerance reflects the public's and system's perceptions that those coming out of prison today are a more hardcore group, requiring surveillance more than services.

This situation will not change until parole shows that it can deliver services that work, and programs will not have an opportunity to work without sufficient funding and research. There are proven rehabilitation programs that can both reduce recidivism and save money. This is the subject to which we now turn. But implementing these programs is neither easy nor inexpensive. The key is to bring greater balance to the handling of parole populations by singling out those offenders who present different public safety risks and different prospects for rehabilitation.

FIVE

How We Help

Preparing Inmates for Release

> We must accept the reality that to confine offenders behind walls without trying to change them is an expensive folly with short-term benefits—winning battles while losing the war. It is wrong. It is expensive. It is stupid.
>
> —Former U.S. Supreme Court chief justice Warren Burger

The average prisoner in the United States at the beginning of the twenty-first century spends about 5 months in jail, 29 months in prison, and 19 months on parole—a total of 4.4 years under correctional supervision. The obvious question to ask is: are those months being used to address any of the problems described in chapter 2? Clearly, the answer is important to understanding how well prepared prisoners are to reenter society.

The data show that U.S. prisons today offer fewer services than they did when inmate problems were less severe, although history shows that we have never invested much in prison rehabilitation. Today, just one-third of all prisoners released will have received vocational or educational training while in prison, despite serious deficiencies in these areas. And despite the fact that three-quarters of all inmates have alcohol or drug abuse problems, just one-fourth of all inmates will participate in a substance abuse program prior to release. Even when they *do* participate, the treatment programs consist mostly of inmate self-help groups rather than the intensive therapeutic communities found to be most effective. It is not that inmates do not want to participate in these programs. On the contrary, virtually all prison programs have long waiting lists. Moreover, while no one argues against the benefits of having inmates transition to a halfway house facility prior to complete release, these programs have all but disappeared in America. Fewer than 10 percent of all prison re-

leasees initially live in a halfway house or other community facility prior to freedom in the community.

Inmate Participation in Prison Programs

Virtually all data on in-prison program participation come from inmate self-reports, as in the national Survey of Inmates in State and Federal Prisons. Individual states cannot usually tell researchers the number of prisoners who have a need for different types of programs, or the extent to which they are participating in programs of various types. Even when we know the counts of inmate participants, we seldom have the details about the nature (e.g., intensity, duration) of the programs. Moreover, most prison education, substance abuse, and treatment programs are never evaluated. It is quite telling that such little data exist about prison education and treatment: we measure what matters most to us.

Table 5.1 summarizes the available information on inmate participation in prison programs. Data on all inmates are presented separately from that on releasees (i.e., inmates to be released within 12 months of the survey), since one presumes participation rates increase as inmates near their release dates.

In most instances, federal inmates have a greater chance of participating in programs than do state prisoners. This is particularly true with work assignments and prison industry jobs (i.e., income-producing businesses operated in prison). A greater percentage of federal than state prisoners also participate in prerelease programs, although by any measure, federal prisoners have fewer treatment needs than do state prisoners. Federal prisoners have more work experience, higher levels of education, and fewer substance abuse issues than do state inmates. And the number of federal prisoners participating in substance abuse programs has increased. The Violent Crime Control and Law Enforcement Act of 1994 required the federal Bureau of Prisons (BOP) to provide substance abuse treatment or drug education to every eligible inmate. There is no similar law that applies to state prisoners.

However, as shown in table 5.1., prison program participation rates are distressingly low. Overall, about one in four federal or state inmates had participated in a drug or alcohol program since their admissions. In 1997, fewer than half of the inmates in either prison system (federal, 45 percent, and state, 38 percent) had been involved in an education program since being admitted. And less than one-third of the inmates received any vocational training. Although 87 percent of federal inmates and 60 percent of state inmates had work assignments, only 17 percent of federal and 3 percent of the state inmates had assignments in prison industry jobs. Finally, only 13 percent of the federal inmates and 8 percent of state inmates had participated in prerelease programs.

Table 5.1. Inmate participation in prison programs, 1997

	All inmates		Releasees	
Type of program attended	State	Federal	State	Federal
Residential inpatient treatment	33%	28%	36%	33%
Alcohol program	24	20	27	24
Drug program	24	25	29	28
Education classes	38	45	35	43
Vocational training	31	29	27	27
Any work assignment	60	87	56	87
Prison industry jobs	3	17	2	11
Prerelease programs	8	13	12	37
Number of inmates	1,059,607	89,072	400,821	22,583

Note: The percentages show inmate participation since admission to prison for the current offense.

