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## REDUCING RECIDIVISM IN RETURNING OFFENDERS WITH ALCOHOL AND DRUG RELATED OFFENSES: CONTRACTS FOR THE DELIVERY OF AUTHENTIC PEER BASED RECOVERY SUPPORT SERVICES

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*Virginia Commonwealth University*

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REDUCING RECIDIVISM IN RETURNING OFFENDERS WITH ALCOHOL AND DRUG  
RELATED OFFENSES: CONTRACTS FOR THE DELIVERY OF AUTHENTIC PEER  
BASED RECOVERY SUPPORT SERVICES

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of  
Philosophy at Virginia Commonwealth University.

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## List of Abbreviations

Abbreviation	Meaning
AA	Alcoholic Anonymous
AOD	Alcohol and Other Drugs
B and R	Boaz and Ruth
BHA	Behavioral Health Authority
BHIS	Behavioral Health Information System
CBS	Community Based Services
CRP	Community Residential Programs
CSB	Community Service Board
DCJS	Department of Criminal Justice Services
DJJ	Department of Juvenile Justice
DOC	Department of Corrections
DSM	Diagnostic and Statistics Manual
DSS	Department of Social Services
DTAP	Brooklyn Drug Treatment Alternative to Incarceration Program
DTC	Drug Treatment Center
DV	Dependent Variable
IV	Independent Variable
JLARC	Joint Legislative and Review Commission
KLM	Kingdom Life Ministries
LT	Lieutenant
MA	Medically Assisted
MCV	Medical College of Virginia
MOVE	Men of Valor Empowered
MPRI	Michigan Prisoner Re-entry Initiative
NA	Narcotic Anonymous
NTIES	National Treatment Improvement Evaluation Study
PBRSS	Peer-Based Recovery Support Services
RBHA	Richmond Behavioral Health Authority
RCJ	Richmond City Jail
RPI	Re-entry Partnership Initiatives
SAARA	Substance Abuse and Addiction Recovery Alliance
SUD	Substance Use Disorder
TANF	Temporary Assistance for Needy Families
TC	Therapeutic Communities
TTC	Transition Therapeutic Communities
VCU	Virginia Commonwealth University

## Abstract

### REDUCING RECIDIVISM IN RETURNING OFFENDERS WITH ALCOHOL AND DRUG RELATED OFFENSES: CONTRACTS FOR THE DELIVERY OF AUTHENTIC PEER-BASED RECOVERY SUPPORT SERVICES

By: Sarah Huggins Scarbrough, M.S.

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University.

Virginia Commonwealth University, 2012

Dissertation Committee Chair: Dr. William C. Boshier, Jr., Distinguished Professor of Public Policy and Education; Executive Director, Commonwealth Educational Policy Institute; Wilder School of Government and Public Policy

In collaboration with Sheriff C. T. Woody, the Deputies and other jail personnel, Kingdom Life Ministries (KLM) operates in the City of Richmond Jail. Aimed at serving individuals who suffer from alcoholism and other drug addictions, KLM's programs offer peer-to-peer recovery support services; meaning people who are successful in their recovery deliver the recovery message. On any given day, rehabilitation and recovery services are provided to 120 men in what used to be the worst tier of the Richmond City Jail. A large portion of these men battle substance abuse disorders and have exhibited habitual criminal behavior over an extended period of time.

Using a mixed methods approach, this study examined the effectiveness of KLM, during two stages — while the men are incarcerated and upon release. Beginning in February 2008, with the

initial implementation of the KLM program, the examination spanned three and a half years, concluding in September 2011. The qualitative and quantitative findings of this study revealed the effectiveness of the KLM program. Secondary data examining other programs in and outside of Virginia was also reviewed to in order to develop best practices recommendations for substance abuse treatment organizations. Last, it was also discovered that private organizations provide more efficient services than public programs, and do in a much more cost effective manner.

## Chapter 1 – Introduction

Due to the vast increase of incarceration and recidivism rates over the past 30 years, the progression from jail or prison back into society is an area of growing concern both nationally and within the Commonwealth of Virginia. These concerns have driven the efforts of legislators and policymakers in taking aggressive measures in an attempt to lower crime rates and rehabilitate convicted felons thus allowing them to successfully return to society. Despite these initiatives, recidivism rates continue to soar.

Deducing a method or framework conducive to successful reintegration and rehabilitation of felons requires a comprehensive analysis of current data. Determining the specific factors influencing habitual offenders, discovering consistent and unique variables associated with repeat offenders, and discerning the most prudent factors present in successful reentry cases is vital to providing both our law-abiding citizens and inmates the necessary measures to reverse current trends. Accordingly, my objective is to conduct research that evaluates a relatively new rehabilitation program in the Richmond City Jail in Virginia, examine statistics of inmates navigating through other programs within the Commonwealth, review statistics among individuals not participating in a treatment program, and compare these numbers to those of other states. Through examination of current state-funded initiatives and privately run programs, conclusions and recommendations are likely in such areas to offer policy and structural changes. In turn, these findings could create greater success rates of reintegration and decrease recidivism rates, which, optimistically, will lead to lower recidivism rates.

In 2000, 1 of every 90 adults in the United States was incarcerated, making a total of 1,321,137 prisoners. The following year, approximately 630,000 individuals were released from federal prisons, a total that increased 400 percent over the previous two decades. Of this number, 70 percent will return to prison; 30 percent occurring during the first year of release (Culp, 1998; Austin and Irwin, 2001). By 2008, there were over 2 million individuals incarcerated and the following year saw over 700,000 returning into society (Motivans, 2011). During this period, the pace of constructing correctional facilities did not accommodate the steadily increasing population as both federal and state legislators struggled to find adequate space to house the influx of prisoners. Despite overcrowding, funding for incarceration and treatment has continued to be cut, compounding the problem. Additionally, approximately 4.6 million individuals are under parole or probation supervision, further depleting resources for rehabilitation and/or treatment programs (Petersilia, 2000).

The elements found at a national level are similarly reflected at the state level in Virginia. During 2007, on any given day in the Commonwealth of Virginia, there were over 38,000 inmates confined within Virginia's 50 Prison Facilities (National Institute of Corrections, 2009), representing a 5.1 percent increase from the previous year. This growth in the prison population revealed the largest number and percent change among all 50 states (National Institute of Corrections, 2009).

Upon release, the offender, as well as his/her family and community, face significant challenges that must be overcome to achieve successful integration into society. Risks associated with release are extensive, including obtaining employment, reuniting with family, and finding housing. As displayed through recidivism statistics, prisoners are often not equipped to reintegrate into society and have a higher chance of incurring health and substance abuse

problems. Furthermore, upon release, prisoners typically assimilate into larger cities, leading to increased costs of law enforcement, corrections, public safety, health care, unemployment, and homelessness. In addition, substance abuse contributes significantly to each of these issues as well. Annually, millions of days of work are lost due to substance abuse, in addition to increased health-related costs, and work-related fatalities. These issues directly relate to the success rates (or lack thereof) of reintegration to society. Having knowledge in these areas is vital in forming public policy, ensuring the safety and well-being for all citizens, and successful reintegration for inmates, which directly effects recidivism and large amounts of associated cost savings.

Current trends in the United States reveal that within three years of release from jail/prison, two-thirds of those individuals will be re-incarcerated (McKean and Ransford, 2004). High recidivism rates present an obvious danger forced upon the community. Further, the subject is further compounded by extraordinary amounts of tax dollars being spent on law enforcement and judiciary expenses. Hence, effective recidivism programs must be implemented in order to reduce crime, thus cutting costs, with the hope of increasing employment, lowering poverty levels, and decreasing unsafe levels of crime in many neighborhoods in Virginia and the nation at large (McKean and Ransford, 2004).

Therefore, in order to conduct this research and determine the effectiveness of the Kingdom Life Ministries (KLM) program, and compare KLM to other programs, the study will include two hypotheses. The first one states, “before release from incarceration, if an inmate undergoes any type of treatment relating to transition back into society and substance abuse, and continues to undergo treatment once released, overall recidivism among those in the program will decrease.” The second hypothesis is “before and upon release from incarceration, if the inmate partakes in the peer-based KLM Program, the recidivism rates among those in the

program will be lower than rates of recidivism of the individuals who go through other programs.” Additionally, this study will answer several research questions, through the examination of criminal patterns. Risk factors (Independent Variable — IV) will be used to determine recidivism rates (Dependent Variable — DV) in order to determine the relationship among them and to answer the following questions:

1. If arrest records have a correlation to recidivism rates;
2. If drug and/or alcohol use have a correlation to recidivism rates;
3. If race/ethnicity has a correlation to recidivism rates;
4. If educational level has a correlation to recidivism rates;
5. If treatment type has a correlation to recidivism rates;
6. If the type of crime committed is correlated/related to future recidivism rates.

Because many studies historically have revealed that many of these factors are significantly related to recidivism, it is important to incorporate these factors into this study.

## **Problem**

It is apparent that problems related to crime and recidivism are severe. A study conducted by the U.S. Justice Department examined inmates who were released in 1994 from 15 states. By 1997, these individuals had committed approximately 2,900 homicides, 2,400 kidnappings, 2,400 rapes, 3,200 other sexual assaults, 21,200 robberies, 54,600 assaults, 13,900 other violent crimes, and over 200,000 car thefts, burglaries, drugs and weapons offenses (Stravinskas, 2009). Although there are no prevention programs that would be 100 percent effective, there are programs that could have been used to reduce these 300,600 crimes. In addition, there were many other crimes that were not reported and did not lead to arrest, thus, they are not accounted for in this already alarming figure (Stravinskas, 2009). Because of these ever growing problems, it is essential that actions be taken to address and correct such problems that are detrimental, often deadly, and be destructive to society.



While Virginia's average of those incarcerated is slightly below the national average, the statistics are alarming, and they compel action. From 1980 to 2003, the prison population quadrupled, rising from 8,521 to 35,429 individuals. This is a rise of the per capita rate of imprisonment from 159 to 471 residents per 100,000 residents, a 200 percent increase (Virginia Department of Corrections, 2003). In other words, as of June 30, 2007, 1 in 44 adults were incarcerated in Virginia (Blakley et al., 2007). For comparison sake, in 2008, there were 1 in 100 adults in America confined in a jail or prison facility. This equates to 1 in 30 African-American males between the ages of 20 and 34, 1 and 53 individuals in their 20s, and 1 in 837 for those over 55. (Pew Center on the States, 2009).

Currently, there are almost 29,000 individuals incarcerated in 1 of 74 of Virginia's jails (there are 3 facilities not reported in this number) (State Compensation Board, 2011). During 2004, Virginia had a rate 29 percent lower than the national average of adults who were under some type of correctional supervision, including prison, jail, probation, or parole. In 2007, however, Virginia had a 9 percent higher per capita rate than the national average of incarcerated adults for every 100,000 individuals. Additionally, in 2008, Virginia taxpayers paid 12 percent higher than the national average in correctional costs (National Institute of Corrections, 2008).

