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SUBJECT: *Research in Review*

TO: Executive Staff
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FROM: Gary Zajac, Ph.D.
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Enclosed please find Volume 5, Number 1 of *Research in Review*. As with Volume 4, Volume 5 will continue to present you with more in-depth briefing papers on special topics, in addition to reviews of specific research articles. This issue presents two briefing papers on the topic of inmate reentry into the community. The first paper provides an overview of the importance of coordinated aftercare and reentry strategies to the long term success of released offenders. The second paper is a more detailed treatment of the broad array of issues surrounding reentry, including job readiness and placement, alcohol and other drug treatment, education and vocational training and coordination of care between multiple agencies.

Volume 5, Number 2 of RIR will be released within the next week or two, and will present a special briefing paper on inmate motivation for treatment. Future issues of Volume 5 will feature pieces on inmate jobs programs, juvenile transfers to adult corrections and victims issues.

We welcome your feedback on this expanded format for RIR. We also welcome your suggestions for specific topical areas for future issues. While we cannot promise that we can produce an issue in response to all suggestions offered, we are very much interested in knowing what questions and topics are most interesting and relevant to our readers.

Thank you for your continued interest in *Research in Review*.

Research in Review

Bureau of Management Information Services

Division of Planning, Research, Statistics and Grants

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Special Focus on *Inmate Reentry*

The first issue of Volume 5 of *Research in Review* includes two special research briefing papers on the topic of inmate reentry to the community, and continues with the practice of providing RIR readers with more detailed overviews of specific topics in corrections and criminology. Prison populations nationwide have increased dramatically over the past decade or two. For example, the number of inmates in the Pennsylvania state correctional system (as of December 31st) has increased from 13,126 in 1984 to 37,995 in 2001, or nearly 290 percent. Nationally, the state prison population has increased from nearly 450,000 in 1984 to over 1.2 million in 2000. Higher levels of incarceration translate into larger numbers of releases, as the majority of inmates will be released within a few years of their incarceration (the average time served for releases nationwide in 1999 was 29.7 months; the average in Pennsylvania was 63.9 months). The Pennsylvania DOC released 3,716 inmates in 1984, but 10,316 in 2000. Nationally, over 560,000 offenders were released in 1999.

These papers offer the reader insight into the latest and best research available on strategies for facilitating the successful reentry of inmates into their home communities. The first paper, *Aftercare and Successful Offender Reentry*, provides a very brief overview of the importance of ongoing treatment in the community for released offenders. Research increasingly indicates that successful rehabilitation strategies must follow inmates beyond the prison gates, and must be in place during the critical early period immediately after release from incarceration.

The second paper, *From Prison to Home: Reentering the Community*, presents a more detailed treatment of research surrounding the issue of inmate reentry. This paper explores the essential linkages between prison-based treatment and reentry initiatives, pointing out that reentry is best thought of as the transition point in a continuum of intervention that begins in the prison and follows the inmate into the community. This paper also reviews research regarding critical problem areas that seem to important for most inmates as they return home. This piece provides the reader with a connection between the research on prisoner reentry and recent DOC reentry initiatives, most notably the Community Orientation Reintegration (COR) program.

Upcoming issues of RIR will include briefing papers on motivation for treatment, juvenile transfers to adult corrections, prison work programs and victims issues. We at RIR hope that you find these papers to be informative, practical and relevant to your work in corrections.

AFTERCARE AND SUCCESSFUL OFFENDER REENTRY

by

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A consensus has developed about the principles of effective offender treatment, reflected in a growing body of “what works” literature (see Sherman, et alii, 1997). A continuum-of-care treatment approach is increasingly identified in this literature as critical to the success of any rehabilitative intervention (see Gendreau, 1996). In this model, treatment is begun in prison, and continues with aftercare programs and reentry assistance upon release of the inmate to the street. Aftercare includes interventions such as relapse prevention, designed to assist the inmate in applying the skills learned in the prison-based treatment setting to the street. Reentry assistance includes efforts to help the released inmate find and keep a job, arrange stable and safe housing and reconnect with family and the community.

Research strongly suggests that assistance with reentry and aftercare should begin immediately upon release from prison (see Hanlon, et alii, 2000). This is found to be especially important with regard to employment assistance. Difficulty with finding and keeping a job immediately after release is strongly correlated with reincarceration. Inmates who cannot maintain stable employment are at very high risk for failure. Reentry programs that provide immediate job readiness training and job search and placement assistance hold great promise for reducing recidivism rates (see Wexler, 2001).

