

**Parolee Day Treatment in California:
Action Research with Parolees in an
Urban Setting**

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Volume 4 – No. 2 – Fall 2007

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Abstract

Recent research has focused on high rates of parolee recidivism in California and examined solutions to combat this trend. Various programs have addressed criminogenic needs of parolees, including healthcare, housing, literacy, vocational and substance abuse treatment. This study uses an action research approach to examine the implementation of a Parolee Day Treatment program in a densely populated urban center characterized by crime, drugs, gang activity, and parolee failure. Parolee participants in this study, ineligible for other programs because of their serious criminal histories, discuss their need for encouragement and instrumental support, their belief that they are “on their own”, and their fear about the communities in which they live. Organizational factors which undermine program implementation and parolee success are identified, including high rates of parolee, parole agent, and administration turnover; and parole centralization, leading to a disconnect between parolees and their parole agents.

About the Author

Connie Ireland received her M.A. in Social Ecology in 2001 and Ph.D. in Criminology, Law & Society in 2003, both from the University of California, Irvine. From 1990-2003, Dr. Ireland was a sentencing consultant in Orange County, developing intermediate sanctioning alternatives for criminal offenders with substance abuse histories. In 2003, Dr. Ireland joined the Criminal Justice faculty at California State University, Long Beach, where her research focuses on intermediate sanctions and corrections. Her most recently completed research project, “Women in Parole,” resulted in two peer reviewed journal articles, three conference presentations, and commendations from the United States Congress, the California Senate, the California House of Representatives, and the Pendergast Parole Museum. With her colleagues at CSULB, she was recently awarded a multi-year grant to study the impact of substance abuse aftercare for drug addicted parolees in the State of California. E-mail: cireland@csulb.edu

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Introduction

In 2003, the Little Hoover Commission, the independent state oversight committee that investigates state government operations, published a report that began with the following condemnation: “California’s parole system is a billion-dollar failure” (Little Hoover Commission 2003: i). Citing dismal rates of revocation and scant instances of success, the report asserted that California had the worst recidivism rate in the entire United States. Beyond this, the report cited organizational issues that contributed to this problem, such as lack of resources to prepare inmates for release or assist parolees to succeed, and using parole revocation as the primary sanction for offenders struggling on parole. It also provided several suggestions for remedy, namely the implementation of graduated sanctions for substance abusing parole violators (Little Hoover 2003).

To date, the California Department of Corrections (CDC) has made several important steps toward addressing the issues outlined in the 2003 Little Hoover report. First, the California Department of Corrections changed its name, adding the word “Rehabilitation” to emphasize a new focus and mission, and is now known as the California Department of Corrections and Rehabilitation (CDCR). The CDCR initiated several procedural changes for revocation and implemented new programs statewide to address parolee risks and needs as identified in the report. Other recent efforts tap residential community-based drug treatment funded through Proposition 36 and drug court, prison based Substance Abuse Programs, and aftercare funded by Senate Bill 1453. Most notably, several million dollars in research grants have been awarded for

large-scale process and outcome evaluations of various rehabilitation efforts within parole (See, for example, Zhang, Roberts and Callanan 2006; Backer, Guerra, Hesselbein, Lasker and Petersilia n.d.).

Most – if not all – of these efforts have been initiated in a top-down approach, whereby the CDCR administration in Sacramento announces a new process or program, the various regional administrative offices relay this directive to the districts located within each region, and the district administrators relay this directive to the units housed within each district. While a promising start, it will take years of Herculean effort to sustain such top-down change given the extent and egregiousness of the problems identified in 2003.

This research examines the issue from a different perspective – a bottom-up attempt to change parole outcomes, initiated by a highly motivated parole supervisor and district administrator. This research examines the efforts at increasing parolee success by targeting such issues as employment, housing, literacy, drug treatment, and physical and mental health care. This study describes the implementation of the “Parolee Day Treatment” program, initiated in one parole district located in a densely populated urban center, an area plagued by high rates of crime, drugs, gang activity, and parole revocations.

Literature Review

History of Corrections and Parole Policies

From the inception of probation in 1841 through the 1960s, corrections largely focused on rehabilitation. For example, the practice of “own recognizance” release in Boston as early as 1830 suggested growing acceptance of offenders as suitable community residents, provided adequate supervision was in place. Indeterminate sentences and discretionary parole release became routine practice nationwide around 1877 (Rhine, Smith and Jackson 1991), suggesting

that once imprisoned offenders could be rehabilitated and safely returned to the community. Even the medical model of the 1950s, which focused on identifying and treating criminogenic traits, and the community approach of the 1960s, which emphasized community supervision of offenders, underscored recognition that offenders could be rehabilitated and returned to the community as productive members.

This belief in offenders as salvageable human beings changed in the 1970s. In 1974, Martinson published his now infamous study claiming that “nothing works” in corrections to rehabilitate offenders (Martinson 1974); as a result, most criminal justice efforts at treatment were abandoned. Citing the “nothing works” mantra, correctional rehabilitation programs that previously addressed education, employment, addiction, poverty, and family conditions were seen as a waste of scarce fiscal resources, and resources were subsequently redirected towards incapacitation to reduce growing public fear about crime (Clark 1971; Wilson 1975). In fact, Martinson’s report marked the beginning of a twenty five year trend of tough-on-crime legislation, coined the “crime control” years. Calls for longer sentences, state and national efforts for “truth-in-sentencing” (VOITIS), the abolition of discretionary parole release, and reduced discretion for repeat and violent offenders emerged from this movement.

These efforts resulted in broad policy changes in California, including mandatory minimum sentencing, the Determinate Sentencing Law (1976) and the “Three Strikes and You’re Out” initiative (1994); by the year 2000, California had passed more than 1,000 pieces of crime control legislation (Petersilia 2006). In sum, these changed correctional practice by increasing the likelihood of imprisonment for certain offenses and extending the term of imprisonment for select offenders. These efforts were aimed at alleviating public fear about crime (discussed

elsewhere, see for example Ireland and Prause 2005; Petersilia 1999; Simon 2003), but the unintended consequence was mass imprisonment on an unprecedented scale.

The investment in imprisonment left California's prisons bursting with inmates. Simultaneously, the disinvestment in prison based treatment programs provided few opportunities for rehabilitation and removed system wide incentives for inmate participation as had been historically provided. This left parolees ill-equipped for reentry into the community after release from prison; in fact, California's \$7 billion corrections investment yielded one of the worst recidivism rates in the nation in 2005, with two-thirds of all California parolees returning to prison within three years (Petersilia 2006).

The Parole Problem

Parole has received renewed scholarly attention in recent years, in part to explain and resolve the problems that emerged during the crime control years. With correctional budgets at all time highs and growing research suggesting the potential for rehabilitative success, current research has returned its focus to programs that reduce the criminogenic risks and needs of parolees, thereby reducing recidivism. Research has focused on issues of substance abuse, mental and physical health, housing, employment and education (Burke 2001; Henderson 2001; Seiter and Kadela 2003; Visher, La Vigne and Castro 2003).