This is as equally troubling when considering the financial deficit that Virginia potentially faces. In January of 2010, Virginia's deficit was \$1.8 billion; six months later there was a surface surplus of \$220 million (Hannity, 2010). In 2012, the projected shortfall is \$145 million (McNichol, 2012). Looking at these financial hardships, and then realizing the increase in the jail/prison population continues to rise, which is paralleled by increased associated expenses, is quite concerning. By August 2009, the number of inmates in local jail facilities was 27,797, with the majority being housed in the eastern portion of the state (10,394), followed by

the central portion of the state (6,758). These numbers do not include the James River Correctional Center, the Powhatan Correctional Center, or the Virginia Correctional Center for Women (National Institute of Corrections, 2009).

Richmond and Norfolk account for the highest populations of prisoners returning to the community, placing a large economic and social disadvantage on these two cities. As such, the amount of individuals living in poverty in Richmond and Norfolk are more than two times as high as Virginia as a whole. Consequently, unemployment rates in these areas are higher, as is the number of families that have a single female-headed household (Virginia Department of Corrections, 2003).

Through examination of basic demographic data, the majority (89 percent) of those released in 2002 were male and African American (63 percent), with the average release age of 35. Only small percentages were of other races, including Hispanic, Asian, and Native American. Most of those released (62.9 percent) had never been married, 19 percent were separated or divorced, and 17 percent were married at some point before admitted to jail (Virginia Department of Corrections, 2003). Approximately two in five inmates, who were classified as true addicts, had parents who also had substance-abuse disorders. Further, addicts were 50 percent more likely to have parents who had previously been incarcerated.

When incarcerated, slightly more than half (52 percent) had not finished high school, 17 percent had received a GED, 20 percent had graduated high school, and 9 percent had some college. Those with a degree or more accounted for less than 2 percent of the population. Most of those released in 2002 had employment prior to going to prison, and of that, 20 percent were common laborers, 8 percent worked in construction, and 5 percent were cooks. One in seven of those released had no work history.

Given that 90 percent of incarcerated individuals will at some point return to society (Office of the Secretary of Public Safety, 2010), the first year of release is vital to a successful long-term transition, leading to the importance of supervision (Langan and Levin, 2002). There are two areas that are shown to be the most successful in reducing recidivism, including supervision of those released and encouraging the successful transition back into the community. Probation is a form of such supervision, which is a sentence directed by a judge. Approximately 78 percent of those released are ordered to probation. Only about 2 percent of those released do not have direct supervision. The remaining released are under parole supervision. The effectiveness of probation is, however, under great scrutiny due to the large amount of recidivism rates of those under probation (46 percent in 2002), with the majority (92 percent) of these offenders becoming reincarcerated for committing a new crime and not a probation violation. This has been attributed, in part, to the high caseloads of probation officers (average is 77 cases per officer in 2003) (Keegan and Solomon, 2004).

Statistics on recidivism rates in Virginia vary slightly, but one study reveals that 27.3 percent, or 3,439 offenders, in 2006 were reincarcerated within three years of release. This number is the sixth lowest out of the 38 states that reported, however, these recommitments cost a great deal of money, including incarceration, court, and law enforcement costs, as well as costs to the community and their victim impact costs (Office of the Secretary of Public Safety, 2010). Two years later the Virginia Department of Corrections (2008) found that 29 percent of those released (not limited to substance abusers) were reincarcerated within 36 months of release. Thus far, effective solutions in reducing recidivism rates in offenders with drug problems have been very expensive and do not appear to be effective in Virginia, which can be seen through the

increasing prison population as well as the overwhelming number of those being reincarcerated, due to committing a new crime.<sup>1</sup>

Through further examination of these rates, it was found that of the admissions in 2002, almost half (49 percent) were nonviolent and nondrug related. The majority of offenses were property crimes, including larceny, car theft, and burglary. However, 70 percent of these property related offenses were committed by individuals suffering from substance abuse. Violent crimes made up 27 percent of admissions, and drug crime convictions consisted of 23 percent. Sixty percent of these violent crimes were committed while the offender was under the influence of drugs and/or alcohol. These numbers are reflective of prison, thus it is likely that the majority of drug sentences were served in jail, since these sentences are typically shorter.

A strong relationship between substance abuse and crime has been argued nationwide (Beck and Mumola, 1999). Research has shown that more than half of prisoners throughout the nation admitted they were under the influence of either drugs or alcohol when they committed the crime that lead to being imprisoned. Additionally, 74 percent of those who were supposed to be released within a 12-month period stated they had a past involving drug or alcohol abuse. Virginia's statistics reveal similar results of a high correlation between substance abuse and crime. In fact, 78 percent of those released from prison in Virginia in 2002 had a known background of heavy drug and/or alcohol abuse. Seventy-five percent of those released during this period battled heavy drug use, with cocaine and marijuana use most frequent (Virginia Department of Corrections, 2003).

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<sup>1</sup> It is important to note the methodological differences with the way some states count recidivism, and as such, comparison among states' rates should be viewed with caution. States go through policy waves by such initiatives as implementing the three strikes you are out rule, abolishing parole, sentencing enhancements, or keeping the person incarcerated longer. Additionally, some states count recidivism as a re-arrest, others as a re-conviction.

Although most inmates had a history of drug or alcohol abuse, only two in five took part in a substance abuse program while in jail or prison. Eighty percent of addicts were found to have previous convictions and incarcerations, compared to 60 percent of non-addicts. Forty-seven percent of substance abusing inmates had three or more convictions, as opposed 22 percent of non-addicts. It was found that 59 percent of addicted of inmates used marijuana regularly, 31 percent used crack cocaine, 12 percent used heroin, 10 percent used opiates, and 17 percent used stimulants. These numbers have remained relatively stable since 1996.

Through examination of the prevalence of substance abuse in the Commonwealth, the number of Virginian's who suffered from substance abuse disorders rose over 500,000 in 2006 (Joint Legislative Audit and Review Committee, JLARC, 2008). Virginia's Department of Rehabilitative Services reported that 517,000 of those 12 or older battle substance abuse, which may be a low estimate, because those who were not professionally reported are not included in this number. This rate (8.38 percent) is higher than the nine neighboring states (Delaware, Georgia, Kentucky, Maryland, North Carolina, Pennsylvania, South Carolina, Tennessee and West Virginia), but is below the national average of 9.2 percent. Those addicted in Virginia are 70 percent more likely to have a criminal record. In addition, addicts are 70 percent more likely to be homeless in the year prior to arrest (JLARC, 2008).

Upwards of 80 percent of the Virginia Department of Corrections (DOC) population have a substance abuse disorder related to an annual public cost of over \$800 million, which does not account for financial and emotional the hardships a substance abuse disorder takes on families and communities, including 1,761 deaths related to substance abuse in 2006. On average, a prison cell costs approximately \$65,000 to build (JLARC, 2008) and then approximately \$25,000 to house an offender for a year in a Virginia correctional facility (Office of the Secretary of

Public Safety, 2010). Furthermore, in 2006, the effects of substance abuse in Virginia cost about \$613 million, and the state government spent an additional \$102 million in substance abuse programs (JLARC, 2008). It is important to note, however, that this is a conservative estimate, as it only includes direct costs. It does not include indirect costs associated with substance abuse, including the impact on the community, healthcare, employment, etc. Along the same lines, the Department of Corrections is the largest state agency with over 13,000 employees who manage prison/jail populations larger than the individual populations of the cities of Manassas, Petersburg, Fredericksburg, and Winchester. In 2008, it is astounding to note that the Department of Corrections' budget rose to over \$1 billion for the first time (Virginia Department of Corrections, 2008).

During 2006 in Virginia, about \$175 million was invested in treatment programs, with the majority of funding coming from the state and local governments. Since 2001, however, the number of individuals receiving community-based services (CBS) has declined from 33 percent to 24 percent. The most commonly offered CBS services have not been very intense, because they were outpatient and case management services. Forty-four percent of the jails in Virginia (15) have therapeutic communities (TC) and until 2003 were primarily sustained by general fund dollars from the state budget. When budget shortfalls began in 2003, however, general fund support was cut and the programs that remain today are funded by local facilities or from grant funding (JLARC, 2008).

Virginia also offers substance abuse programs in the community, but primarily is focused on school age children. In 2007, CBSs and various school divisions funded 621 public programs in Virginia. Such programs reached 1.4 children individuals in school events and health fairs. Such programs focus on youth because research reveals that 95 percent of adults began using

drugs before they turned 21, and of the marijuana users, 13 percent first tried before they were 14 years old (JLARC, 2008). Although this research does not directly examine the effectiveness of such school-based initiatives, it could be argued that this research of adults could indirectly reveal whether or not programs these inmates may have received when in school were at all effective. Because it has been shown that most individuals who are incarcerated are not highly educated, thus the programs do not reach the many who are most at risk. Additionally, even if another researcher found school-based programs to be effective, much more is necessary to reach school drop-outs who are not exposed to such programs.

Through JLARC's evaluation (2008) of substance abuse programs, it was found that the majority of localities who offered substance abuse programs eventually have less cost to the state and local governments after treatment programs were administered, and most also had enhanced public safety and "economic productivity" benefits. Generally, cost reductions resulting from programs reached \$6.4 million. Echoing a previous assumption made and to fully prove why services provided by Virginia and DOC are not adequate and need to be revised, JLARC stated (2008):

To fully realize the benefits of substance abuse treatment, individuals must seek and be able to access services, as well as receive services that are proven effective and best meet their specific needs. Currently, substance abuse services are provided to only a fraction of those who need them, thereby substantially limiting the cost reduction that the state and local governments could derive from treatment. The majority (50 to 90 percent) of Virginians who need substance abuse services are not seeking them at all and remain untreated unless compelled by a court, family or friends. Among those who seek treatment, many are unable to access services because they cannot afford them, or lack the transportation or childcare support to attend. In addition, while many substance abuse services appear to yield positive results, their effectiveness could be further enhanced if service gaps and insufficient capacity were addressed and available services consistently followed proven practices.

In a letter released from the director of the Department of Corrections, Gene M. Johnson, on August 29, 2008, the 2008 Appropriations Act, Chapter 879, Section 387-E, reported the costs of both state and private programs and facilities in Virginia. The first section of this letter

discussed “minimum security prerelease or transitional facilities” and that 13,000 inmates were released from Virginia jails and prisons. Virginia provides Community Residential Programs (CRP) to many who are released from probation, parole, jail or prison. CRPs are halfway houses, which are required because these individuals’ past requires a more controlled and restricted transition into society. Such services typically provide “food, shelter, life skills training, employment assistance, and transition planning.” Typically, only nonviolent offenders are eligible for such programs, however, the number of participants is limited. Each facility has 136 beds and the average stay is 90 days. Currently, in Virginia there are seven CRPs, located in Alexandria, Harrisonburg, Charlottesville, Lebanon, Roanoke, and two in Richmond; notably, there are none in the Norfolk or Virginia Beach area. It is important to note that in 2008, if each facility was at capacity throughout the year, which was 87 beds at a time, and calculating the average stay of 90 days, all facilities combined can serve 2,408 each year, which is only 18.5 percent of those released.