The timeliness of reentry assistance is pointed out in a recent study of parolees conducted by the Vera Institute of Justice in New York City (Nelson, et alii, 1999). They explored the release experiences of a group of state and county parolees in New York City during their first month on the street. The guiding premise of their study was that any readjustment problems experienced by these ex-offenders would become evident within one month after release. They did find that the parolees in their study manifested problems with employment, family readjustment and drug relapse during the one month post-release timeframe. They conclude that while the first month after release is a time of great risk, it also presents many opportunities to successfully re-establish ex-offenders as productive and law-abiding members of society.

There is a compelling body of evidence that a continuum-of-care approach to reentry produces significant reductions in recidivism. Studies of substance abuse treatment programs in California (Wexler, et alii, 1999), Delaware (Martin, et alii, 1999) and Texas (Knight, et alii, 1999) found that the most significant reductions in recidivism for inmates in treatment were found among those inmates who had both intensive treatment within prison followed *immediately* by aftercare programs upon release. Indeed, the California study found that offenders who received aftercare had a recidivism rate of only 27 percent within three years, compared to 75 percent for inmates who had no post-release assistance. The impact on recidivism found in these studies was most powerful soon

after the offender's release to the community, supporting the importance of providing immediate aftercare and re-entry assistance.

In sum, the existing body of research on re-entry and aftercare supports the conclusion that prison-based treatment should be followed immediately by community-based interventions designed to assist ex-offenders with reintegration to society, job placement and continuing treatment for problems that may lead them back into prison. Such a strategy has demonstrated its ability to reduce recidivism rates, save money and protect public safety.

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FROM PRISON TO HOME: REENTERING THE COMMUNITY

by

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While it has now become commonplace to think of the preparation of inmates for transition back into the community as something distinct from traditional treatment interventions during incarceration, “reentry” may be seen as a coordinated and structured approach to planning for release from prison. As reentry initiatives expand nationwide, it is important to understand the implications they have for Pennsylvania. *For our purposes, reentry is defined as the return of a released or paroled offender to their home community.*

In the year 2000, Pennsylvania state correctional institutions released 10,316 inmates to their home communities (PA Department of Corrections, 2002). Whether in Pennsylvania or in other jurisdictions, inmates typically have had little assistance in seeking employment, accessing treatment and reconnecting with their families. Recent studies have indicated that the “moment of release” from prison presents inmates with many barriers to be overcome, both immediately upon release and during the first few days on the street. These barriers include having appropriate identification, arranging for housing, jobs, and assistance with family reunification. Even the time of day that an inmate is released can make it difficult to connect with family members, treatment providers and community resources, making the first hours of release critical to an inmate’s success.

In Pennsylvania, the average inmate is a 35-year-old minority male who completed some high school, yet whose reading level is below 8th grade. This inmate has few marketable job skills, a very poor employment record, a history of substance abuse and will be in the custody of the Department of Corrections for approximately 5½ years.

The vast majority of offenders come from economically disadvantaged, inner-city neighborhoods, and it is most likely that they will return there when released. Although Pennsylvania has a very large rural population (by some definitions, the nation’s largest), just ten urban counties accounted for more than 71 percent (5,138) of all court commitments in Pennsylvania in 2000 (PA Department of Corrections, 2002).

National data suggests that approximately two-thirds of ex-offenders will be arrested within 3 years, with 40 percent being rearrested within the first 12 months (Beck, 1989). Although there is little research on parole effectiveness, we know that supervision alone has not been found to reduce recidivism (MacKenzie, 2000). Likewise, Clear, Rose & Ryder (2000) propose that more incarceration can be counter-productive, and may even lead to increased crime rates.

The majority of inmates leave prison with no savings, no immediate entitlement to unemployment benefits and few job prospects. Petersilia (2000a) reported that *twelve months after*

release, as few as 40 percent of former inmates are employed in the legitimate labor market. Last year, according to the Pennsylvania Department of Labor and Industry, although Pennsylvania's average unemployment rate was below 4.5 percent, the reported unemployment rate of parolees averaged 41 percent . Given that the employment status of approximately 30 percent of parolees is considered "unknown" or "non-reporting", it is assumed that the actual unemployment rate of parolees is much higher than reported. Stated differently, according to Pennsylvania Board of Probation and Parole Monthly Statistical Reports, only 38 percent of all parolees reported that they were employed last year.