Research consistently documents the high rate of substance use among inmates. For example, in 2003, 71.7% of persons booked into Los Angeles jails tested positive for narcotics or alcohol (FBI 2005). Statewide, as many as 80% of offenders have substance abuse histories; unfortunately, fewer than half of them receive adequate services in custody (Petersilia 2006). Research consistently suggests that correctional substance abuse treatment is necessary to reduce parolee recidivism, particularly when custodial treatment is followed by substance abuse

aftercare during parole (Butzin, Martin and Inciardi 2005; Hiller, Knight and Simpson 1999; Zhang, Roberts and Callanan 2006).

Following prison, substance abuse aftercare is essential to reduce recidivism for several reasons. In addition to providing support and education for continued abstinence from substance use, aftercare programs are well suited to address other criminogenic risks and needs of parolees. For example, well-designed aftercare programs are also an opportunity to provide assistance in employment, housing, educational, and mental and physical health needs, all of which are widely recognized as co-occurring factors for correctional populations (Zhang et al. 2006). Parolee substance abuse issues are compounded by high rates of co-occurring mental health and physical health risk factors. Nationally, about 16% of inmates have a documented mental illness (Ditton and Wilson 1999; Lamb, Weinberger and Gross 2004). While almost 60% of mentally ill offenders were under the influence of controlled substances at the time of their arrest, only 30% of all mentally ill inmates receive a mental health consultation or other treatment while incarcerated (Ditton and Wilson 1999). Correctional populations are also disproportionately impacted by infectious disease. Nationally, 25% of the HIV infected population, 40% of the tuberculosis population, and 40% of the Hepatitis C population enter jails and prisons annually (Hammett, Harmon and Rhodes 2002). The difficulties in managing mentally and physically ill inmates are exacerbated with the high rates of substance abuse in correctional settings, and as such, they remain largely unaddressed. In practice, this leads to parolees returning home with high rates of mental illness, physical health needs, and untreated addiction.

Housing, education, and employment are also an ongoing problem for parolees nationally. While many parolees anticipate stable living conditions post prison release, most are marginally housed and dependent upon others for the roof over their head once they discharge

from prison. Nearly half of all parolees live with a family member (44%) or spouse (24%) upon their release from prison; very few parolees (8.5%) live on their own (Williams, McShane and Dolny 2000). Research also suggests that between half and two thirds of all parolees lack a high school diploma or equivalent (Hughes, Wilson and Beck 2001). The Bureau of Justice Statistics (BJS) reports that nearly one-third of all state prisoners were unemployed prior to their arrest, compared to the seven percent U.S. adult unemployment rate for the same period (Government Accounting Office 2000). Visher and Travis (2003) suggest that adequate education, leading to legitimate employment and a livable wage, may be a key variable in reducing recidivism.

The California Problem

The issues faced by parolees nationally are even more pronounced in California. With the end of early prison release based on the discretionary decision of a parole board, inmate rehabilitation efforts in California prisons virtually stopped. Fewer than half of all California inmates participate in *any* rehabilitation programs in custody, including substance abuse, educational, or vocational programs (Fischer 2005). In fact, nearly one quarter of all California inmates are completely idle during their prison stay (Petersilia 2006), despite the acute rates of recidivism, addiction, illiteracy, and mental health issues in the State.

California parolees have substantial criminogenic risks and needs, most of which are not addressed in custody. Nearly 60% of California parolees are in high need of drug treatment (Petersilia 2006), although fewer than half of them receive it. About 15% of California parolees are in high need of educational assistance, primarily due to a low (less than 8th grade) educational level (Petersilia 2006). More than 60% of California parolees were unemployable or were frequently unemployed; less than a quarter of all California parolees support themselves through legitimate wages/earnings (Williams et al. 2000). California parolees are most likely to

temporarily live with a relative; they are more likely to be homeless than to own their own home (Williams et al. 2000). Thus, California parolees have substantial unmet needs that put them at risk for future criminal activity.

As a result of these unmet needs, parolees returned to custody in large numbers, and California's parole system was widely criticized as a colossal failure. By 2003, California's dismal recidivism rates were well-known: approximately 67% of California's prison commitments were returning parolees (Fischer 2005; Petersilia 2006), compared to 35% nationwide (Little Hoover Commission 2003). Further, only 21% of California's parolees successfully completed parole, compared to 52% of parolees nationally (Little Hoover Commission 2003).

Among the organizational problems identified in the 2003 Little Hoover Commission, three pertain specifically to parole. First, CDC resources were not used to provide parolees with assistance to get a job and remain crime free. Second, most technical violators were sent back to prison, even if drug treatment or other alternative sanctions would be more effective and less costly than prison. Third, parole revocation – not prosecution – was used for parolees suspected of committing a new crime. These factors contributed to 71,562 offenders returned to custody in 2003, at an annual cost of \$900 million (Little Hoover Commission 2003).

The Little Hoover report summarizes the overall parole problem – and solution – in the following statement: “The State should make better use of the resources currently spent re-incarcerating parole violators – and provide more public safety – by developing a range of interventions for failing parolees” (2003: xii). This requires the state to implement a series of graduated sanctions for technical violators, wherein community based sanctions could be utilized to provide increasingly punitive – and simultaneously increasingly therapeutic – sanctions given

the technical violation committed. Further, when necessary, revocation time should be focused on reintegration, meaning that any sanction resulting in short-term incarceration should include services such as drug treatment, life skills, and vocational training as per the risks and needs of the parolee.

The California Solution

With these recommendations, the solution to the parole problem was clear: design and implement a variety of graduated sanctions to save money and rehabilitate wayward parolees. The CDC (before it was renamed) did exactly that with several policies and programs that became effective on January 1, 2004, under their “New Parole Model.” Broad policy changes included development of a custodial pre-release unit to support transition from prison to parole, as well as development of a parole violation matrix to aid in assigning appropriate intermediate sanctions for parole violators. The CDC also encouraged the use of Proposition 36 funding, which provides substance abuse treatment for non-serious and non-violent drug offenders, and implemented several community-based intermediate sanctions for technical parole violators.

First, the CDC developed a “Police and Corrections Team” (PACT) policy that required each parole region to develop partnerships with local law enforcement agencies and community treatment providers to “effectively match individual parolee needs with available resources and develop comprehensive parole plans that facilitate successful parolee reintegration and parolee accountability” (CDC 2003c: 2). In theory, this is an ideal solution to address unmet criminogenic needs of parolees. Given the high rates of parolee substance use, mental illness and homelessness, and the simultaneously low rates of parolee literacy, educational attainment and vocational skills, PACT orientation is an excellent opportunity to begin comprehensive rehabilitative treatment.