Source: Government Accounting Office 2001.

As one would expect, participation in prerelease programs increases significantly among inmates scheduled to be released within 12 months, particularly among federal inmates (37 percent). The federal prerelease program is much more comprehensive than that in virtually any state prison system. The BOP prerelease program offers courses in six core areas: health and nutrition, personal growth and development, personal finance and consumer skills, employment, release requirements and procedures, and information on community resources. Beginning 24 months before release, inmates are encouraged to enroll in and complete at least one course in each core area.

By any measure, the figures contained in table 5.1 are extremely low, given the high need for treatment, education, and work training. But, as discussed in chapter 3, public and financial support for cor-

rectional treatment waned during the 1980s and 1990s. As the prison population boomed, money to support rehabilitation programs did not keep pace. Recent analysis by Lynch and Sabol (2001) shows that the rate of prison program participation has declined for state inmates since the early 1990s.

As shown in figure 5.1, about one-third of soon-to-be-released inmates in 1997 reported that they participated in vocational programs (27 percent) or educational programs (35 percent), down from 31 percent and 43 percent, respectively, in 1991. As Lynch and Sabol note, these decreases in participation rates are steeper than they appear, because smaller shares of bigger populations are involved, which means that significantly larger numbers of prisoners are being released without vocational or educational training.

A decline in prison program participation levels should not be used to infer that prisoners are less in need of services or less willing to participate in programs. Rather, low participation rates are likely a symptom of program availability. Existing programs simply cannot accommodate all prisoners who are willing to participate. In a recent