According to Griffith, Hiller, Knight & Simpson (1999) we know that the majority of incarcerated offenders have been involved with illicit drugs, with as many as 83 percent of all prisoners reporting some past drug use, while 57 percent used drugs one month prior to their crime and 33 percent reported using drugs while committing their last offense. In Pennsylvania, this equates to more than 30,000 current inmates who have used drugs in the past and to more than 12,000 who admitted using drugs at the time of their most recent offense.

While the Center on Crime Communities and Culture (1997) reported that 75 percent of all Pennsylvanians 25 years old and older have their high school degree, national statistics indicate that fewer than 30 percent of inmates in state correctional facilities have high school credentials. Although education programs are not a cure-all, Martinez & Eisenberg (2000) report that research has shown that inmates with higher levels of education tend to have lower recidivism rates.

Housing arrangements often provide another stumbling block for newly released offenders. While some will be welcomed into a family member's home, many find themselves without a place to stay. Parolees may have the added obstacle of being restricted from staying with other ex-offenders or other parolees. Even federally funded shelters have a minimum requirement of being homeless for 24 hours before being eligible to stay in a shelter. Given limited shelter beds, it is not surprising that many ex-offenders end up living on the streets.

The families of inmates often suffer the consequences of the offender's absence from the home. Approximately two-thirds of all inmates have children (Mumola, 2000). Maintaining positive relationships with family members from prison is extremely difficult. More than half of all inmates with children report that they have never had a personal visit from their children. Women serving sentences in state facilities have the additional threat of having their parental rights terminated if their children are in foster care during their incarceration. Reestablishing family ties can heighten the stress level of newly released prisoners and provide yet another hurdle for them to clear soon after their release.

Although it is difficult to ascertain the extent of mental health disorders among ex-offenders, Hammett (2000) reported that schizophrenia/psychosis, major depression, bipolar disorder, and post-traumatic stress disorder are more common among inmates than the general population. Additionally, according to Marushcak (1999), the rate of inmates testing positive for the HIV virus or AIDS is five times the rate of the general population. Even though health care and mental health

services are provided in state correctional facilities, access to these services by ex-offenders after release from prison is very limited. Seeking medical treatment is further complicated by the lack of medical insurance or enrollment in benefit programs.

Although the role of prisons is often viewed as administering punishment, Travis, Solomon & Wahl (2001) report that they also offer opportunities to improve inmates' knowledge and work skills, treat their addictions and provide them with the general understanding of what they need to accomplish to successfully reenter their home communities. Even small gains in individual recidivism could translate into noticeable safety gains in the communities experiencing high rates of prisoner reentry. The period of incarceration should be viewed as an opportunity to build skills and prepare for future placement in a job.

In-prison programs that are both cost effective and beneficial in preparing inmates for life on the outside include those designed to change the offender's thinking through cognitive skills development, drug and/or mental health treatment, educational programming, vocational training, work (including pre-employment and job-readiness skills, job development and job placement assistance), referral to community-based programs, and coordination of continuing treatment and supervision upon release. Rigorous and objective inmate risk and needs assessment and individualized treatment plans increase the likelihood of program success.

The ideal reentry program will be responsive to the assessed needs of the offender. Effective programs assess the risk, need and responsivity of offenders and then provide treatment and services accordingly. Devereux (2001) suggests that program design should include estimates of the length of time needed for offenders to achieve specific goals with allowances for offenders who need additional time.

Acknowledging and assessing individual risk factors is a key component of a successful reentry initiative. **Assessment** informs the development of individualized treatment plans that typically include some combination of the following elements. *It cannot be overemphasized that such treatment planning applies both to the in-prison and post-release contexts.* Treatment plans should include **cognitive-behavioral therapy** to address the fundamental problems of attitudes, thinking and behavior that may lead an inmate back into crime after release from prison. Interventions based on this approach are very structured and emphasize the importance of modeling and behavioral rehearsal techniques that assist offenders in developing good problem solving and self-control mechanisms. All offenders should be trained to observe and anticipate problem situations, and plan and rehearse alternate, pro-social responses to increasingly difficult situations. These strategies have been proven to reduce recidivism.