In addition, the CDC developed several intermediate sanction programs for technical parole violators. The first of these, the “Halfway Back” program, is a residential intermediate sanction “to address minor or technical violations committed by non-serious and non-violent parolees” (CDC 2003b: 1). Second, an “Electronic In-Home Detention” component was added to the New Parole Model “to serve approximately 8,000 non-serious, non-violent parole offenders annually that have committed technical parole violations” (CDC 2003a: 1). Third, the “Substance Abuse Treatment Control Unit” (SATCU) Program was implemented to provide a 30-day residential drug treatment program and 90-days of aftercare for “parolees who do not have a history of serious or violent felonies” (CDC 2003d: 3).

As a whole, these programs offer a variety of intermediate sanctions for parole violations. However, parolees with serious and violent histories are statutorily ineligible from participating. The three primary alternatives to parole revocation discussed above specifically exclude parolees with previous convictions as defined by California Penal Code Section 667.5(c), California Penal Code Section 1192.7(c), or any offense requiring sex offender registration pursuant to California Penal Code Section 290. These include conviction of any 1st, 2nd, or 3rd strike offense, including murder, rape, robbery, and other crimes generally believed to be the most heinous offenses. Other moderately serious crimes are also included, such as any assault with the *intent* to commit a felony; *threats* to or intimidation of victims or witnesses; burglary of an inhabited home, boat or office; assault on a peace officer; assault committed by an inmate; grand theft of a firearm; discharge of a firearm at an inhabited dwelling, vehicle, or aircraft; shooting from a vehicle; attempting any felony with a life sentence; or *any attempt or conspiracy to commit an offense* described above. The exclusionary criterion also includes several crimes that some consider not

serious, most notably, conviction of petty theft with a prior theft or drug possession (Ehlers, Schiraldi and Ziedenberg 2004). The specific exclusionary criteria are detailed in Table 1 below.