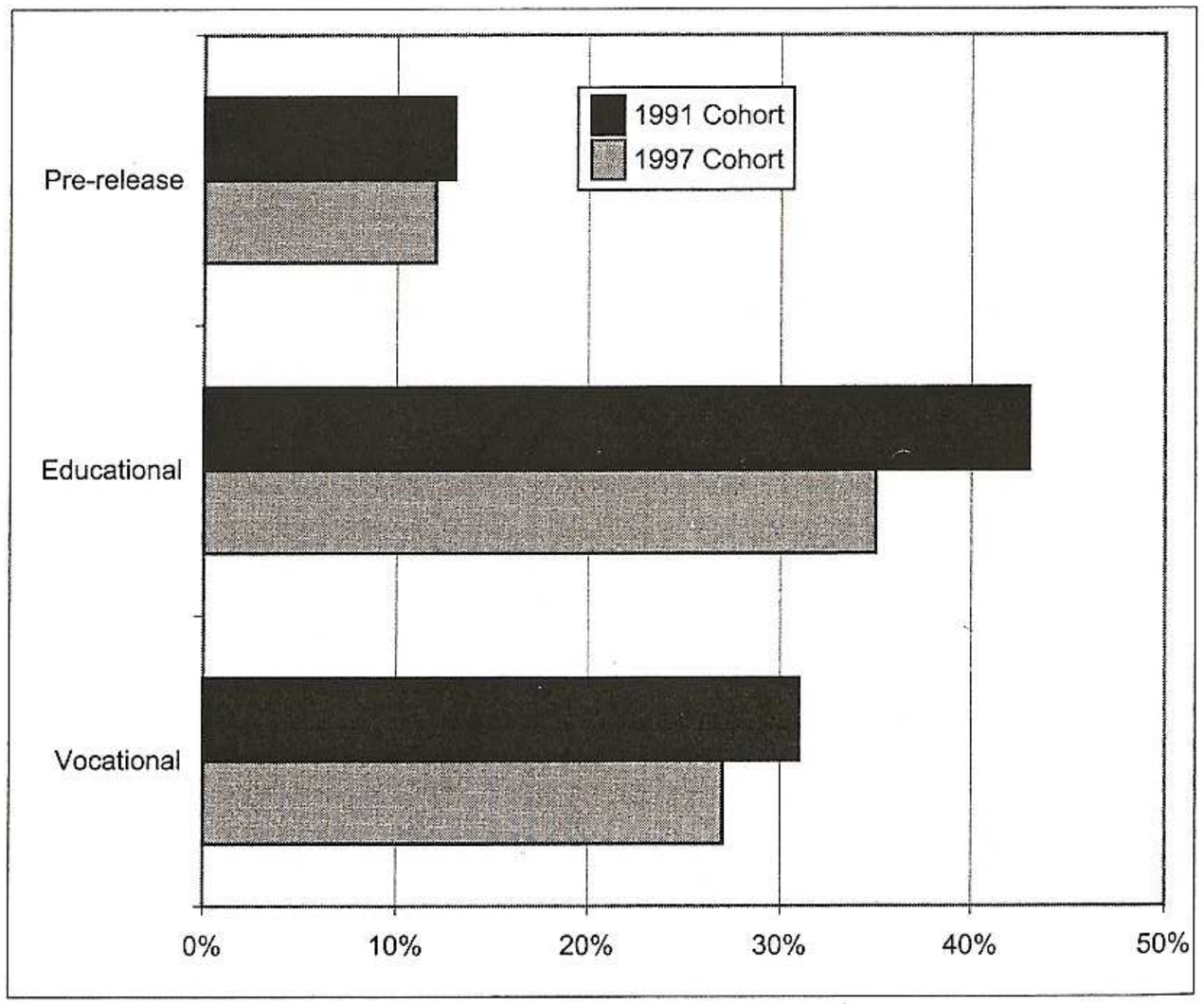

Figure 5.1. Program participation among state prison releasees, 1991 versus 1997. *Source*: Lynch and Sabol 2001.

Ohio study, incoming inmates were asked how likely they would be to participate in prison programs targeting job skills. More than 68 percent of the respondents reported that they would be "very likely" to take part in prison programs aimed at teaching job skills. Less than 10 percent of the inmates expressed unwillingness to participate in such programs (Henderson 2001).

The nation's war on drugs sent tens of thousands of people to prison in the 1990s, and yet until recently there was little attention paid to providing treatment once they were incarcerated. Health and Human Services (HHS) conducted the first national survey of substance abuse treatment in adult correctional facilities in 2000. The survey found that 45 percent of state prisons and 68 percent of jails had *no* substance abuse treatment of any kind. Even when a program existed, the research found that treatment was usually minimal. As Bruce Fry of HHS recently testified: "It is estimated that about 70 percent of persons in state prisons need treatment. Since most are not treated in prison, when they leave prison they are at extremely high risk of relapse, and are likely to commit crimes again and again until they are caught and put back into prison, where the cycle begins all over again" (Government Accounting Office 2001, p. 27).

Despite the fact that the federal government has been funding the expansion of prison substance abuse treatment, it appears that we are unable to keep up with the demand. The National Center on Addiction and Substance Abuse (1998) reports that a slightly lower proportion of those with drug addiction are receiving treatment. In 1993, 22 percent of inmates needing treatment were in treatment; by 1996, only 18 percent of needy inmates were in treatment. This treatment could be as little as short-term drug education, or self-help groups, or longer-term residential treatment. However, residential treatment or long-term counseling is exceedingly rare in prisons. Research has shown that fewer than 5 percent of all prison inmates received residential substance abuse treatment. The vast majority (nearly 75 percent) of drug treatment in prisons consists of inmate self-help groups, specifically Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).

Research has also shown that there are racial differences in prison drug treatment participation. Some studies found that black and Hispanic prisoners, despite their higher drug use and addiction rates, are less likely than whites to participate in prison substance abuse programs (Mumola 1999).

Work Release, Halfway Houses, and Community Reentry Centers

Prisoners should ideally make the transition from prison to the community in a gradual, closely supervised process. The president's crime commission noted years ago: "This process of graduated release permits offenders to cope with their many postrelease problems in manageable steps, rather than trying to develop satisfactory home relationship[s], employment and leisure time activity all at once upon release. It also permits staff to initiate early and continuing assessment of progress under actual stresses of life" (1967, p. 177).

Everyone agrees that public safety would be enhanced if prisoners were provided transitional housing and required to have a test period before gaining freedom in the community. Yet despite this logic, transitional work and housing programs have been cut significantly in recent years. While all states legally permit work and educational furloughs, and most states operate halfway houses or reentry facilities, the vast majority of prisoners (more than 90 percent) now being released do not participate in such programs. In fact, the figure has not increased much in the last 35 years, when data revealed that just 3–4 percent of all inmates released in 1965 participated in such transition programs. Today, just 7 percent of all prison releasees initially live in a halfway house or other community facility (Camp and Camp 2000).

Furloughs, work release, and halfway houses basically are all designed to give the inmate a chance to acclimate to the free world and develop work and social relationships that will assist at release. Furloughs are authorized, unescorted leaves from prison granted for specific purposes and for designated periods, usually 24 or 72 hours, although they can be as long as several weeks or as short as a few hours. Furloughs were used extensively between 1950 and 1975 but were hard hit by the get-tough approach and bad national publicity.