Johnson’s letter goes further to discuss the Residential Transition Therapeutic Communities (TTC), which is available to those who display positive development while imprisoned in DOC’s Therapeutic Communities (TC) and are within six months of release. Such programs provide similar options as CRPs and include “food, shelter, substance abuse treatment, employment assistance and transition planning.” In Virginia there are seven TTCs, with two currently inactive, including:

- Hope Harbor, males, Danville
- Bethany Hall, females, Roanoke
- Stellar Residential Services, females, Richmond (inactive)
- Gemeinschaft Home, males and females, Harrisonburg
- Rubicon, Inc., males and females, Richmond
- Vanguard Services Unlimited, males, Arlington (non-inmates only)
- Bridge Ministry, males, Buckingham, inactive



The average stay is 180 days and capacity is 97. This relates to the ability of serving 1,358 individuals a year, which translates to 10 percent of those released annually.

Because of the notion, “not in my backyard,” Johnson’s letter states “assignment to community-based programs is limited to nonviolent offenders although about three-fourths of the DOC inmate population have violent offenses in their criminal history.” Because of the scarcity of such programs, many programs offered are not close to their homes, which tend to be problematic because the promotion of building family relationships is often not attainable due to distance. Furthermore, there are no programs to the east of Richmond; however, one of the two large crimes areas in the Commonwealth is located in the eastern portion of Virginia.

Johnson went further to direct DOC to pilot “return to custody facilities for habitual technical probation violators,” the jail programs were, he noted, “unsuccessfully piloted in FY 2006.” He also revealed that the DOC programs that are available in the jails are “under utilized...consequently, no effort was made to replicate the effort in another judicial circuit and the 2006 General Assembly removed the authorizing language from the Appropriations Act.” Johnson did make several recommendations, including: “Authorizing and funding the DOC to develop and implement pilot TTC facilities for men and women which targets violators returning for continued substance abuse.”

While the points made from the director of the Department of Corrections are useful, this study reiterates the dire necessity for reforms to be implemented. Only 28.9 percent of those who are released in Virginia are able to participate in state-initiated transition programs, however, recidivism rates are almost double this number, and have continued to increase year after year. Additionally, and as previously mentioned, and although the letter was written a couple of years ago, the status remains about the same and the availability of these programs has continued to

decline due the large budget deficit in Virginia. If recidivism rates, however, were actually decreased and we got “smarter on crime,” program availability could steadily increase, while saving money.

Increase in the Virginia prison population is often argued to be related to our harsher sentencing laws, abolishing parole, and a rise in the general population. However, other states, under the same circumstances, have found innovative ways to punish offenders appropriately, while avoiding overcrowded prisons and placing more burden on taxpayers. Admittedly, justice should be served and violent offenders often deserve tougher punishment, however, nonviolent offenders, including those who battle substance abuse, seem to have gotten lost in the mix of “lock them up and throw away the key.” Although getting tough on crime is a widespread objective with the attempt to lower crime rates, it is also getting fiscally tough on taxpayers and costly to Virginia, without much benefit to public safety and communities since recidivism and incarceration rates continue to rise. Furthermore, because of the economic downturn, public safety, jail, and prison budgets have been and continue to be cut significantly, yet, the prison population continues to rise. As illustrated, it appears that this issue needs to be addressed and corrected by getting smart on crime, in order to lower recidivism rates, with the goal of Virginia having the lowest in the United States.

This is a fairly in-depth study of treatment programs, primarily among those who battle substance abuse. Because of this, the literature review is rather in-depth and reviews research in several different contributing areas. This includes the history of treatment and Alcohol Anonymous (AA), and reviews on treatment programs, recidivism rates, and current research on substance abuse and related programs. Each of these areas are factors that will be addressed throughout this research.

## History

Beginning in the late eighteenth and early nineteenth centuries, institutions were created in the United States to care for the “drunks.” Dr. Benjamin Rush, a signer of the Declaration of Independence, was the first to recommend that alcoholism was related to a disease and needed to be treated medically (White, 1998). Before institutions were created that specialized in alcohol treatment, however, alcoholics were placed in jails, homes, and mental asylums (Blumberg, 1978). Because these institutions were not trained in treating alcohol and drug addiction, many patients hid their addictions and often it was not until their deaths that their addictions were discovered. It was not until the mid nineteenth century that institutions were created that specialized in treatment for addicts. In 1870, the American Association for the Cure of Inebriates was the first institution to open. In only eight years, there were 31 more institutions that had opened. By 1902, there were over 100 operational institutions in the United States that were dedicated to treating those with addiction problems (White, 1998).

Although these institutions were not fully effective, it is important to examine the effectiveness of the treatment programs, or lack thereof. The notion of inebriety was the common idea across the spectrum. This concept encompassed a large variety of disorders that were a result from either drug or alcohol addiction. At the time, inebriety was referred as a “term that captured the morbid craving, the compulsive drug-seeking, and the untoward physical, psychological and social consequences of drug use” (Crothers, 1893). There were many types of inebriety, including: “alcohol, opium, cocaine, tobaccoism, ether, chloroform, coffee, and tea inebriety” (Crothers, 1893).

The modes of treatment continued to evolve as the issue of addiction continued to be prominent. A “continuum of care” developed as doctors began to refer addicted patients to

detention facilities for detoxification and evaluation (Crothers, 1902). Placement of these individuals in long-term facilities began because short-term treatment was not effective. Other physicians referred patients to different types of treatment facilities, including urban detention centers, short-term homes providing a period of recovery, and larger homes that provided long-term treatment. One of the largest challenges during this time period was convincing the patient to remain in treatment, while also remaining sober (Crothers, 1902).

Various treatment institutions were run slightly different, but had the same basic concepts, as many do today. Treatment included a combination of spiritual, psychological, and physical treatment. Isolation from the stress and temptations found in daily life was the first step in treatment and towards detoxification (White, 1998). Intimate support and relationships between the staff and patient encouraged mutual support and a sense of family. Work and recreational activities were included as part of the treatment program. Work included manual labor and recreation included activities such as croquet, music, theater, and debates. Music was also seen as therapeutic; therefore, providing training on various musical instruments. Counseling occasionally seen as a form of mental treatment, however, was not provided often.

Alcoholics continued to occupy beds in jails, farmhouses, medical hospitals, and psychiatric hospitals; however, they eventually began to seek additional assistance from the private sector. As soon as the private sector began to provide these services, state institutions started to emerge, resulting in competition between the two, which is still apparent today. In a review of the treatment provided by private institutions, it was found that, “[private institutions] offer a refuge to patients who are frequently refused help by other more sanctimonious hospitals” (Weisner and Room, 1894).

More recently in the past few decades, the delivery of transition programs for inmates has been dependent upon the prison and parole systems. During the 1950s and 1960s, the objective of incarceration was rehabilitation, and therefore facilities provided halfway houses and transition programs for those who were close to release. Throughout the 1970s, pre-release and work-release programs were the available transition programs to offenders. The 1980s consisted of “day-reporting programs,” which only a few municipalities executed. In each of these programs, the individual was “half-back under correctional custody,” by being able to work during the day, “earn money, and make arrangements for basic shelter and clothing needs, while also seeking to obtain long-term employment and re-establish relationships with family and friends” (Taxman et al., 2004). Yet, while working “freely,” subjects were still monitored for progress and to ensure they are remaining on the right path.

In the 1980s, the treatment arena began to change to more of a political setting, with many people and correctional staff displaying a reluctance to provide treatment and rehabilitative services because they saw “offenders...undeserving of help because they had violated the tenets of society; few correctional wardens had a favorable attitude towards these services” (Pogrebin 1978). The main focus of this period was safety in the prisons and not on rehabilitation or re-entry. With this turn towards safety, funds were taken from educational, vocational, and other programs within jails and prisons. Further, the numbers of substance abuse treatment programs were also decreased during the 1980s.

### *Alcoholics Anonymous*

Various groups, including the Keeley League, The United Order of Ex-Boozers, Ollapod Club, Emmanuel Clinic and the Jacoby Club, founded alcoholic recovery groups early, all of which were short lived and non-successful. In addition, the number of alcoholics was on the rise during this period and due to overcrowding issues, there was not capacity for them to be admitted into city or state hospitals. Prohibition of alcohol in the 1920s and the Great Depression in the 1930s, paved a path for large-scale alcoholic recovery groups, such as Alcoholics Anonymous (AA) (Kurtz, 1979). AA was founded as a response to the outcry for alcoholic treatment, since it was obvious that other practices were not effective. Other similar groups were also developed, which too were thought to be part of the cure for addiction.

Other programs were developed to compete with AA, but two flaws were identified that lead to their demise: “(1) their failure to develop a fully codified program of alcoholism recovery, and (2) their failure to develop viable organizational structures and procedures” (Kurtz, 1979). AA’s success, on the other hand, was attributed to its 12-step program, which outlined specifically the difference between drinking and sobriety. This description to explain sobriety included four factors: “(1) surrender, (2) identification, (3) hope, and (4) daily prescriptions for living.” AA attempted to lay out logic behind alcoholism and explained that addiction was a sickness, incurable, and fatal. Unless sobriety occurred, the person’s illness would continue to progress until his death. Spirituality and religion were also thought to play a role in recovery and it was believed that if the patient partook in sobriety that he would be blessed in many more ways than he was before (White, 1998).

The first step of AA dealt with surrender: “We admitted we were powerless over alcohol — that our lives had become unmanageable” (Maxwell, 1962). Step two addressed the anxiety

of insanity experienced by alcoholics. Step three expanded on the concept of surrender and introduced the statement, “by letting go of control, one becomes free of the need to control,” followed by patients repeating, “I cannot drink.” Purifying the patients’ identity was addressed as a part of the fourth step, through examination of past activities and actions in order to identify the shortfalls and assets of their characteristics. Step five, similar to step four, added a few small measures, where the individual continued to examine his past, but also begin to shed his emotional ties and insecurities. Simply stated, steps four and five washed away the past. Steps six and seven had the goal of “spiritual progress rather than spiritual perfection” (In Memory of Harry, 1966). Rebuilding of individual character was the main objective of these steps and it was at this time that many clinical physicians noticed personality changes in the patients.