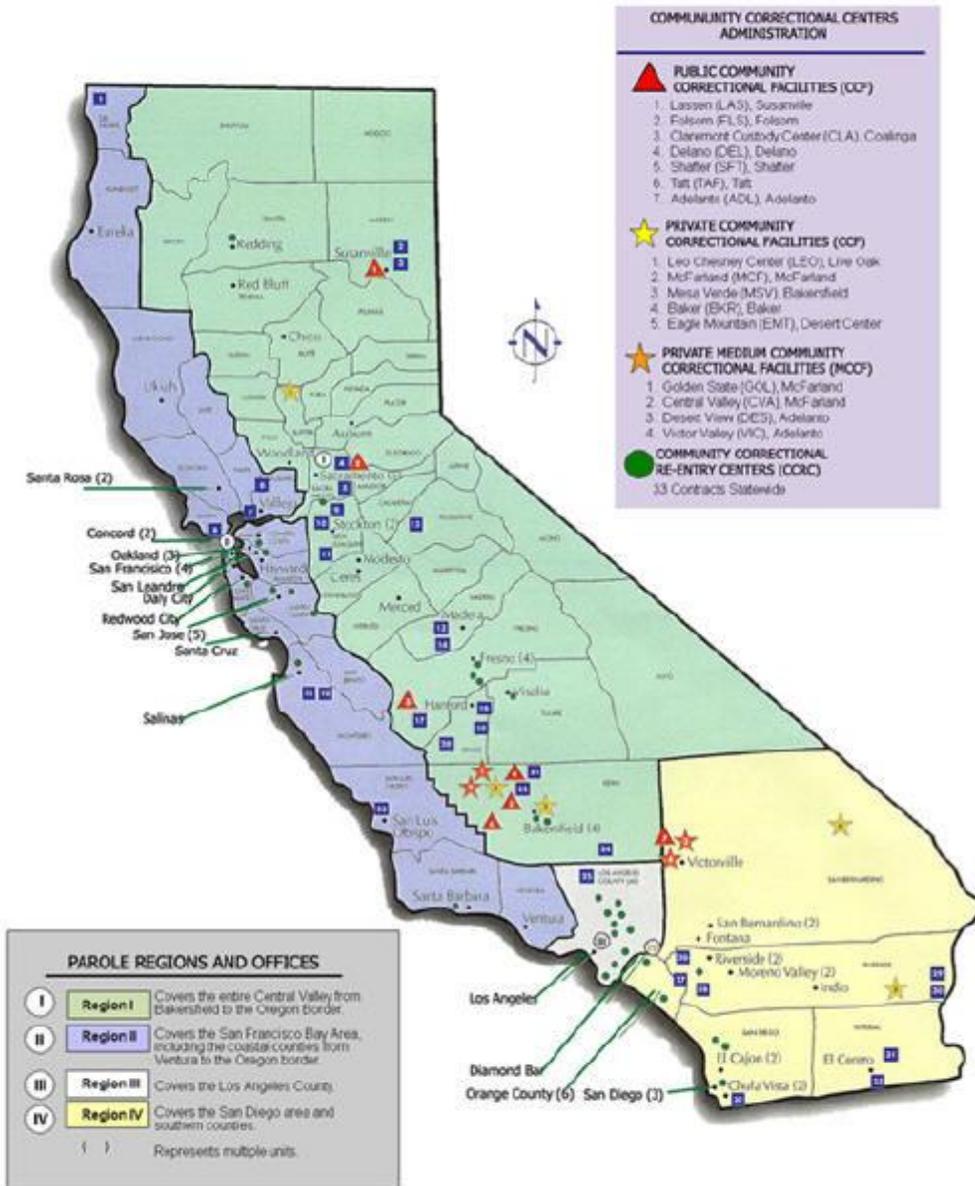
Table 1. Exclusionary categories

667.5 “Violent felony”	1192.7 “Serious felony”	290 “Sex offender registrants”
<p>Murder or voluntary manslaughter Mayhem Rape Sodomy Oral copulation Lewd or lascivious act Any felony punishable by death or imprisonment in the state prison for life Any felony in which the defendant inflicts great bodily injury on any person other than an accomplice Robbery Arson Sexual penetration Attempted murder Kidnapping Assault with the intent to commit a specified felony Continuous sexual abuse of a child Carjacking Rape, spousal rape, or sexual penetration, in concert Extortion Threats to victims or witnesses Any burglary of the first degree</p>	<p>Murder, voluntary manslaughter or Attempted murder Mayhem Rape Sodomy by force, violence, duress, menace, threat or fear of great bodily injury on the victim or another person Oral copulation by force, violence, duress, menace, threat of great bodily injury, or fear of immediate and unlawful bodily injury on the victim or another person Lewd or lascivious act on a child under 14 years of age Any felony punishable by death or life imprisonment Any felony in which the defendant personally inflicts great bodily injury on any person Any felony in which the defendant personally uses a firearm Assault with intent to commit rape or robbery Assault with a deadly weapon/instrument on a peace officer Assault by a life prisoner on a non-inmate Assault with a deadly weapon by an inmate Arson Exploding a destructive device or any explosive with intent to injure Exploding a destructive device or any explosive causing bodily injury, great bodily injury, or mayhem Exploding a destructive device or any explosive with intent to murder Any burglary of the first degree Robbery or bank robbery Kidnapping Holding of a hostage by a person confined in a state prison Attempt to commit a felony punishable by death or imprisonment in the state prison for life Any felony in which the defendant personally used a dangerous or deadly weapon Selling, furnishing, administering, giving, or offering to sell, furnish, administer, or give to a minor any heroin, cocaine, phencyclidine (PCP), or any methamphetamine-related drug, or any precursors of methamphetamines Any sexual penetration where the act is accomplished against the victim's will by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person Grand theft involving a firearm Carjacking Any felony committed by a person whom actively participating in any criminal street gang Assault with the intent to commit mayhem, rape, sodomy, or oral copulation Throwing acid or flammable substances Assault with a deadly weapon, firearm, machinegun, assault weapon, or semiautomatic firearm or assault on a peace officer or firefighter Assault with a deadly weapon against a public transit employee, custodial officer, or school employee Discharge of a firearm at an inhabited dwelling, vehicle, or aircraft Commission of rape or sexual penetration in concert with another person Continuous sexual abuse of a child Shooting from a vehicle Intimidation of victims or witnesses Criminal threats Attempt to commit a crime listed above other than assault Conspiracy to commit an offense described above</p>	<p>Homicide committed in an attempted or perpetrated sexual assault Sodomy Lewd or lascivious act upon a child who is under the age of 14 Any sexual penetration accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person Kidnapping with intent to commit sexual assault Any statutory predecessor that includes all elements of one of the above-mentioned offenses Persons imprisoned for sexually based offense committed since 1944 Attempt or conspiracy to commit any of the above-mentioned offenses Mentally disordered sex offender Persons accused of sexual offenses but found not guilty by reason of insanity Persons convicted of sex offenses in any other state or federal court Persons ordered to register as a sex offender by any other state or federal court for any offense</p>

This exclusionary criterion, while understandable, creates a unique dilemma for California Parole Region III, which is the greater Los Angeles area. Region III is the smallest geographical parole region in the state: it includes 4,084 square miles of the state total of 155,973 square miles, or roughly two percent of the geographical area in California (Los Angeles County 2007). However, it houses the largest number of parolees of all four regions. In 2003, there were 115,599 parolees in California; 26% of these were housed in Region III, Los Angeles County (California Department of Corrections and Rehabilitation [CDCR] 2005). In other words, more than a quarter of all parolees live in just two percent of California's land area. Thus, Region III is the most densely packed of all four parole regions. The map of California Parole regions (below) illustrates the small geographic size of Parole Region III, in grey.

In addition, parolees in Region III have higher rates of violent and serious offenses than offenders elsewhere in the State. The types of crimes committed by offenders in Region III vary from state trends. Statewide, 25.5% of parolees had crimes against a person, 34.56% committed drug offenses, 27.8% committed property crimes, and 12.1% committed crimes classified as "other" (CDCR 2005). In Region III, 34% of parolees committed crimes against persons, 37% committed drug offenses, 21% committed property offenses, and 8% committed "other" crimes. Thus, Region III parolees are disproportionately excluded from participating in the programs designed to curtail return to custody for minor violations.

CALIFORNIA DEPARTMENT OF CORRECTIONS
PAROLE AND COMMUNITY SERVICES DIVISION



Finally, the demographic distribution of parolees in Region III also varies from the demographics of parolees statewide. In 2003, 31% of California parolees were Caucasian, 26% were African American, 38% were Latino, and 5% were other races (CDCR 2005). The sample

population is 6% Caucasian, 49% African American, and 45% Latino. In sum, Region III is the most urban/densely populated of all four parole regions, has a disproportionate number of offenders of minority race/ethnicity, and has parolees who are most likely to have committed a violent or drug offense. Research suggests offenders with these characteristics – history of drugs and violence, densely housed, in an ethnically heterogeneous community – are at high risk for criminal activity. Yet, these are the very offenders excluded from graduated rehabilitative sanctions for technical violations. This presents a dilemma in Region III, where, parole is required to use alternative sanctions in handling parolees’ technical violations, but most parolees are ineligible for the alternative sanctions offered by the CDCR.

The one CDCR program change that applies to all parolees, regardless of their criminal history, is the statewide implementation of Police and Corrections Teams (PACT). In practice, PACT is basically a parolee orientation, where parole agents, law enforcement representatives, and service providers discuss the conditions of parole and resources available to assist parolees. PACT is used to offer housing, employment, literacy programs, and drug treatment services. However, offenders are not required to utilize services or make contact with service providers beyond hearing introductions at the initial PACT orientation.

To address these issues in Region III, one innovative parole administrator and a highly motivated parole agent supervisor devised a treatment program wherein mandatory referral to PACT service providers could provide both the sanctions and the rehabilitation required under the “New Parole Model.” Their solution to the problem was the new application of an old idea – requiring PACT services– for the high risk, high needs parolees in the district. The “Parolee Day Treatment” program was designed as a solution to the Little Hoover criticisms given their high risk, high needs parole population. In practice, the Parolee Day Treatment (PDT) program

required parolees to participate in PACT rehabilitation services as an alternative to incarceration for parolees ineligible for other CDCR programs.

Research Questions

This research describes the implementation and effectiveness of the Parolee Day Treatment program in one urban parole district. The specific research questions include:

1. What do parole agents believe is necessary to improve parolee success on parole?
2. What do parolees believe they need to improve their success on parole?
3. Does Parolee Day Treatment reduce parolee recidivism?

Description of PACT/Day Treatment

As discussed above, Police and Corrections Teams (PACT) meetings are often utilized as a parolee orientation. Parolees must attend a PACT meeting within 30 days of their release from prison. At these meetings, parole agents, law enforcement representatives, and community based service providers discuss the conditions of parole and present information about resources available to assist parolees.

A variety of programs were available through PACT in the sample district. Several drug rehabilitation services were available, including drug testing services, AA/NA meetings, residential and non-residential drug treatment programs, and sober living facilities in the community. A variety of general rehabilitation programs were available, including anger management programs, domestic violence assistance, and family counseling services. Educational services were also available, such as professional assistance with literacy learning, GED, and EDD. At any given PACT meeting, several vendors offered vocational training opportunities, including various employment agencies seeking construction workers, warehouse laborers, and class A drivers. Several of the vocational vendors offered free training and start up

money for such necessities as tools for potential construction workers. Anti-gang programs were also represented, including representatives from “Gangsters Anonymous.” Several housing projects, shelters and sources of funding for living assistance were also available, including housing specifically for men, women and children, veterans, and the disabled. Medical/public health services were available, including HIV/AIDS education, prevention and testing centers. Further, incentives such as bus tokens, grocery store gift cards, fast food gift certificates, etc. were offered for completion of various programs.