Willie Horton, a Massachusetts prisoner who committed murder while on furlough, became a political issue during the 1988 presidential campaign. Reacting to the adverse publicity given Horton's crime and the tougher furlough policy, the Bureau of Prisons reduced federal furloughs by one-half. In 1998, 31 states and the BOP permitted furloughs, but just 8,681 inmates were allowed to take furloughs (.02 percent of all inmates released that year) (Bartollas 2002). California, for example, granted 14,000 furloughs in the early 1970s but granted none in 1998.

Work release takes the prisoner even further into the community, as its objective is to place offenders in jobs they can retain after their release or, at a minimum, increase their job readiness. Inmates may be housed in a separate community-based facility during work release, or housed within the prison but allowed to leave the prison during the day to work. A large study of work release in the state of Washington by Turner and Petersilia (1996) found that although work release participants did not have lower prison return rates than other inmates (mostly due to high rates of technical violations), the arrest rates for work release inmates were very low, and work release played a role in the successful transition of one-fourth of those released from prisons.

All but a few states have laws permitting work-release programs, but states vary in their commitment to the program. At the end of 2002, only about a one-third of U.S. prisons reported operating such programs, and fewer than 3 percent of U.S. inmates participated in them. The states that placed the most inmates on work release were New York, Illinois, and Florida. The federal BOP placed no inmates on work release during 1998.

Halfway houses, as the very name suggests, are positioned to be "halfway out" residential transition facilities. Prison inmates are permitted to serve the last one to six months of their prison terms in the community, under the restrictions of the halfway house facilities. The notion is that these facilities will provide an environment that helps to ease a parolee's reentry into the community. Halfway houses provide the basic necessities of food, clothing, and health care, while the inmate looks for permanent housing and employment. Most facilities also offer emotional support to deal with the pressures of readjustment.

Halfway houses, which were fairly widespread in the 1970s, have declined in popularity. The American Correctional Association (2000) reports that just 55 halfway houses were being operated by 10 state agencies in 1999. There were fewer than 20,000 inmates served in halfway houses during that year (.04 percent of all inmates released that year). Halfway houses are also called residential centers, work release centers, or community reentry centers.

Halfway houses or community reentry centers (the newer term) have never reached more than a small number of prison releasees, but they represent a promising program. Part of the difficulty is the community's reaction to the concept and finding a suitable location for the facility. A Lou Harris poll, for example, found that although

77 percent of a representative U.S. sample favored the halfway house concept, 50 percent would not want one in *their* neighborhood, and only 22 percent believed that people in *their* neighborhood would favor a halfway house being located there (Abadinsky 1997, p. 398).

A growing irrationality runs through much of sentencing practice today. Local citizens often fear criminals, particularly those recently released from prison. But, in most instances, these criminals are returning to their community in any event. Giving them a place to live and structured assistance at release can provide residents with *more* security than if the inmate were simply on the streets. Virtually all halfway houses and neighborhood reentry centers have community advisory boards, composed of neighbors, local businesses, and law enforcement. This group can be kept advised of parolees' whereabouts and progress, which leads to greater public safety, not less, for community residents. The key, of course, is to assure that the reentry center program incorporates both surveillance and services and that both are intensive enough to make a difference.

An excellent example of such a program is the Illinois Department of Correction's Chicago Day Reporting Center (DRC). The program is operated by BI Incorporated, a private corrections company. The DRC is for high-risk parolees on the Southside of Chicago. Inmates do not live at the facility but initially report to it every day. Inmates with two or more prior incarcerations, a sentence of 10 years or more, or who are under 25 years old and serving time for a violent crime are eligible. Each accepted applicant completes the Level of Service Inventory–Revised (LSI-R, described in chapter 3) and is then assigned a case manager, who develops a supervision and treatment plan.

The DRC offers many programs, including anger management, family reintegration, employment training, cognitive skills, GED and educational courses, and job development. Substance abuse education and treatment are central to the DRC. Center residents normally stay in the program about six months, during which time they gradually progress through three phases, each with more relaxed restrictions on curfew, drug testing, and electronic monitoring. Immediately upon release from prison, inmates report to the center seven days a week, have a curfew from 8 P.M. to 6 A.M., and are subject to required urinalysis. By the time they have progressed to the third phase, they are reporting to the center three days a week, curfew is 12 A.M. to 6 A.M., and urinalysis is random. All parolees must be employed to get out of phase 3. The program also incorporates six months of aftercare services. At any one time, the DRC has about 150 parolees reporting, and during the first three years (1998–2001), 1,503 clients participated in the program.