Although reconstruction of self had been established at this point, the next two steps (eight and nine) focused on rebuilding relationships. As such, by this point the past should be fully rebuilt and recovery nearing (White, 1998). The restoration of daily life was then focused on four particular areas: “(1) centering rituals, (2) mirroring rituals, (3) acts of personal responsibility, (4) and acts of service.” Centering rituals focused on the restoration of the regular day-to-day activities of the patient. Mirroring rituals were very similar to centering rituals, but included the relations with peer alcoholics and planned daily activities with them. Acts of personal responsibility required the patient to create new habits that dealt with his daily lifestyle, such as his diet, hygiene, sleep, exercise, clothes, and recreational activities. The fourth area of daily life restoration and the twelfth and final step focused on the acts of service, which was when an oath was taken to ensure continued sobriety and living a spiritual life.

The “modern alcohol movement” began in the 1930s and completely changed the way alcohol problems were looked at and addressed. This movement believed the alcoholic was a

“sick person worthy of sympathy and support,” as opposed to earlier beliefs that the individual was a “morally deformed perpetrator of harm” (White, 1998). It was determined that alcoholism was a disease, but could be treated, leading to expansion in this field of research for doctors and scientists.

AA continued to be a large and wide-spread program use throughout the United States. With the growing abuse of illegal drugs, however, Narcotics Anonymous (NA) was created. Between 1947 and 1953, Dr. Victor Vogel believed that the drug treatment version of AA would be an extremely successful means of treatment, hence the program looked almost identical to that of AA. The first step was declaring the helplessness associated with addiction, instead of over a specific drug. There were three large obstacles that NA faced that AA did not particularly experience, including: “(1) the problem of members getting high together after spending time in the meeting recounting episodes of drug use, (2) the presence of pushers and undercover agents at the meetings, and (3) the lack of sufficient personal sobriety and maturity to sustain the functioning of the group” (Duncan, 1965).



## Chapter 2 – Literature Review

Opposition to the notion that nothing works has been proven wrong through research. The findings reveal that these programs actually do work and are connected to decreasing recidivism rates (Sherman et al., 1997; Knight and Simpson, 1999). The most consistent findings on the most successful programs reveal that programs, which begin during the time of incarceration and continue after release, are the most effective. “The importance of transition services and post-release aftercare in reinforcing gains made in prison has been underscored in this research” (Knight and Simpson, 1999).

Notwithstanding this research, such programs had trouble gaining traction during the 1990s and even through today. The majority of the time, facilities do not successfully deliver these programs. One reason for this is because of the large area for mistakes, including “client identification and assessment, recruitment and training of staff, re-employment of correctional staff, and the balance between punitive versus therapeutic sanctions, aftercare and the use of coercion in service delivery systems” (Taxman and Bouffard, 2000). The same feelings that offenders do not deserve such services have remained apparent and hinder successful implementation of the programs.

On the other hand and through examination from the offender’s point of view, the structural veracity of circumstances present when incarcerated and the conditions when re-entering into the community, are their principal concerns, not their deviant behavior. Some

research argues that criminal careers are not a chosen lifestyle, but probably an effect of continual incarceration and the problems faced in society upon release. As such, many offenders are not given an equal chance of reintegrating into society and starting a new life, but instead are predisposed to failure when not incarcerated (Richards and Jones, 2004).

Testimony from many inmates maintains a similar theme that the system is not working: “being delivered from a prison to an inner city bus station in the middle of the night, with \$40 in gate money, nowhere to go and no one except drug dealers waiting in the station.” This certainly does not seem to contribute to a successful reintegration. Similarly, when examining re-entry, Maruna and Immarigeon (2004) confirm that re-entry is a long-term process and should begin before release and continue after release. They suggest a British theory that “everything that is done to a convicted person should be serving the cause of preparing the individual for success after release.” As stated by Morgan and Owers (2001):

A systematic and evidenced-based process by which actions are taken to work with the offender in custody and on release, so that communities are better protected from harm and re-offending is significantly reduced. It encompasses the totality of work with prisoners, their families and significant others in partnership with statutory and voluntary organizations.

Morgan and Owers (2001) went further to state that the reintegration needs of many are brutally ignored and overlooked, because there is not a widespread re-entry approach that has been developed. In fact, in 2000, US Attorney General Janet Reno stated that reentry is “one of the most pressing problems we face as a nation” (Maruna and Immarigeon, 2004).

Upon release, offenders have little money, making transition much more difficult (Richards and Jones, 2004). Most inmates are released with barely enough money for bus fare and a cheap meal, let alone funds for clothes, housing and other necessities. Additionally, many have considerable debt, child support payments, and other financial liabilities they incurred while incarcerated. Late payments on bills stacked up while imprisoned, as well as court fines, attorney

fees, taxes and other payments. The majority of those released have the clothes on their backs and maybe one more outfit; therefore, most do not even have the appropriate clothing to go to a job interview.

Securing employment is also very difficult for felons. Extensive research has continually revealed “employment, crime, imprisonment, and recidivism” have a high correlation with one another (Greenberg, 1977; Janovick, 1982; Chirico and Bales, 1991; Zimring and Hawkins, 1991). It has been estimated that the unemployment rate of offenders is three times as high as the rate of non-offenders (Tropin, 1977). More recent studies have proposed the same conclusion, in that unemployment is a factor relating to the failure of programs and successful re-entry into society; therefore, it has been recommended to emphasize structuring job assistance and placement in treatment programs (Austin and Irwin, 2001).

Those who have been incarcerated have gotten accustomed to the rules and regulations of the penal system. However, most do not have the proper preparation to transition into society and to abide by the rules and regulations outside. Especially for those who have been locked up for a long period of time, these persons have no concept of paying rent or other bills, how to buy food, or even how to look for a job (Richards and Jones, 2004).

It is because of these issues that Richards and Jones (2004) have concluded that the continued increase in the number of those incarcerated is due to the failure of the system. This is further reflected through the high numbers of individuals who reoffend while on parole or probation, thus getting rearrested and reconvicted. Furthermore, the focal point on public policy and legislative action is often on those who fail and not those who turn their lives around.

As a result of the lack of preparation for transition and success, over 50 percent fail work release and 70 percent fail parole and end up being reincarcerated (Richards and Jones, 2004). It

was recommended, therefore, that facilities ensure that prisoners are prepared for reentry into society by assisting them to obtain a driver's license, a Social Security card, as well as provide information on debt, filing bankruptcy, employment, and how to obtain clothes for a first job interview. "Convicts are human beings, each more or less pieced together from the lessons and struggles of life. If corrections is to mean anything, the person who enters prison is somebody new and improved upon his or her release" (Richards and Jones, 2004).

Taxman, Young, and Byrne (2004) realize that it is typically the responsibility of the jail/prison to provide treatment and transition programs, as argued by many other theorists. In agreement with other theorists, they stated that if anything is done, plans are often vague and the majority of transition planning is left to the inmate to figure out for himself/herself while incarcerated. This tends to lead toward problems, especially among those who have been incarcerated multiple times; clearly what they have been doing in the past has not worked, therefore, something different must be done and they must not be left to do it on their own.

Expanding upon this idea that typical programs do not work, Taxman et al. (2004) suggest that other community models should be used, including informal ones, such as "family, religion, cultural and community groups" to help with the reentry and transition process. During the past several years, the community-based model, which puts the primary responsibility on the community and its organizations, has grown as a way to "refocus on how crime and justice affect community life and the actions that citizens, community organizations, and criminal justice systems can take to control crime and social order" (Karp and Clear, 2000).

Modifications to the previous system of treatment are occurring through new programs that are becoming more apparent. Such programs have changed from "treatment" to "recovery."

Although treatment is a component, it is just a small piece of the larger picture of a successful “recovery” (White, 2000):

Professionally directed addiction treatment may or may not be a factor in the recovery process and, where treatment does play a role, it is an important but quite time-proscribed part of the larger, more complex and more enduring process of recovery. Treatment was birthed as an adjunct to recovery, but, as treatment grew in size and status, it defined recovery as an adjunct of itself. The original perspective needs to be recaptured. Treatment institutions need to once again become servants of the larger recovery process and the community in which that recovery is nested and sustained. Treatment is best considered, not as the first line of response to addiction, but as a final safety net to help heal the community’s most incapacitated members. The first avenue for problem resolution should be structures that are natural, local, non-hierarchical and non-commercialized.

Altschuler and Armstrong (1994) developed a framework for strong aftercare programs for those who were the highest risk. Their framework is a the model followed by Re-entry Partnership Initiatives (RPIs), often used by the Office of Justice Program, a part of the U.S. Department of Justice, that piloted these community-based programs in 1999. The three key processes defined through these RPIs included institutional, structured re-entry, and community reintegration. The two believed that care after release was a “continuing process that begins at the point of entry to the institution, and prepares [the inmate] and family for return to the community and provides seamless supervision and support during the period of transition and while under custody in the community.” The most effective RPI programs sought to empower the offender and to provide him with meaningful roles within his community, to his family, and among his friends.

According to Taxman et al. (2004), the details of the three phases are as follows:

1. Institutionally the inmate is assessed, classified, and placed in an appropriately secure facility, and ideally receives services that address identified needs. The most advanced re-entry program would be oriented around preparing inmates for returning to the community from the outset of their prison stay. Unfortunately, most inmate classification and placement systems are driven by short-term priorities — maintaining security and maximizing use of scarce correctional space. At the institutional phase, the challenge re-entry presents is to balance these immediate, pragmatic concerns with the long-term goals of increasing public safety and decreasing recidivism. The goal of this initial re-entry is to create an individual treatment plan.

2. Structured re-entry — Begins in prison and carries over into the first month or so in the community. This ensures the focus is on the community phase instead of the institutional commitment. The goal is to develop a realistic plan to minimize the risk of failure upon re-entering the community. The core plan must first ensure that basic survival needs are met at release — food, shelter, and a legitimate source of financial support.
3. Community reintegration — begins the second month after release and continues until the termination of the supervision period. The focus shifts to sustaining gains made in the initial release period, refining and maintaining the re-entry plan and achieving independence from the formal case management process. It incorporates a wide range of offender change strategies. Resources will be made available for offenders who need skills training (e.g., jobs, education), family or individual counseling, substance abuse treatment, housing and/or healthcare.

Simply stated, the RPI programs do not want for offenders to fail, like so many systems, and RPIs attempt to prevent this failure from occurring.

It is not only important to examine what directly affects the inmate, but also the examination of what role the community plays in such a transformation. “Human capital” is an issue that has been brought to surface recently and includes employment, education, and other similar issues (Travis and Petersilia, 2001). The community plays a key role in increasing the opportunity for successful integration. Stuart (1995) believes:

Communities should not measure the success of any community-based initiative based upon what happens to offenders. The impact of community-based initiatives upon victims, upon the self-esteem of others working in the community justice process, on strengthening family, building connections within the community, on enforcing family values, on mobilizing community action to reduce factors causing crime — and ultimately on making the community safer — while not readily available, these impacts are, in the long run, significantly more important than the immediate impact on an offender’s habits.