The “Parolee Day Treatment” project was developed using PACT programs and was designed within six specific parameters. First, every technical parole violation would result in a sanction. In practice, many minor violations were ignored at this site given the volume of parole activity and severity of their criminogenic risks and needs. Thus, the directive for every violation, even minor ones, to result in a sanction was a monumental shift in parole practice at this site. Second, alternative sanctions in lieu of incarceration would be sought whenever possible. In practice, since most minor violations were historically ignored at this site, only major violations and new crimes were processed, generally with some severity. The new directive required parole agents to become familiar with and order parolees to participate in programs such as anger management, literacy lab, etc. Third, alternative sanctions would be aimed at meeting a specific criminogenic need, preferably the unmet need that led to the parole violation. For example, parolees with positive drug tests were required to participate in drug education courses. Fourth, alternative sanctions would involve a PACT service referral whenever possible. Fifth, participation in PACT referral and participation would be monitored, with provisions made for parolees waiting for available services. For example, if a parolee was waiting for a bed in a residential treatment program, s/he would be required to attend services in

the parole office until the bed was available. To support this waiting period, the district administrator allotted conference room space for on-site programs, including a literacy lab and a drug education class. Sixth, the community and family would be involved. To achieve this end, a “Family PACT” meeting was established, wherein family and community members were invited to hear the programs and services available to parolees. In addition to reducing the instances of parolees telling family members no programs were available, Family PACT provided an opportunity for positive reinforcement for parolees doing well. Monthly awards were distributed to successful parolees, graduation ceremonies occurred as parolees completed various programs, and gifts were awarded to successful parolees and family participants for supporting the ex-offender’s transition home. In addition, food, grocery gift cards, and toys were distributed to parolees’ families around the holidays; the parole district also sponsored such events as a summer graduation barbeque and a Thanksgiving potluck for PACT service providers, parolees, and parolees’ families.

Methods

This is an organizational case study of the California Parole system. It examines perspectives of parolees from an *action research* orientation (Berg 2007), where researchers and stakeholders collaborate to identify, study, and interpret specific problems, with the goal of creating positive social change within the research site. In this case, the action research required the commitment from the Parole Agents located within the district to identify concerns related to the Parolee Day Treatment program from their perspective (discussed in Ireland 2007). The action research framework also required some level of investment by the parolees supervised in the district. As such, the research included ethnographic field work at the parole office, and researchers spent a minimum of 4 hours per visit to the parole district, which occurred twice a

month for 10 months. The collaborative team of researchers, administrators, and parole agents established a forum to foster parolee involvement, in part by soliciting parolee needs and concerns during PACT meetings.

Data

The data for this research derives chiefly from field notes and sociometric diagrams developed during PACT and Family PACT meetings. Sociometric diagrams identified the way in which parolees assembled and sat in the meeting room and permitted the determination of gender and racial composition. Quotes presented in this article are lifted at random from various similar comments found in the field notes related to specific topics.

Description of Participants

The participants include a convenience sample of parolees from one district office in Los Angeles County. The district office was located in a city with high rates of crime, a large number of low-income, government funded housing projects, and substantial concerns due to ongoing gang activity. In fact, prior to our involvement in the project, the district administrator wrote the following in an email describing the issues surrounding the district office:

You should know this office is located right in the middle of an ongoing gang war, and the area is dangerous. Last week two of my supervisors were caught in the crossfire of a gun battle on their way back from lunch. If you saw the news this morning, and the flash-bangs being deployed in [this area], Parole Agents were there, too. I really want you guys to come, but you need to know there are some very real risks in the ‘hood’.

Participant Demographics

Approximately 299 parolees were observed during the study. Of these, 30 were women and 269 were men. There were 147 African American, 135 Latino, and 17 Caucasian parolees. The parolees had very high service needs, including high needs for educational intervention, high rates of illiteracy, and high rates of substance use. The

majority of parolees in the current study lacked adequate housing and were un-, or under-employed. They also reported high needs for instrumental assistance, such as bus tokens for transportation to/from the parole office, a need for grocery gift cards, and childcare.

Research Design

This project employed an action research orientation. While the researchers were initially asked to evaluate the effectiveness of the Parolee Day Treatment program, there was some concern that the program was strongly supported by one district administrator and only a single parole unit, consisting of one highly motivated Parole Agent Supervisor (PA III) and the nine Parole Agents (PA I) under their direct supervision. There were approximately five other parole units within the district, each with one PA III and approximately nine PA Is. Most of these agents were only marginally involved in the PACT program, and many objected to the idea of expanding PACT into a Parolee Day Treatment program housed at their district office. Clearly, an outcome evaluation could not be completed given the selective involvement of a single parole unit and the resistance of other units. As such, an action research framework was used to approach this project to determine its potential viability.

Analysis of Data

Semi-structured interviews and observational field notes were used to identify the particular problems and dynamics of implementing Parolee Day Treatment at this site. The results pertain to the implementation of the Parolee Day Treatment program and the needs and concerns expressed by parolees, organized around three separate veins of observation: parole agent focus groups (discussed in Ireland 2007), PACT meetings, and Family PACT meetings. The results of PACT and Family PACT are discussed below.

Results and Discussion

PACT Meetings

Researchers attended ten PACT meetings at the research site over the course of ten months. PACT meetings were generally attended by 60-90 parolees. Very few (9%) were female; most (90%) were African American. Most of the parolees appeared to be detached and bored. Contrarily, there was a jovial, almost flirty and playful attitude of parole agents milling around the perimeter of the room.

The PACT meetings generally lasted well over 4 hours, during which time treatment providers trickled into the meeting space, chatting around the perimeter of the room with the parole agents, eating the snacks (donuts and orange juice) provided for vendors and agents. The PACT meeting speakers included an array of parole agents, law enforcement officers, and treatment providers, who alternately accused, supported, threatened, and inspired parolees.

One PACT speaker, a PA I, generally began PACT meetings by announcing the following in an angry, loud and threatening voice:

Don't come here unless you meet one of these three criteria. One, you are reporting for a mandatory meeting, drug testing, or have an appointment with your parole agent. Two, you are doing a program or class such as STAR (drug education). Three, you are turning yourself in. You cannot use the bathroom. Don't ask. We don't have public restrooms here and we don't have time to escort you around. Don't bring your kids here. This is not a day care. Don't complain to us if you have trouble with the vending machines. We cannot help you.

The agent continued to provide a list of what *not* to do while in the parole office and ended his presentation with a recantation of the conditions of parole. At one point, the agent read a parole condition for abstinence from controlled substances and emphasized that marijuana was a controlled substance to be avoided on parole. One female parolee spontaneously uttered, "We can't smoke no weed, for real?" Several parolees and parole agents laughed at this comment, although it was asked spontaneously and with all seriousness.

Following this, a different PA I told the story of a 5 year old boy in the neighborhood, “junior,” that was meant to inspire parolees. Junior was noted for frequently confronting law enforcement officers in the neighborhood, screaming “fuck you!” while flipping off parole agents and police officers. The moral of the story was that the community was in decay, and the parolees had the ability and duty to change the path for the next generation.