A recent evaluation of BI's system shows that the average length of stay in the DRC program is 7.2 months, at a cost of about $6,600 per offender (BI Incorporated 2002). Rearrest and reincarceration rates were significantly lower than those of a matched comparison group. Generally, participants in the DRC were returned to prison at about half the rate of the comparison group. At the end of year one, 10 percent of the DRC participants had been returned to prison as compared to 35 percent of the matched comparison group. The favorable results continued through the full three-year follow-up. By year three, 35 percent of the DRC participants had been returned to prison for a new crime, compared with 52 percent of the comparison group. The comparison group was similar in terms of age, race, gender, education, and nature of current and past crimes. BI's evaluation (2002, p. 12) concludes: "Overall, this represents a 40.6% reduction in new criminal convictions over the comparison group (or 263 fewer crimes committed) which translates into an estimated savings of $3.6 million over 3 years to the Illinois taxpayer."

Programs such as BI's Chicago Day Reporting Center make perfect sense. First, they save money. More important, the program seems to have reduced drug use, increased job attainment, and responded to the real needs of residents—as judged by evaluations completed by the DRC participants themselves. These factors should increase the cost effectiveness of the program over time, although this is not yet known. Eighty-four percent of the drug tests were negative on average over the first two-year period, and nearly half of the residents were employed. Written evaluations from parolees showed they experienced a high degree of satisfaction with the quality and type of services received.

Today, halfway houses and other transitional inmate programs face tough political battles. Correctional leaders and local politicians are wary of supporting such facilities since it makes them vulnerable to highly publicized failures, especially when a parolee commits another heinous crime. So, we have stopped funding transitional work and residential programs and now release the vast majority of prisoners without needed housing and social supports. We should not be surprised when two-thirds of all prisoners are rearrested.

Mental Health Treatment

According to the Bureau of Justice Statistics (BJS), U.S. state prisons now house more than 191,000 mentally ill inmates. Inmates with mental illness have a higher probability of receiving some treatment than inmates with substance abuse histories or work or educational deficiencies. Nearly 13 percent—one in every eight state prisoners or 79 percent of those mentally ill—received some mental health therapy or counseling services in 2000. The BJS also found that nearly 10 percent of all state prison inmates in 2000 were receiving psychotropic medications (including antidepressants, stimulants, sedatives, tranquilizers, and antipsychotic drugs). More than 90 percent of the inmates having a diagnosed mental illness were taking such medication.

Few inmates (about 10 percent of all those identified as mentally ill) are confined in specific mental health facilities; the remainder are housed in the general prison population (Beck and Maruschak 2001). Inmates with mental illness are particularly vulnerable to victimization and violent outbursts, and they are disproportionately moved to supermax or maximum-security prisons (see chapter 2).

Most prisoners with mental illness will eventually be released. Unfortunately, the medications and counseling begun in prison are often not continued in the community. A recent survey revealed that just 65 percent of correctional facilities report helping inmates obtain community mental health services at release (Beck and Maruschak 2001). Moreover, fewer than a quarter of parole administrators indicate that they have special programs for parolees with mental illness (Association of Parole Authorities, International 2001b). Prisoners are often left to fend for themselves in navigating the difficult social service delivery system when they return to the community. They often stop taking their medications and return to the kinds of behavior that led to their imprisonment, and the cycle repeats itself.

Conclusions

Prison work and treatment programs have fallen on hard times. There remains an increasingly large mismatch between the need for programs and program availability. This is not just the case with in-prison programs, but is also true for furlough and residential programs designed to ease the transition between prison and the free

community. It is safe to conclude that the majority of inmates with serious problems return to the community with those problems unaddressed.

Some states (e.g., Oregon, Washington, Ohio, and Texas) have begun to implement work and education programs that reduce recidivism. These innovative program models are showing that prison programs can reduce recidivism and subsequent justice system costs. It is not easy and it is not inexpensive, but it *is* possible. It requires political leaders who are willing to think differently about prisons and their role in prisoner reentry. Unfortunately, as we will see in the next chapter, the nation has not chosen to invest in reentry programs and instead has erected a growing number of legal and practical barriers to postrelease success.