An offender believing he is a stakeholder in the community has a revealed higher chance of a successful reintegration. The first step in this process is to ensure that the victims forgive and that the community has healed. Harm needs to be fixed among the three stakeholders, including the victim, the offender, and the community. The government must also realize its role since the community not only has significant responsibility for peace and healing, but the strongest models suggest that neither rehabilitation provided by the state or its sentenced punishment (i.e., incarceration) contribute to the offender discontinuing his criminal behavior (Maruna, 2001).

Providing offenders with a true identity within society and building their relationships has also proven to be an effective measure contributing to successful reintegration (Cullen, 1994). Furthermore, “as the strength and number of such relationships increase, offenders accrue the human capital needed to gain access to institutional roles (e.g., work, education, and community groups) and, in turn, social capital in neighborhood networks is increased” (Maruna and Immergreen, 2004). Offenders, like other citizens, require the feeling of “connectedness,” so they can feel a part of the whole and not feel ostracized. Such “connectedness” can be felt through relationships within the community, including relationships among friends, family, teachers, and employers (Benson, 1997). Bazemore (1998) realizes the importance of relationship building and recommends if new programs are created, they must be centered upon escalating their abilities and strengthening relationships; if not the program will fail.

Research has also revealed that rates of offending decreases as individuals age. Older individuals are more likely to not commit crimes. Further, previous criminal history is a large predictor of rearrest. Although studies continually reveal that crime does decrease with age, I would question the statistics among those with high numbers of arrests. Research regarding this population and the likelihood of offending, unless some type of treatment or intervention occurred, is an area not readily discussed, but is an area this study touches upon. In this study, I will discuss the effect that social intervention has on an individual’s developmental history and will examine the correlation (if any) between this intervention and the lines of habitual offenders.

After 30 years of research on this manner, Sherman et al. (1997) and Taxman (1999) have outlined the most concrete evidence of successful programs, which follows in the table below:

Table 1 - Most successful treatment programs

Informal Social Controls — Byrne, 1990 Gottfredson and Hirschi, 1990.	Family, Peer and Community Influences — have a more direct effect on offender behavior than formal social controls
Duration of Intervention	Behavior change is a long process that requires a minimum of 12 – 24 months. The period of incarceration and reintegration provides a sufficient period to bring about change.
Dosage of Intervention — Knight and Simpson, 1999 Taxman, 1999	Intensity and frequency are important to assist the offender in making critical decisions that affect the likelihood of success. Intervention units should be matched to offenders' risks and needs and their readiness for change. Often, intensive interventions are more effective when they are preceded by treatment focused on building offender motivation and advancing their readiness for change. Intensive services should be followed by support services provided during stabilization and maintenance periods to reinforce treatment messages.
Comprehensive, integrated, flexible services	Critical to address the myriad needs and risk factors that affect long-term success. Offenders typically present diverse deficits and strengths, and programs are effective when they can meet the multiple needs of individuals. Valid assessment tools should be used to prioritize needs, and services must be integrated so there are not competing demands and expectations placed on offenders.
Continuity in behavior change interventions Taxman, 1998 Simpson and Brown, 1999	Interventions, either in prison or in the community, should build upon each other. Pitfalls to avoid are incompatible clinical approaches or inconsistent messages to offenders.
Communication of offender responsibility and expectations Taxman, et. al., 1999	A behavioral contract that articulates the structured re-entry and community reintegration process is an effective tool for conveying these expectations and consequences for noncompliance.
Support mechanisms	Support mechanisms are critical to long-term success. They can involve the family, community, and informal agencies (e.g. religious organizations, Alcoholics Anonymous, spouse support groups, etc.). The support mechanism links the offender and the community and provides the ultimate attachments.
Offender accountability and responsibility	A system of sanctions and incentives must ensure that the offender understands expectations and rules, and the offender should take part in the process of developing these accountability standards. The offender must be held accountable for actions taken both in prison and the community; the partnership should support constructive, pro-social decisions.



Concluding upon this empirically based research, the present necessity is to ensure programs are available for individuals both when they are incarcerated and after release, and that the duration of such programs lasts for a 12 to 24 month period. Further proof for the dire need of program availability before an offender's release has been revealed through numerous studies. Therefore, if offenders engage in programs before release, they are more likely to have the desire to continue upon release, which will also be examined throughout this research.

Three major recommendations that have been successful in reducing recidivism rates emerged from this study. The first recommendation was accountability (McKean and Ransford, 2004). It was important to evaluate treatment programs that have proven to be both effective and cost-friendly and then to reproduce those programs throughout the state and country. Rehabilitative services for inmates involve screening because substance abuse and mental illnesses are more prevalent among inmates in comparison to the general population. In the past 20 years, inmate participation in treatment programs has been slowly declining, therefore, the widespread availability of these treatment programs needs to be ensured. Furthermore, there are currently barriers inmates face to enrolling into educational and vocational programs. These barriers need to be removed and accessibility to programs should be available to all inmates. The third characteristic addresses the needs of inmates who have been released. Those individuals who are at a higher risk should be identified and placed into a treatment model developed and based on their needs. The diversity among inmates is not always apparent; therefore, solutions and action plans must be adjusted based upon each individual in order to reconstruct their lives and relationships (McKean and Ransford, 2004).

One area that has not yet been thoroughly researched is the "differences between a natural system (e.g., faith, community groups, etc.) and a contractual service...both in terms of

the ability of the community group to achieve desired goals (e.g., reduced crime, community safety, attachment to community, etc.)” (Taxman, et al., 2004). This is an area that this research will examine, in order to make recommendations in order to better prepare and equip treatment and transition programs. The goal is to reduce recidivism (leading to desistance from crime) and to better equip future generations, with these issues and to present a cost savings.

It is extremely hard to determine if someone has truly desisted until his or her death. Therefore, researchers question what we learn from solely examining desistance, instead of examining the process of desistance (Laub, Nagin, and Sampson, 1998). As such, the changes in offending over time should be examined, with a goal of individuals reaching a crime-free life. After this has been established, researchers are able to pinpoint experiences, activities, or other life changes that may have affected this process. As such, while this study will not specifically examine desistance rates, through revealing successful measures leading to decreasing arrest rates, a follow-up study on the same population may be able to better predict if these individuals ultimately desist from crime.

### ***Supplementary Studies***

One of the first studies conducted held the “nothing works” attitude. Yet, Martinson (1974) examined 220 studies of various transition programs, and determined that there were few programs that actually influenced recidivism in a positive manner. On, the other hand, it was found that the majority of the programs being used during this period did not run as planned, which directly sabotaged their potential of success. Such programs lacked offering actual treatment, in addition to their work-release based initiatives. In John Irwin’s (1970) work, he concluded “few offenders actually make good because they are ill-equipped to meet the

extraordinary demands of navigating the reintegration process.” These conclusions speak volumes to what needs to be done in the public policy arena.

The Center for Impact Research conducted a study in 2003 examining the effectiveness of mandatory treatment for individuals with addiction. As published in *The Chicago Tribune* on August 4, 2004, programs such as occupational services, addiction treatment, and educationally related programs have proven to contribute to lower recidivism rates (Irwin, 2004). The Developing Justice Coalition conducted the aforementioned national study and found treatment programs, such as New York’s Community and Law Enforcement Together program, drastically decreased recidivism rates. It was discovered that because of the implementation of this program, recidivism rates were cut from 41 percent to 17 percent. The official report published after the study entitled “Current Strategies for Reducing Recidivism” noted there were three services available to inmates and with the participation of all three programs, rates were seen to decline even more significantly. Researchers stated, “Treatment for substance abuse or mental illness can help remove barriers that prevent employment and integration....Education provides the skills necessary for inmates to obtain the types of jobs that lead to more successful outcomes, and employment provides released inmates an income, as well as supporting integration by increasing stability and self-confidence” (McKean and Ransford, 2004).

This study went deeper by examining five states that had the lowest recidivism rates and the most successful treatment programs. It was found that each state’s program varied; however, all were found to be fairly effective. Nevertheless, it was hard to compare programs from differing states because data from each state was evaluated differently; thus this study reviewed secondary data regarding inmates released and programs they participated in throughout the United States. Consequently, this study observed the various elements involved in several

programs. The three factors that were most common in programs were: “(1) substance abuse treatment, (2) education, (3) employment services” (McKean and Ransford, 2004).

This research discovered that a large contributor to recidivism was substance abuse, re-addiction after release, and the lack of securing employment. Because of this, the report examined mandatory treatment sentence orders from the courts, which paralleled a 31 percent decrease in recidivism rates. A program at Sheridan Correctional Facility in Illinois appeared to be an ideal program, with a model that not only provided treatment while in prison, but also after the release. Educational programs were utilized in order to address the necessary skills needed to gain and retain employment upon release. Frequently, this type of education involved receiving a GED, and obtaining higher education, or vocational training. It was found that the most pressing need was to complete a high school education, in turn decreasing recidivism rates by 29%. Employment programs provided the “training” needed before releasing inmates, in order to prepare them for obtaining a job, and presenting them with career development practices. Faith-based services, which supplied a chaplain to the prison, were reported to often reduce recidivism rates between 50 percent and 60 percent. Peer-based model programs were also used, which used individuals on parole to assist inmates who were awaiting release, in order to prepare them for the transition back into society (McKean and Ransford, 2004).

The question remains: are we getting our money’s worth? For violent and sex offenders, many argue “yes.” However, what about nonviolent offenders — those with nonviolent or substance-related probation offenses? Many would answer “no” to this question. Many other states have begun to address this question and have found effective solutions. Virginia needs to follow suit. Texas has increased the number of residential treatment centers for low-risk individuals, substance abusers who were in prison, or those under a sort of community

supervision. According to the most recent projections, by implementing such a project, Texas plans to save taxpayers millions of dollars in incarceration costs (Vratil and Whitmire, 2008). It was discovered in Kansas that almost two-thirds of those entering prisons were guilty of probation and parole violations. Therefore, the legislature developed incentives for community corrections programs. Counties that cut their reincarceration rates by 20 percent would receive a portion of new funding from the state. Such money would be funded through diverted prison construction programs (Vratil and Whitmire, 2008).

There are over a million more prison beds today than there were 20 years ago throughout the United States. However, the average time in jail or prison has only increased by six months (Blakley et al., 2007). Six months costs a large amount of taxpayers' dollars, but recidivism and crime rates are not reflective of such costs. Therefore, alternative programs have been adopted, costing less and revealing better results. The key emphasis seen in Texas, Kansas, and other states is "not getting soft on crime, but getting smart on crime" (Vratil and Whiremire, 2008). For the same amount it costs to incarcerate one person, four individuals can be put through a reentry program or drug court, which appears to have a larger impact on adjusting the criminal lifestyle. In fact, research has exposed recidivism rates being cut by 25 percent when implementing such programs. Just as important as saving money on incarceration rates, these offenders then join society as productive citizens, contribute to society by paying taxes, and does not claim another crime victim.