Various other parole agents spoke. Some were inspirational, some were accusatory. At one point, a PA I stopped his presentation to point directly at a parolee and yell, “You are high right now! I can see it in your eyes!” This parolee was escorted out of the meeting for drug testing; subsequently, other parole agents began removing and returning individual parolees for drug testing. Overall, it provided a very disjointed and threatening atmosphere.

Consistent with the consensus reached at the earlier focus group (discussed in Ireland 2007), the district administrator (Leman) closed the parole portion of the PACT meeting with the following statement, “You’ve heard all morning long what we expect of you. Now, I’m going to ask you a question. What do YOU need from us to succeed?” Following a period of awkward silence, the parolees began to raise their hands and offer several responses. These requests, written on a chalkboard at the front of the room, fell generally into four categories: encouragement, instrumental assistance, safe community, and succeeding on their own.

Encouragement. Several parolees raised concerns about the way parole agents treated parolees. One male parolee stated the following, “When you come to my house, don’t trash my place, don’t scare my kids.” Another male parolee was unhappy that his “house was stormed with guns just for missing a program.” A female parolee added, “my kids are scared because they saw the cops taking me out (to custody), with guns. Yeah, treat my house and my kids nice. We’re walking on eggshells right now waiting for you to come back.” A male parolee added,

“how about giving us warning before you just haul us in?” A Caucasian male parolee in his early 40s added, “We have a lot of stress. It would be helpful if you understood that.” A young Latino female parolee stated, “We need encouragement, support, a pat on the back every once in awhile. We don’t need no food, no tokens, just encouragement.” A male parolee added, “We want you to spend as much time telling us we’re doing good as you do kicking our ass.”

Encapsulating the feeling expressed by several parolees, an elderly male African American parolee responded angrily:

Guidance from [my] parole officer? How can you get us up off our feet? What do I need from you to SUCK-SEED? What you got now ain’t working. Parole officers shut us down, chew us out, leave us at the side of the road. [They] don’t do shit. [Parole agents say to us,] ‘Can’t help you right now. Come back later.’

Instrumental Support. A second issue raised by parolees was that of instrumental support. One parolee asked to borrow a decent pair of clothes to wear for a job interview. Other requests included bus tokens, referral to rehabilitation programs, food coupons, grocery vouchers, temporary day care until they received their first paycheck, and gift certificates to take their children to fast food restaurants such as McDonalds.

One parolee added his transportation dilemma, and said:

I’ve got a ‘do not associate’ [with gang members] condition [of parole]. I live seven miles away and I don’t have a car. If I take the bus, how am I supposed to get here without cuttin’ through my old neighborhood? What are you gonna do—send me back [to prison] for coming here today?

This comment prompted an extended discussion, echoed by at least a dozen parolees, that their conditions of parole were intrinsically contradictory. They were required to hold a job, stay away from old neighborhoods/associates, and report to the parole office as required. For many parolees, reporting to the parole office required several bus transfers through neighborhoods they were specifically barred from entering. Further, the length of time it took them to travel via

public transportation to the centralized parole office required some to take time off work, putting their jobs in jeopardy. One parolee asked, “If I have a job, why do I have to be here today?” Another commented, “What if I lose my job for coming here today?” Another stated, “I don’t want you [parole agents] sniffing around my job. What if my parole agent makes me lose my job?” Many of the parolees agreed with the dilemmas identified by a few outspoken parolees.

Safe communities. A third concern raised by parolees was the poor condition of their neighborhoods. Parolees mentioned their desire for safety and encouragement from the community at large. Several parolees cited the high drug availability in the area adjacent to the parole office and specifically mentioned that they could leave the parole office and purchase drugs on the front steps of the building. One elderly male African American parolee commented on the high availability of drugs in the neighborhood, stating “I can buy shit [drugs] right outside the [parole] door. It’s depressing and stressful. I need a decent place to live, a decent community. I want safety, a good residence.” A female Latino parolee added, “I’m scared. My biggest fear is coming home. You turn left or right and find drugs and gangs.”

Succeeding on-your-own. A final theme emerged in PACT meetings: the shared belief by parolees that they were on their own and must rely solely on their own resources to succeed. The implication was that parole supervision, parole agents, and parole programs had little to do with recidivism. For example, one male parolee commented, “It’s up to you [the parolee]. It’s all up to you.” Another male African American client agreed, “You just got to apply yourself, do what you need to do.” Another male client added, “Our crime rate is down.... I pray five times a day, and you approach me like that shit [in an unfriendly way]. I have to change myself to stay out of jail. Otherwise, you get beat.”

To our surprise, parolees were quite vocal about their needs while on parole. Nearly a dozen clients spoke at the first PACT meeting alone, and discussion about their concerns lasted more than 30 minutes. At the end of this first session, one parolee pointed to the list of parolee requests written on the chalkboard and asked Lemman, “So, what are you going to do about it?” Unprepared, Lemman answered, “I’m going to think about it.” The room erupted with sighs and chuckles, as if the parolees felt like their comments were wasted breath.

After the 2-3 hours spent listening to parole agents, PACT concluded with each individual treatment provider representative discussing the services available to parolees; this lasted another 2-3 hours. However, most parolees appeared to be sleeping, dazed, disinterested or otherwise disengaged by the time the treatment providers began to discuss available services.

In all, researchers attended 10 PACT meetings. On each visit, the PACT meeting was extremely long, lasting 4-5 hours, and included a disjointed mix of encouragement and accusation. On only three occasions were parolees asked what they needed in order to succeed on parole. On each of those occasions, parolees provided the same types of responses as were provided at the first PACT meeting, namely encouragement, instrumental assistance, the need for community change and the belief that they were on their own.

Family PACT Meetings

In addition to the bimonthly PACT meetings for parolees, the researchers attended two Family PACT meetings. These were run in a similar fashion to PACT, with two exceptions: 1) these meetings were targeted at the family members of parolees, and 2) they were unequivocally uplifting and positive. Family PACT attendees were informed that all the services parolees needed to succeed were available at the parole office, and that the parolees were welcome to report to the parole office any time for assistance, including obtaining bus tokens, housing

vouchers, or drug treatment. Family members were told that if a parolee was waiting for a job, open bed or a program referral, they could report to the parole office every day and participate in literacy lab or drug education classes to stay out of trouble. This was in direct contradiction to that which was told to parolees: don't come here or else! Families were further told that parolees could earn gift certificates to Target and Albertsons, as well as dictionaries, calculators, alarm clocks, duffel bags, and a variety of goods, tokens and certificates for reporting to the parole office whenever they needed help.

At one Family PACT meeting, one woman raised an issue regularly discussed at PACT: the high rates of drug activity, specifically narcotics sales, in the neighboring community. She reported that it was very difficult for her son, a parolee, to stay clean because of the high availability of drugs in the neighborhood. The parole agent told her there was nothing that could be done about that.