An overall treatment and reentry strategy must also give great attention to **job readiness and placement**. To be successful, placement programs need to contain several elements: offenders who are willing and ready to obtain and keep a legitimate job after release; employers who are prepared to give an offender a second chance; and someone to aid the offender with related services (e.g.

housing). Placement programs should focus on several areas in order to prepare offenders for release and re-employment. These areas include pre-employment and job readiness skills, job development and job placement. Gaseau (2000) reported that immediacy of employment is key to any program seeking to find work for ex-offenders.

Research strongly suggests that the “continuum of care” method of treatment continues to be the most successful. **Coordination** with other relevant agencies and programs to provide continued care and supervision from the institution back to the home community will enhance most existing initiatives. A collaborative effort could be accomplished through the federal Workforce Investment Act which utilizes an innovative "One-Stop" system designed to provide a full menu of job training, education and employment services at a single neighborhood location where adults, veterans, dislocated workers and youth will receive skills assessment services, information on employment and training opportunities, unemployment services, job search and placement assistance, and up-to-date information on job vacancies – all at one center specifically tailored to meet the needs of the community it serves (see Pennsylvania Workforce web site).

There are currently 23 local workforce investment areas, incorporating all of Pennsylvania’s 67 counties. Local Workforce Investment Area counselors can assist in setting training and employment goals and help prepare a comprehensive strategy to find a job that meets an offender’s needs, all at no cost to eligible individuals. There are presently more than 860 Training Programs/Providers partnering with government and employers to provide training services and job readiness skills (see Pennsylvania CareerLink website). This represents a resource that could be directly and profitably utilized by criminal justice programs and correctional facilities.

Treatment has been shown to reduce **substance abuse** and criminal activity, especially when in-prison treatment is combined with treatment in the community. Gaes, Flanagan, Motuik & Stewart (1999) reported that experts agree that the longer the treatment intervention (at least 90 days) the more successful it will be in reducing relapse. Research also shows that the presence of criminal justice supervision increases the likelihood that an individual will stay in treatment beyond 90 days. *Most sources agree that reentry programs that closely monitor offenders upon release **and** that provide ongoing treatment programs to ex-offenders in the community show the highest success rates* (Petersilia, 2000b).

The completion of in-prison treatment and aftercare is a cost-effective alternative when compared with incarceration without treatment. These effects were most pronounced for high-risk parolees. If untreated, 52 percent of high-risk parolees in a Texas study were reincarcerated within 3 years, versus 29 percent of those who were low risk. However, only about one fourth of the treatment and aftercare completers from each risk group were reincarcerated (26 percent for high-risk vs. 22 percent for low-risk parolees). In other words, the high-risk offenders showed a much greater improvement with a combination of in-prison treatment and aftercare than did those considered low-risk (Griffith, Hiller, Knight & Simpson, 1999).

Another important element to release preparation is **education and vocational training**. In general, inmates with higher levels of education tend to have lower recidivism rates. In a study in Texas, Martinez & Eisenberg (2000) found that *the largest impact in reducing recidivism rates occurred when high-risk inmates (young property offenders) who were Non-Readers became Readers*. They report that generally, those who earned a GED while in prison had lower recidivism rates than those who did not complete one. This study also found that acquiring a vocational certificate did not have a significant impact on recidivism.

The literature indicates that certificates issued by a correctional institution bear little weight on the outside, and that they are often considered detrimental to an offender's ability to obtain a job. It has been shown to be more beneficial when certificates are endorsed or provided by organizations or trade associations that are directly related to the vocational skill acquired.

Preliminary results of the Maryland portion of a multi-state recidivism study by the Correctional Education Association also indicates that those inmates who participated in educational programming while they were in prison were less likely to recidivate than those who did not. Of the 1,000 former inmates who participated in the study, only 31 percent returned to prison, while 39 percent of non-participants recidivated. This lower percentage of inmates who recidivate annually represents an approximate decrease of 19 percent, or 1,200 fewer individuals returning to prison. Also of note is the estimation that 1,200 fewer inmates would equate to a savings of nearly \$24 million dollars - which would cover the costs of providing the necessary educational programs to inmates (Correctional Education Association, 2001).

A large-scale study by the Ohio Department of Rehabilitation and Correction (1998) of all offenders released from Ohio prisons in 1992 concluded that *those inmates who earned a GED or college degree closer to their release date were less likely to return to prison*. Other significant conclusions include:

- While less serious offenders comprise 75 percent of new inmates entering the department annually, this study found that recidivism rates for these inmates were significantly lower if they achieved a vocational certificate or educational degree.
- Recidivism rates for more serious offenders were significantly reduced if they participated in an educational program during their incarceration.
- Female offenders who participated in educational programs had a 33 percent lower rate of recidivism than those not involved. This finding held even if the offender did not complete a given program.
- Some educational programs seemed to be more suited to specific age groups. Adult Basic Education programs had a more significant impact on older inmates; vocational programs, GED and college had a more positive effect on younger inmates (Wilkinson, 1998).