Research reveals that implementing these programs leads to successful releases and lower recidivism rates. Such programs are seen to balance barriers to reentry back to society, which typically tend to contribute to continued criminal behavior. Similar solutions have been established in other states as well, in order to reduce the costs associated with rehabilitation and

recidivism. Pennsylvania and Connecticut have implemented two different peer-based recovery support service models to improve long-term recovery. These have proven effective in reducing recidivism rates, all at a lower cost. Peer-based recovery programs are unique, in that services are delivered by ex-offenders and those who are leading a successful recovery.

Although Virginia has implemented a few programs in an attempt to curb high recidivism rates, recently the recidivism and incarceration population has continued to increase. This parallels the cost increase and negative barriers placed upon communities (i.e., unemployment), implying that such programs are not fully effective in Virginia. JLARC (2008) stated while various types of treatment have revealed positive results, there has not been “comprehensive evaluations to determine the effectiveness of the treatment programs. As a result, it is not possible to fully assess the effectiveness of substance abuse services in Virginia, and to ensure that the State and localities are maximizing returns on their investments in treatment.” This statement is a cry for help, which this study will attempt to provide; however, the focus will be primarily on treatment for those who battle substance abuse, since this effects such a large population in Virginia.

In April 2002, the DOC established a program to offer services through partnerships with local jails. Selected inmates would be transferred from prison to a local jail in order to receive services to assist them with their life skills and teach them how to gain housing and employment. The objective was to make communities safer by providing means of transitioning prisoners back into society. The program is currently being employed with the Southside Regional Jail in Emporia, Virginia, and is provided 90 days before release and continues for 45 days after an inmate is released (Reoffense Rates, 2007).

Research conducted by the Virginia General Assembly Committee JLARC has revealed the success rates that can be achieved through providing substance abuse programs. As cited by JLARC in its 2008 report, the National Treatment Improvement Evaluation Study (NTIES) has been one of the most comprehensive and successful studies of effective drug and alcohol treatment programs. The most noteworthy decline of substance abuse went from a 73 percent to 38 percent decrease after the first year of treatment, leading to a 64 percent decrease of arrests. Furthermore, lower healthcare costs and employment rates were associated. While associated costs were estimated to be lowered by \$180.9 billion on a federal level, estimates of savings at a state and local level have not been as accurately forecasted. However, estimated cost savings in California and Oregon are that for every \$1 invested in treatment, resulted in a \$7 saving. Other studies have shown savings between \$1.30 and \$23 for every dollar invested in treatment. Regardless, any program that results in a cost savings is positive. And, enlightened programs with the largest savings should be the program implemented and offered.

Evidence continues to emerge as addiction continues to grow, revealing that addiction treatment programs are shifting from longstanding pathology and intervention programs to solution-focused recovery models (Humphreys, 2004). This resulted in an innovative recovery advocacy movement that used a sustained recovery management model (Flaherty, 2006). The same transitions are also being discussed at state and local levels, as the need to incorporate a “recovery-oriented system of care” is necessary in order to address the issues of addiction and mental health (White, Boyle, and Loveland, 2004).

## *Virginia Studies*

In May 2010, Governor Robert F. McDonnell of Virginia issued Executive Order 11, which created the Virginia Prisoner and Juvenile Offender Re-Entry Council. This council consists of almost all secretaries' of the Governor's cabinet and representatives from several agencies that are under the secretaries offices. Additionally, individuals who are with various private organizations, such as nonprofit, faith-based and victims groups were encouraged to participate. The council identified three focal points, including juvenile re-entry, women re-entry and veteran re-entry. Committees for all three of these focus areas were established to make recommendations on how to tackle the needs for each. Furthermore, work groups were established to deal with issues of employment/education/workforce, housing, mental health/substance abuse, financial obligations, health/family reintegration, offender re-entry preparation, and local/regional jails. The council completed its recommendations on November 8, 2010, and these were carried out in 2011.

While the three focus areas are essential in strengthening Virginia's programs and lowering crime/recidivism rates, the population that this research will examine (male offenders, most of whom are violent, repeat offenders), is not a focal point of the McDonnell administration. In addition, the focus of the administration is primarily on prisons, and not local jails. However, more and more offenders are spending more than one year in jails or are sent from the prison to the jail to finish their sentences, due to vast overcrowding in Virginia prisons. The administration decided to focus on the male population in jails (that this study will examine), because the need for such services in the community is greater than what can be tackled at one time, but the necessity to assist this population is even greater because they are not currently being addressed. With that said, recommendations cannot necessarily be taken from the work



groups suggestions, because the male population in this study is vastly different from the focus of the McDonnell administration. However, the paragraphs below will discuss what Virginia is doing when working with women, veterans, and juveniles, and also discuss results that are known, in order to get a better view into the areas that are being addressed and those that are still lacking in Virginia.

When examining the largest barriers to reentry into society in Virginia, it was the availability of services for mental health and medical problems. The second most frequent barrier was the lack housing and employment. Related, is the issue of the lack of funding, which most Virginia state agencies are experiencing, which effects both services for mental health and medical problems, as well as housing and employment (Office of the Secretary of Public Safety, 2010). However, many private run programs, such as the KLM program, the program this research studied, are providing housing with no cost to the state. This is one of the many areas where the private and public sectors could collaborate.

Data collection and evaluation by public agencies is also lacking in Virginia. According to the status report produced by the Office of the Secretary of Public Safety (2010), it was found that there are “internal problems with data entry and missing data.” Many of the agencies stated that more staff and equipment are needed so the collection and entry of data can be completed more thoroughly. This too, is another area of collaboration, in that private organizations often conduct their own evaluations on the success rates of their programs, which could also raise questions, as they may be predisposed to look at their programs as successful.

Through the development of several recommendations, many of which have been discussed above, several collaborative efforts have been implemented by state agencies. Such collaborations have been developed through the cooperation of several agencies, including the

Departments of Corrections, Correctional Education, Criminal Justice Services, Department of Juvenile Justice (DJJ), Behavioral Health and Developmental Services, Health, Department of Social Services (DSS), Professional and Occupational Regulation, the Virginia Employment Commission, and the Virginia Indigent Defense Commission. However, as previously mentioned, the partnership between these programs have a primarily focus on juveniles, women, and veterans.

Such partnerships include a variety of initiatives including:

1. A consortium providing training workshops to criminal justice partnerships, community service boards, nonprofit organizations, courts, and behavioral health providers.
2. Crisis intervention teams that focus on mental health and criminal justice collaborations.
3. Educational classes to some residents of DJJ and DOC.
4. Productive citizenship programs to prepare offenders with the “knowledge, skills and abilities that are necessary to making successful transitions into their communities.”
5. Parenting programs through partnership with VCU.
6. Assistance to obtain state ID cards, birth certificates, social security, Medicaid services.
7. DJJ transition programs.
8. Help obtaining licenses for apprenticeship programs.
9. Assistance through DSS in finding employment, housing, and health services.

## Chapter 3 – Research Methodology

### Operationalization

It is important to operationalize and define the important focal points that were examined throughout the literature review and that will be examined through this research. Recidivism, according to a more recent study, *Current Strategies for Reducing Recidivism* (2004), is “the relapse into criminal activity and is generally measured by a former prisoner’s return to prison for a new offense...rates of recidivism reflect the degree to which released inmates have been rehabilitated and the role correctional programs play in reintegrating prisoners into society.” This is the definition that this study and the term “recidivism” will use (McLean and Ransford, 2004).

While determining desistance and the age of when people actually desist will not be measured, it is important to define this term for the purpose of discussion. In addition, it is recommended that a future study be conducted in order to determine desistance of these study subjects. This is equally important because recidivism and desistance are related. Research on desistance is much less developed, because it is a more recent focus. Desistance is defined as the point of one’s life where an individual discontinues his criminal behavior indefinitely. This definition has been difficult to specify because some theorists state that the age of desistance can be determined after 3 years of no criminal activity, others say 12 years, while many argue that the age of desisting cannot be determined until death (Maruna and Immerigeon, 2004). Such research attempts to reveal why people stop offending and how they avoid offending in the

future. As such, while an objective of treatment is for the individual not to recidivate, the ultimate goal of any program should be desistance.

Because the subjects of this study are primarily individuals who battle addiction and substance abuse, the term “recovery” will be discussed. There are several perplexing questions that contribute to the problem of defining recovery accurately. One issue is “what does recovery entail?” AA states that recovery is 100 percent sobriety; the American Society of Addiction Medicine outlines it as “a process of overcoming both physical and psychological dependence on a psychoactive drug with a commitment to abstinence-based sobriety” (Steindler, 1998). Other researchers measure recovery according to people who are: “(1) completely abstinent, (2) essentially abstinent (low volume of consumption on rare occasions that result in no measurable problems), (3) continue to use, but have shifted from clinical to subclinical patterns of use, (4) meet DSM-IV criteria for abuse or dependence, but at lower levels of problem severity, and (5) whose use and related problems have remained unchanged or have accelerated” (White, 2007).

Even more complicated, is the move from the discussion of alcoholism to drug addiction. Groups such as Narcotics Anonymous (NA) have defined recovery as total abstinence from drug use; however, addiction researchers and scientists have defined it as “problem resolution” instead of abstinence (Simpson and Marsh, 1986). Simpson and Marsh (1986) defined recovery as: “reduction of drug use, criminal involvement, and employment.” It has been determined that a more accurate definition of recovery from substance abuse discusses overcoming psychoactive drugs, instead of just referring to one single drug.

Through a literature review of addiction and recovery, William White (2007) presents an accurate definition of recovery. White defines recovery as “an experience (a process and sustained status) through which individuals, families, and communities are impacted by severe

alcohol and other drug (AOD) problems, utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive and meaningful life.” White defined recovery as an experience, in order to display that recovery truly is a personal experience that must be achieved within the self and potentially with the help of family, but not necessarily through professional help.

Recidivism research is more directed towards policy and is conducted over a shorter period of time than desistance research. The main focus of recidivism research is to verify whether someone who has previously offended and came in contact with the criminal justice system, becomes involved in criminal activity again, during a fairly short follow-up time period of typically one to five years. The individuals who were found to relapse are identified as “recidivists” and those who did not relapse were referred to as “non-recidivists” or “desisters” (Maruna and Immerigeon, 2004). For the purpose of this study, the follow up time will be up to three and a half years.

“Re-entry” will be the term used when referring to an individual’s transition from incarceration to society. The *Status Report on Offender Transitional and Re-entry Services* report from the Office of Virginia’s Secretary of Public Safety (2010) defined re-entry as “the time and sequence of events that begin when an offender is incarcerated and continues through the release and return to the community,” which is the definition this study will use when referring to this term. While incarcerated, re-entry involves various measures that are meant to assist the individual with a successful transition into society, and thus not recidivating after release. These measures, however, vary depending on the study and theorists. This study focuses on successful measures that effect an individual who, upon release, leads a productive life and

does not end up back in jail or prison again. Such measures could include, risk and needs assessment, education, and employment training. Upon release, measures typically include housing, job placement, and substance abuse treatment.