Findings

Overall, this research identified a number of challenges within parole, most notably a high rate of parolee, parole agent, and staff turnover. Through the course of this evaluation, researchers noted frequent parolee transfers for a variety of reasons. In some cases, parolees were transferred between agents when an agent's caseload became too large. There appeared to be little intentionality associated with the transfers – parolees were simply transferred as needed to maintain the correct caseload distribution for parole agents. Several parolees had as many as three parole agents in a six month period.

Parolees had a high turnover rate for other reasons, as well. Parolees were frequently confined on minor violations for 10, 30, 60 or 90 days. It was relatively easy to reassign parolees who were temporarily in custody, and this practice was justified in order to provide

more active supervision to parolees in the community. As such, parolees who were incarcerated for short terms on minor technical violations would return to parole with a new parole agent and often, very different expectations about parole.

In addition to high transfer rate for parolees, the leadership in the district was inconsistent. The research was initiated by a highly motivated PA III (Garcia), Garcia's unit, and a very supportive district administrator (Leman). Within the first six months of the program implementation, nearly half of the parole agents who developed the Parolee Day Treatment Program were transferred, including PA III Garcia. Further, Leman was transferred and replaced by a temporary district administrator, who was subsequently replaced by a permanent district administrator. While both replacements continued to allow the research to continue, neither provided the consistent, strong leadership as had been present with Leman. Since agents and directors seemed to be coming and going (in this and other local offices) it was difficult for either parole agents or clients to establish meaningful understandings or agreements. This instability is a likely source of parolees feeling like they received little encouragement from their parole agents and were left on their own to succeed or fail.

Methodological Issues

As a case study, this research focused on parolee/clients in a community plagued by high rates of crime, drug and gang activity. The transient nature of parolees coming and going, and the frequent change in parolee-parole agent assignment, means much of what we learned came from confused and unhappy parolees. These clients, whose parole agents seemed to be spinning through a revolving door were forced to adjust to, and then re-adjust to different supervising agents with different styles and degrees of concern over the welfare of their charges, thus creating instability from the perspective of the parolees.

Second, selection bias must be considered. Most – if not all – of the parolees who attended PACT meetings were recently released from custody and assigned to a new parole agent, even those parolees who were only briefly incarcerated for a minor technical violation. Many of them had previously been on parole, often supervised by the same unit, but rarely with the same agent. Perhaps these results would have been different had we examined parolees after several months of continuous parole supervision. However, research suggests the parolees are at highest risk to recidivate in the beginning of parole, and those who successfully remain on parole for months or years are more likely to succeed (BJS 2004; Visher, La Vigne and Travis 2004). Hence, a group of successful parolees is not the correct study population for examining high-risk parolee needs.

Third, while small changes occurred, such as the inclusion of parolee feedback at PACT, even these minimal changes were not sustained at this site. The Parolee Day Treatment program dissolved, and widespread encouragement by parole agents for parolees to take advantage of PACT services never occurred. PACT administrators were not even able to regularly incorporate a single sentence, “What do you need to succeed on parole,” in delivering PACT orientation with the most motivated staff. This question was only asked in three out of ten PACT meetings, and the agreed upon changes developed in the action research framework were simply not sustained

Future Research and Policy Implications

Despite the substantial methodological limitations described above, a number of suggestions for future research can be made, particularly with policy changes in mind. Specifically, this research identified three primary issues that bode further study, all with far-reaching policy implications: parolees’ belief that parole did not provide emotional support or

resources necessary to facilitate “success”, high transfer rates of parolees and agents, and the logistical hurdles parolees faced due to centralized parole offices.

Parolees in our sample described both a lack of encouragement from parole agents and the resources they believe necessary to succeed on parole. This echoes other research emphasizing the importance of respect and rapport in successful parole agent-parolee interactions (Ireland and Berg 2006). As such, future research should consider the potential to obtain “buy-in,” commitment or investment from parole agents and parolees alike, and, if such can be obtained, whether this might reduce parolee recidivism. Parolees suggested that they wanted their parole agents to provide positive feedback, and perhaps this is one way in which parole outcomes can be improved. Other ways in which motivation and encouragement can be fostered over bureaucracy within parole should also be explored.

Our observations also suggested that parolee and parole agent transfers were common in parole; in fact, a consistent parolee-agent pairings for more than three months was the exception at this site. Future research should examine recidivism as a function of a stable parolee-agent pairing. If subsequent research supports our qualitative impression that transfers impede success, future correctional policy should discourage parolee transfers between agents. Further, parolees who are temporarily incarcerated and returned to parole should be returned to their former agent of record, whenever possible. While little can be done to prevent staff transfers, policies should encourage judicious use of case assignments to minimize staff and parolee disruption. For example, parole agents applying for reassignment to a different parole office might be best utilized in an on-call function or as the district duty officer while a transfer is pending. In this way, natural attrition of their caseload, paired with increased administrative functions, could effectively utilize parole agents awaiting transfer without negatively impacting parolees.

Perhaps the development of dynamic risk and needs assessments is another way to achieve these ends. According to our observations, parole points assigned at prison discharge generally stayed with the parolee for the duration of their supervision. However, an evolving point value could help parole agents identify where to invest their time, perhaps reducing their need to transfer cases as frequently as parole agents did at this site. For example, systematic interviews of offenders at intake, and continual reassessment on a monthly or quarterly basis using a standardized instrument, might reduce the reliance on specs, fostering a positive parolee-agent relationship, which in turn could provide the encouragement and resources parolees discussed at this site.

To augment regular risk/needs assessments conducted by parole agents, intermediate steps toward pro-social participation in society could also be measured. Once measured, point values could rise or fall given the change in parolee functioning; this would also provide early feedback for potential recidivism. Such pro-social behaviors might include: enrollment in job or vocational training, educational attainment, consistent employment, pro-social family contact (such as child visitation where appropriate) pro-social community contact (such as sports or religious activity where appropriate), consistent residence, early completion of restitution or community service hours, and a positive attitude towards parole.

A third recommendation for future research that could link to policy recommendations includes the use of decentralized parole supervision. During the course of this study, parole moved toward centralized management of agents: smaller parole units were collapsed into larger ones; district offices were closed and units were transferred to fewer offices. This makes perfect sense for reducing parole office rent and facilitating the supervision of parole *agents*. However, the goals here should be supervising *parolees* and reducing their recidivism. Instead of

centralizing parole offices, decentralizing parole offices would address several issues raised by parolees. Decentralized, community parole offices would reduce the travel time and distance for parolees to report to their agents. This would reduce the amount of time employed parolees would be absent from work and would reduce parolees' frequency of crossing into exclusion zones. Further, decentralized, community based parole offices might foster a greater rapport between parole agents and parolees, leading to the positive reinforcement parolees articulated herein, as well as providing an opportunity to identify parolee recidivism risk before new crimes are committed.