Another successful strategy is to give priority in educational programming to inmates closest to their release date. Due to work conflicts, some inmates may not be able to attend daytime classes; evening class offerings could be expanded to include GED, ABE and college-level courses. For instance, in Hackman's (1997) study of 12 years of post-secondary education, less than 1 percent of 65 inmates who earned a Bachelor's degree, and less than 6 percent of 770 inmates who earned an Associates degree had been reincarcerated.

In addition to educational programming, vocational programs can be effective in preparing offenders for transitioning back to the community. Generally, the available research on vocational education provided in prisons indicates that these programs are effective in reducing recidivism. MacKenzie's (2000) research has also shown that *programs that begin job search assistance and preparation for employment prior to leaving prison, and continue assistance after release hold promise for reducing recidivism*. This may be even more important for those considered high-risk for recidivating.

As referenced in the Texas study, *allocating additional funds to few inmates over longer periods of incarceration will most likely result in greater gains for fewer inmates, but will increase post-release employment and reduce recidivism*. Therefore, it appears that *achieving significant gains for fewer inmates may be a better strategy than limited gains for many* (Martinez & Eisenberg, 2000).

Prior to leaving the institution, assistance should be provided to make sure that the offender will have his or her **basic needs** met. They should be provided contact and resource information to community-based programs that can provide them assistance. Their needs may include: obtaining proper identification; accessing affordable housing options; assistance in applying for public housing or welfare benefits; counseling referrals for mental health, substance abuse, or family issues; and, referrals to faith-based programs.

Experts argue that a new parole model is greatly needed; one that incorporates advances in technology, risk prediction, effective rehabilitation and more "active" forms of supervision that includes citizens and others who know the offender (Petersilia, 1999). Larger parole departments have more recently established specialized caseloads that enable parole officers to match their skills and training to the specialized needs of offenders. This is most common with sex offenders and parolees with serious substance abuse problems. These more restorative options of specialized and individualized parole supervision are providing the opportunity for greater success for the transition from offender to law-abiding citizen.

Parole and corrections agencies in some states have developed an alternative to reincarceration for parole violations. This alternative uses intermediate sanctions for violations, such as residential treatment, community service, electronic monitoring, curfew, increased supervision level, loss of travel privileges, counseling, increased drug/alcohol testing, or reprimand by officer or supervisor. Structured sanctions provide a graduated response, with reincarceration being the most severe. Although limited, Travis et al. (2001) suggest that a system of graduated sanctions is more

effective in reducing recidivism than returning parole violators to prison. Comparing the \$3,000 average annual cost of parole supervision to the more than \$28,000 price tag for a year in prison may influence policy makers to consider such options.

Reentry is not a new phenomenon. It is merely a new term focusing on a common sense approach to dealing with the fact that approximately 95 percent of all incarcerated offenders will eventually return – or reenter – their home community. This document does not suggest anything new or complex. Rather it highlights many of the choices available in dealing with reentry and suggests that a comprehensive approach be developed to facilitate the successful reentry of an offender from prison to home.

The combination of pre-release preparations coupled with follow-up on the outside (via parole, nonprofit community organizations, faith institutions, family or friends) might reduce the risk of recidivism or drug relapse and improve the odds of successful reintegration after release. Travis et al. (2001) suggests that these interventions will be most effective when programs are matched to prison risk and needs, when they are well managed, and when the intervention is supported through post –release supervision.

Research indicates that successful reentry initiatives involve collaboration between governmental agencies, social service agencies and partnerships with other community-based programs and businesses. State departments of health, public welfare, labor, commerce and industry, parole agencies and social service organizations all have a vested interest in what happens to offenders after their release from prison, but they usually do not have access to them while they are incarcerated. The collaboration of these agencies could improve outcomes by creating a system that provides a continuum of care, reduces duplication of services, shares costs and lowers each individual agency's overall investment. The primary keys to successful re-entry will include education, job training and placement programs, availability of referral for social service agencies, and equally important, community involvement and buy-in to the *habilitative* process.

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