### **Description of the Study**

This proposal will examine the delivery of a peer-based recovery support service (PBRSS), such as those implemented in Pennsylvania, Connecticut, and other mentioned localities, by a recovery organization, Kingdom Life Ministries (KLM), located in Richmond, Virginia. Its aim is to serve individuals and their families who suffer from alcoholism and other drug addictions. The KLM Program offers peer-to-peer recovery support services, which is recovering people delivering the recovery message; the message is carried *without state agency interference*. Jail programs, information, funding and housing are available and provided to those who seek treatment and recovery through the program, in addition to coaching and mentoring through the peer-based model.

Beginning in February 2008, in collaboration with the City of Richmond Sheriff, C. T. Woody, a program was piloted in the Richmond City Jail (RCJ), called The McCovery Program. About 18 months later, the program changed its name to Men of Valor Empowered, or MOVE. As the program continued to expand and with a change in its executive director, it changed its name again in January 2011 for a final time to Kingdom Life Ministries (KLM). The KLM Program delivers the recovery message in the jail from those who are successful in their recovery and helps those who are suffering from the disease of addiction. The G3 tier houses up to 120 men and previously was known as the “worst tier of the Richmond City Jail.” Daily, the program director and other staff members, who are successful in their recovery, become a resident of the

tier during sessions and host a recovery program. Each week the program combines several hours of primarily small group therapy sessions and work with readings from Narcotics Anonymous (NA), Alcoholics Anonymous (AA), Bible study, the 12 spiritual principles, and behavior modification.

Upon release, if the men choose to remain a part of the program, they are provided with housing, peer support, access to employment, transportation, friends, and a loving/caring recovery community. If an individual chooses he can stay surrounded by this way of life for as long as he pleases. The peer-based model is an innovative and unique form that is the cornerstone of this program and movement, which is not readily available in the Central Virginia area. These resources are provided at *no cost to the taxpayer*.

The main goal of this research is to examine the effectiveness of the KLM program during two stages: both while the men are incarcerated and upon release, and will be accomplished by using a variety of data-collection strategies. Further, because the peer-based model is rather new and unique, especially in Virginia, the study will determine if it is effective, or why it is not and for whom it is (or is not) effective. These results will then be compared to statistics of those (1) who go through the program on the G3 while incarcerated, but do not continue upon release, (2) those who do not undergo any programs, and (3) those who go through other programs, which will be collected through secondary data analysis.

Determining the effectiveness of the program will be based both on qualitative and quantitative data collection. Quantitative data will include recidivism rates and related demographic data, which will be used to describe the characteristics of program participants. Such demographic data includes information that was obtained from a survey (discussed later in further detail), and includes age, race, highest educational level, number of times incarcerated,

length of substance abuse, and number of felonies and misdemeanors in a prisoner's dossier. Further, information on those released will be obtained, including employment status, marital status, and pursued education. Such information will be gathered for those attending the alumni meetings.

It is therefore hypothesized:

H<sub>1</sub> — Before release from incarceration, if an inmate undergoes any type of treatment relating to transition back into society and substance abuse, and continues to undergo treatment once released, overall recidivism among those in the program will decrease.

H<sub>0</sub> – If an inmate does not undergo treatment relating to transition back into society and substance abuse while incarcerated or after he is released, overall recidivism among those individuals will not decrease.

H<sub>2</sub> — Before and upon release from incarceration, if the inmate partakes in the KLM Program, the recidivism rates among those in the program will be lower than rates of recidivism of the individuals who go through other programs.

H<sub>0</sub> — Before and upon release from incarceration, if the inmate does not partakes in the KLM Program, the recidivism rates among those in the program will be not be lower than rates of recidivism of the individuals who go through other programs.

## **Research Methods**

A mixed methods approach will be used in order to collect data for this study. Both qualitative and quantitative methods will be utilized to provide a more comprehensive examination and greater depth to the data collection and reporting. Through the concurrent collection of both forms of data and the synthesis of this information, the study will offer a more comprehensive analysis of the research problem, hypothesis, and research questions.

## ***Dependent Variable***

Each man's recidivism, or whether or not the individual is arrested for another crime, represents the dependent variable (DV) measured throughout the course of the study. This will be coded by a yes/no variable and coded using 1 or 2 respectively. The decision to use recidivism



rates as the DV is due to the main objective of the study, which is to determine if the KLM Program's peer-based model is an effective means of treatment in reducing recidivism rates among those offenders, and in comparison to those who do not undergo this program or any program. The treatment program, or lack thereof, will be one of the main determinants of the outcome of the DV. Other IVs will be compared to the DV, in order to determine if they have a significant relationship on recidivism rates, or if the combination of several IVs have such effect.

While a large portion of this study will examine the effectiveness of the KLM program in relation to recidivism rates, in order to more accurately evaluate this program, treatment from other programs and no treatment at all, must be compared also. There will be two control groups examined from the RCJ that will be compared to the experimental group. First is the group of individuals who are released from incarceration from the RCJ and do not participate in any type of treatment program. The second group is those who are on the only other program tier of the RCJ, the G2 Belief Tier, and who go through this program. Therefore, the specific unit of analysis in this study will be the various treatment programs or no treatment program, through both secondary data collection and analysis and direct research of KLM's participants. Qualitative data, which will be gathered through surveys and interviews of KLM participants, will further validate findings revealed through the quantifiable data.

### ***Independent Variables***

The National Research Council's report on criminal careers explains these dimensions in detail and recommends that in order to determine how criminal careers progress, these four topics must be understood, calculated, and incorporated (Blumstein et al., 1986):

1. Participation or onset of involvement in crime among those who initiate involvement in criminal activity;

2. The frequency of offending activity (the number of offenses that an individual actually commits);
3. The seriousness and mix of crimes committed; and
4. The duration of the criminal career (amount of time that elapses between the initiation and termination of a criminal career).

As such, several independent quantifiable variables (IVs) were used in this study to determine correlations and relationships between variables and to provide discussion on associated factors as they relate to criminal engagement and recidivism. These variables are as follows:

#### *Arrest Record:*

For each offender, the number of each person's arrests were measured, as well as the determination of whether the offense was a misdemeanor or felony. In addition, the reason for current, or most recent, incarceration was measured. Offenses were classified as violent, non-violent, or drug crimes. Offenses that were classified as violent crimes were those against another person and include: attempted murder, manslaughter, murder, robbery, aggravated assault, rape, alluding police, possession of an illegal firearm, drug possession, drug distribution, and kidnapping. Non-violent crimes are often property offenses, such as attempted burglary, auto theft, or forgery. Drug crimes were classified as a different category and whether the offense was consumption/using, possession, or selling.

#### *Drug and Alcohol Use:*

While arrest record will determine whether a person has been incarcerated for drug or alcohol use, this variable will determine the prevalence of drug use. "Does substance abuse affect you" was listed as one of the questions on the survey, and then coded using drugs, alcohol, both or none. Variables on whether an inmate's felony and/or misdemeanor convictions were drug or alcohol related, were coded as drugs (0), alcohol (1), both (2), or none (3), will be used. As discussed in length in the literature review and through the discussion of other studies, it was found that there is a high correlation among drug/alcohol use and recidivism rates. Terence

Thornberry (2005), among others, has determined that drug use is associated with violent and property crimes, as well as other forms of criminal behavior. While alcohol and drug use are associated, it does not *necessarily* parallel an individual's drug use. However, almost 20 percent of prisoners report that their violent crime was a result of alcohol alone (Travis and Visser, 2005). Furthermore, the numbers of years of drug and alcohol use will be measured.

#### *Treatment Type:*

While incarcerated, many offenders undergo rehabilitative treatment, in order to prepare their transition back into society. Upon release, some have the opportunity to continue in treatment, while others do not. Both of these variables were measured. The subjects of this research underwent treatment through the KLM Program while incarcerated and many had continued treatment upon release. The control group is the other program tier of the jail, the Belief Tier. As such, the type of treatment, or no treatment at all, will be measured. Treatment types included are and coded as KLM, Belief, or none. Because this study is attempting to reveal the effectiveness of this peer-based model treatment program, including these factors are important to determine the correlation between the various types of treatment and recidivism. Last, records of whether KLM men have also participated in other programs will also be included.

#### *Race/Ethnicity:*

Race and ethnicity were coded as African American (1), White (2), Hispanic (3), Native American (3), or other (5). Ge, Donnellan, and Wenk (2001) conducted a study in order to determine correlations of background characteristics on crime rates. One of the areas examined differences among race and found that there *were no significant differences* between whites and blacks under the age of 21. However, after age 21, blacks were arrested more frequently, as were

Hispanics, but not until after age 25. As such, including race and ethnicity as an independent variable is important in determining potential correlating effects.

*Age:*

The current age of each offender is a measured variable. While age is measured differently in other studies (i.e., age of first offense or drug use), this study will only examine the age the person was when filling out the survey.

*Educational Level:*

Including the highest level of education will reveal each individual's academic achievement. Education is measured and coded by: middle school completion (0), high school (1), GED (2), some college (3), associates degree (4), bachelors degree (5), or greater than bachelors degree (6). Several studies have found a negative correlation of crime and education, meaning that the lower level of education completed, the more likely an individual is to engage in crime (Hong and Ho, 2005). In addition, studies have shown a relationship between education and employment and differences among offending in varying races (Cernkovich and Giordano, 2001).

## **Research Questions**

In addition to testing the previously discussed hypotheses, the study will answer several research questions, through the examination of criminal patterns. Risk factors (IVs) will be used to predict recidivism rates (DV) in order to determine the relationship between them. The data provided by the jail and information from the surveys will be linked and analyzed. The study is designed to answer the questions outlined in the introduction of this paper and are as following:

1. If arrest records has a correlation to recidivism rates;

2. If drug and/or alcohol use have a correlation to recidivism rates;
3. If race/ethnicity has a correlation to recidivism rates;
4. If educational level has a correlation to recidivism rates;
5. If treatment type has a correlation to recidivism rates.
6. If the type of crime committed is correlated to future recidivism rates.

Because many of the studies previously discussed have revealed that many of these factors are significantly related to recidivism, it is important to incorporate all of them here. Additionally, these questions are important in the discussion of recidivism, both for policy development and the improvement and implementation of treatment programs.

### **Method of Analysis**

The most critical aspect of this research is to determine if the KLM Program is effective in lowering recidivism rates among KLM's population, in comparison to the statewide and national averages of recidivism. Equally important is to determine if KLM's recidivism rates are lower than the rates of those who go through other programs. As such, this research is multifaceted in order to be able to adequately address the research problems and hypotheses.