References

- Backer, Thomas E., Nancy Guerra, Frances Hesselbein, Roz D. Lasker, and Joan Petersilia. (n.d.). *Blueprint for building evidence-based community partnerships in corrections*. Briefing paper prepared for the California Department of Corrections and Rehabilitation. Retrieved August 1, 2007, from <http://www.humaninteract.org/images/cdcr-blueprint.pdf>.
- Berg, Bruce L. (2007). *Qualitative research methods for the Social Sciences, 6th edition*. Boston: Allyn and Bacon.
- Bureau of Justice Statistics. (2004). *Reentry Trends in the U.S.: Recidivism*. U.S. Department of Justice, Office of Justice. Retrieved July 10, 2007 from <http://www.ojp.usdoj.gov/bjs/reentry/recidivism.htm>.
- Burke, Peggy B. (2001). Collaboration for successful prisoner reentry: The role of parole and the courts. *Corrections Management Quarterly*, 5(3), 11-22.
- Butzin, Clifford A., Steven S. Martin and James A. Inciardi. (2005). Treatment during transition from prison to community subsequent illicit drug use. *Journal of Substance Abuse Treatment*, 28(4), 351-358.
- California Department of Corrections. (2003a). *Memorandum: Electronic In-Home Detention*. Sacramento: Author.
- (2003b). *Memorandum: Halfway Back*. Sacramento: Author.
- (2003c). *Memorandum: PACT*. Sacramento: Author.
- (2003d). *Memorandum: Substance Abuse Treatment Control Unit Program*. Sacramento: Author.

California Department of Corrections and Rehabilitation. (2005). *California Prisoners and Parolees, 2003*. Sacramento: Department of Corrections and Rehabilitation.

Cal Pen Code § 290.

Cal Pen Code § 667.5(c).

Cal Pen Code § 1192.7(c).

Clark, Ramsey. (1971). Crime in America: Observations on Its Nature, Causes, Prevention and Control. New York: Simon and Schuster.

Ditton, Paula and Doris J. Wilson. (1999). *Mental Health and treatment of inmates and probationers*. National Institute of Justice. U.S. Department of Justice.

Ehlers, Scott, Vincent Schiraldi and Jason Ziedenberg. (2004). *Still Striking Out: Ten Years of California's Three Strikes*. Washington, D.C.: Justice Policy Institute.

Federal Bureau of Investigations. (2005). *Uniform Crime Report*. Washington D. C.: Author

Fischer, Ryan. (2005). *Are California's recidivism rates really the highest in the nation? It depends on what measure of recidivism you use*. UCI Center for Evidence-Based Corrections, Irvine, California, Vol 1.

Government Accounting Office. (2000). *State and Federal Prisoners: Profiles of Inmate Characteristics in 1991 and 1997*. Washington, D.C.: Author.

Hammett, Theodore M., Mary Patricia Harmon and William Rhodes. (2002). The burden of infectious disease among inmates of and releasees from United States correctional facilities, 1997. *American Journal of Public Health*, 92(1), 1789-1794.

Henderson, Martha L. (2001). Employment and crime: What is the problem and what can be done about it from the inmate's perspective? *Corrections Management Quarterly*, 5(4), 46-52.

Hiller, Matthew L., Kevin Knight and D. Dwayne Simpson. (1999). Prison-based substance abuse treatment, residential aftercare, and recidivism. *Addiction*, 94, 833-842.

Hughes, Timothy A., Doris J. Wilson and Alan J. Beck. (2001). *Trends in State Parole, 1990-2000*. Washington, D.C.: Bureau of Justice Statistics.

Ireland, Connie. (2007). *Parolee Day Treatment: Action Research and Organizational Change within an Urban Parole Setting*. Unpublished manuscript.

Ireland, Connie and Bruce Berg. (2006). Women in Parole: Gendered Adaptations of Female Parole Agents in California. *Women & Criminal Justice*, 18(1/2), 131-150.

- Ireland, Connie and JoAnn Prause. (2005). Discretionary Parole Release: Impacts on Time Served, Percent of Imposed Time Served and Recidivism. *Journal of Crime and Justice*, 28(2), 27-49.
- Lamb, H. Richard, Linda E. Weinberger and Bruce H. Gross. (2004). Mentally ill persons in the criminal justice system: Some perspectives. *Psychiatric Quarterly*, 75(2), 107-126.
- Lawrence, Sarah, Daniel P. Mears and Glenn Dubin. (2002). *The practice and promise of prison programming*. Washington, DC: Urban Institute Justice Policy Center.
- Little Hoover Commission. (2003). *Back to the community: Safe and sound parole policies*. Sacramento, CA: Author.
- Los Angeles County On-Line Statistical Data. (2007). Retrieved August 1, 2007, from http://lacounty.info/statistical_information.htm
- Martinson, Robert. (1974). "What Works? – Questions and Answers About Prison Reform." *The Public Interest*, 35(Spring), 22-54.
- Petersilia, Joan. (1999). "Parole and Prisoner Reentry in the United States." *Prisons, Crime and Justice: a Review of Research*, vol. 26, Michael Tonry and Joan Petersilia (Eds.). Chicago: University of Chicago Press.
- (2006). *Understanding California corrections*. Report for the California Policy Research Center, Irvine, CA: University of California, Irvine.
- Rhine, Edward E., William R. Smith and Ronald W. Jackson. (1991). *Paroling Authorities: Recent History and Current Practice*. Waldorf: St. Mary's Press.
- Seiter, Richard P. and Karen R. Kadela. (2003). Prisoner reentry: What works, what does not, and what is promising. *Crime & Delinquency*, 49(3), 360-388.
- Simon, Jonathan. (2003). *Poor Discipline: Parole and the Social Control of the Underclass, 1890-1990*. Chicago, IL: The University of Chicago Press.
- Visher, Christy A. and Jeremy Travis. (2003). Transitions from prison community: Understanding individual pathways. *Annual Review of Sociology*, 29(1), 89-113.
- Visher, Christy A., Nancy G. La Vigne and Jennifer L. Castro. (2003) Returning home: Preliminary findings from a pilot study of soon-to-be-released prisoners in Maryland. *Justice Research and Policy*, 5(2), 55-74.
- Visher, Christy A., Nancy G. La Vigne and Jeremy Travis. (2004). *Returning Home: Understanding the Challenges of Prisoner Reentry*. Washington, D. C.: Urban Institute Justice Policy Center.

Williams, Frank P., Marilyn McShane and Michael H. Dolny. (2000). Predicting parolee absconders. *The Prison Journal*, 80(1), 24-38.

Wilson, James Q. (1975). *Thinking About Crime*. New York, NY: Random House.

Zhang, Sheldon X., Robert E. L. Roberts and Valerie J. Callanan. (2006) Preventing parolees from returning to prison through community-based reintegration. *Crime & Delinquency*, 52, 551-571.