The Program began at the Richmond City Jail in February 2008. Data on the KLM men utilized in this study will include information beginning with the first group of men who went through the program, and continued through December of 2011, thus including three and a half years of data. Recidivism rates, criminal background, substance abuse history (if reported), and length of stay in the jail are public record and are housed at the jail in its data office. Consequently, rates of all program participants for the start of the program to the start of this study will be obtained and included.

The second phase of the research concerns the time the researcher spent on the KLM tier of the Richmond City Jail. During this time, surveys were filled out from all participants who

consented to participate, interviews were conducted, and observation of daily programs occurred. Surveys included questions, such as one's current conviction, number of times incarcerated, length of drug/alcohol use, educational level, race, age, and criminal record, among other variables, in order to determine the IVs. Interviews conducted are included in the qualitative portion of this study. Questions were asked to expand upon what the survey encompassed. Other questions sought to discover a participant's thoughts on the KLM program. In addition, the interviews asked about other programs a participant may have gone through, along with general questions about a participant's background, etc. This not only gives further emphasis and substance to the quantifiable data, but also gives a voice to the numbers and statistics.

The next phase was tracking the KLM participants upon release, if they chose to continue to participate in the program. This effort was also multifaceted. KLM hosts weekly alumni meetings, which the researcher attended, in order to observe the activities and conduct additional interviews. While at these meetings, attendance was taken, in order to determine or ensure participants were not re-incarcerated. If absent, the program director was consulted to determine the status of that individual. As an additional measure, arrest records were obtained from the Richmond City Jail in order to determine if the individual became re-incarcerated during the study period. Such data was especially useful for those men who were released and did not continue in the KLM program. The recidivism rates of those who did not participate in the program upon release then were compared to those rates of the men who did continue in the KLM program. Interviews conducted at the meetings were for follow-up purposes and revealed information on relapse, employment, and other related matters.

Analysis of inmates released from the Richmond City Jail who were not on the KLM tier also occurred. Recidivism rates of these individuals were given by the jail and then compared to

the rates of the KLM men. Additionally, a review of secondary data will be conducted, in order to compare rates and statistics from programs in Virginia and other states. The analysis of these various sets of data will contribute to an understanding of the most effective programs available, and if the KLM program is as effective as many other programs available in Virginia and the United States.

### **Time Dimension**

A longitudinal design was followed in order to fully assess the effectiveness, if any, of the various treatment programs. This design requires following the sample of released individuals for a period of time in order to detect any criminal behavior that may occur after release. By executing the longitudinal study, both the long-term (over one year) and short-term (a couple of months) effects of the treatment program were examined. Using a time dimension model enabled the analysis of the crime statistics of both the study subjects and through secondary data analysis. Data has been collected over the years by Virginia, which was also reviewed in order to determine the effectiveness of other treatment programs in the state.

This study's qualitative and quantitative data collection included data over the three and a half year period. This produced sufficient data to determine if there is a correlation between the program and the likelihood of recidivism. Further, because so many men on the KLM tier are long-time habitual offenders, and have extensive backgrounds in criminality, and are typically violent with substance abuse issues, such data will be effective in determining the hypothesis, research questions, and other related correlations.

## Secondary Data Analysis

Quantitative Secondary Data will be examined through the evaluation of previous information collected from other studies and through other programs. Studies conducted by various state agencies, including The Virginia Department of Criminal Justice Services and the Secretary of Public Safety's office will be utilized in order to obtain data on treatment programs and recidivism rates in Virginia. Many studies conducted were as a result of the 2007–2008 budget bill, passed by the Virginia General Assembly, which included funds directed towards the Department of Criminal Justice Services (DCJS) (Blakley et al., 2007). The *Virginia Prisoner Reentry Evaluation Programs* study was conducted in order to assess the success of Virginia's offender reentry programs in reducing recidivism. Additionally, Governor Robert McDonnell began the Virginia Prisoner and Juvenile Offender Reentry Council, which has not only implemented several new programs, but has also evaluated these new programs. Data from this will be used as well.

The Virginia Department of Corrections (2007) conducted a longitudinal cohort study and assessed the recidivism rates and treatment programs. The cohort used in this study was a group of inmates who were released from jail during a particular period of time. This group was studied and examined over a five-year period (2001–2006), which allowed researchers and public safety officials to identify trends and patterns of re-offending. In addition to the thorough review of these two studies, various other studies throughout Virginia were reviewed for comparison purposes.

Not only will programs throughout Virginia be examined, but also studies of programs from other states that have proven to be successful, which may or may not use the peer-based model, will also be thoroughly examined. As stated in the introduction, Connecticut and



Pennsylvania have developed successful programs by utilizing the peer-based model; therefore the outcome and effectiveness of those programs will be compared to programs in Virginia, most of which do not utilize such a model. These statistics and numbers from programs in other states will be compared to outcomes of the KLM Program, in order to assess the effectiveness of the KLM program, thus giving the ability to make recommendations for potential improvements and/or enhancements.

By not only examining offenders that have been through the KLM Program, but also offenders who completed other treatment programs, whether in or outside of Virginia, the generalizability of the data results will be fairly high. Although not every addict will be studied, a wide range of individuals and data will be examined, thus the results can be generalized to society as a whole. As such, the data collected will be a very accurate depiction of society.

### **Qualitative Data Analysis**

The second research method that is utilized for the purpose of this study is the collection of qualitative data. The qualitative portion of this study brings life to the numbers by examining how the subjects are actually living the numbers. The real people behind the numbers are more complex than what the numbers/statistics reveal. A human voice is given to the numbers from the quantitative portion, and a deeper context is developed through the connections and links drawn through the qualitative portion.

This research conducted a qualitative case study through observing, listening, and interviewing men on the KLM tier weekly and also with the men upon their release from the tier. Moreover, I was exposed to the peer-to-peer delivered services, both in the jail and at weekly alumni meetings, enabling me to experience and observe the program and its participants first

hand. Qualitative data was collected through the development of trust and relationships among offenders. Observations while attending program sessions were recorded (on paper, not voice recorded) and face-to-face interviews were conducted between me and program participants. Interviews were open-ended, allowing the interviewees to guide a portion of the interview. Questions regarding recidivism, the lives of inmates, other treatment programs, and factors their criminal behavior were also discussed in order to draw connections and links between the men.

Because grounded theory is more exploratory for new areas of research, this is not an appropriate method for analyzing the qualitative data. There is plenty known about jails and recidivism; therefore narrative analysis is the method that was utilized. The interviewees were encouraged to tell their “stories,” which was prompted through open-ended interview questions. The interview narratives were then reviewed thoroughly by me to determine similar stories/themes. Such themes included background characteristics, causes of incarceration, contributing variables, or barriers to re-entry into society, among other related topics. A picture can then be painted of who these men really are and what they have been through, by developing connections among those who were interviewed.

During my weekly visits, residents of the tier were asked to complete a survey, which includes many of the quantifiable IVs. The survey was then used to determine basic demographic information, correlations, and relationships. Completing the survey was voluntary and the results remained anonymous. There were also open-ended questions asking participants thoughts of the KLM Program and why they wished to participate in it.

## Quantitative Data Analysis

In order to analyze the data previously discussed, a couple of different methods were utilized, due to the mixed method approach. Recidivism rates of the men were broken into different categories:

1. Those who only partake in the program while incarcerated,
2. Those who are a part of the program while in jail and lived in a KLM house upon release.
3. Those who participated in KLM while in jail, and continued with KLM upon release, but on an outpatient basis.

This data was analyzed in comparison to recidivism records of two different groups of individuals at the RCJ — those who participate in the Belief Program and those who did not participate in any program. These numbers were then compared to the rates of Virginia as a whole.

When analyzing the quantitative portion of data obtained, logistic regression was used in order to understand the relationship between the outcome variable (DV) and predictor variables (IV). In other words, the most important factors predicting the outcome were revealed. Utilizing this method revealed the subjects who are more likely to recidivate and those who are not. One of the main questions answered using this method is “what predicts different recidivism rates among the jail/prison population.” Similarly, logistic regression was used when analyzing the surveys, in order to determine how the independent variables predict recidivism (DV). Logistic regression is able to predict the probability of recidivating, by using several of the predictor variables (IVs) that were gathered from the surveys. Additionally, a paired t-test was used in order to determine the difference between the rate of days between incarcerations before and after going through the KLM or Belief Programs.

## **Disadvantages**

Conversely, there are disadvantages and limitations of using a longitudinal design to conduct this study, as there are with any research design model. Disadvantages are present because of the nature of the longitudinal model, primarily because of the length of time of data collection. The tracking of participants who have been released is one of the largest challenges with this type of research and with the population it works. Sustaining contact and maintaining a commitment from the research subjects is very difficult, in addition to the time commitment associated. Tracking inmates after they are released tends to be difficult, because often they leave town, become homeless, or have no contacts. However, through the cooperation of Richmond City Sheriff Woody and his deputies, access to criminal records was available to me. Additionally, incarceration data of the men was also provided through the state's database, housed through the Virginia Compensation Board's LIDS database.

In longitudinal research, methods may need to be changed in order to more effectively collect data. If circumstances had demanded the methods be changed, everything would have been done to ensure a successful completion of the study. However, research collection modes did not change during any part of this study. Further, qualitative data tends not to be generalizable to the whole society (Menard, 1991). Due to the mixed methods approach that was utilized in this study, the generalizability of the data will be able to be achieved through the use of quantitative data. The government's classification and recording of crimes is something seen to be inconsistent among various departments, individuals, and state agencies in Virginia. Thus, the operationalization and classification of crime types, and severity, potentially may vary when comparing results of this study to the information gained from the secondary data.

There are three measurement issues present when performing a longitudinal study. The first question is did change actually occur. The degree of change is much easier to measure when utilizing quantitative data, rather than qualitative, because there are only two options with the degree of change: either there is change or there is not. The change “score” can be easily calculated through quantitative data, such as a raw number, percentage, or statistic. Graphs, mathematics, and numbers represent the second measurement issue, which are the patterns of change. Often, it is difficult to differentiate between causal relationships that are defined by the dependent and independent variables. Factors, such as age, cohort effects, or the period of time may blur them together. Finally, testing effects and subject recall are issues affected by repeated measurements and questions. This could lead to the subject not recalling the correct information when being questioned. Although these issues can be overcome, it is important to be aware of these important limitations.

### **Summary of the Methodology**

This study evaluated the effectiveness of the peer-based model used by Kingdom Life Ministries (KLM). The KLM program was evaluated by comparing KLM recidivism rates to the control group: those who went through the Belief program. In addition to the analysis of the data within the RCJ, a comparative analysis was conducted using this data and recidivism rate statistics from similar programs throughout Virginia. Finally, statistics from the most successful treatment programs across the nation were then compared to the data collected from the KLM program to further evaluate the effectiveness of the model employed in the RCJ.

The IV outcome measures used in this study were arrest record, drug and alcohol use, treatment type, race/ethnicity, age, and educational level. A longitudinal panel design was used

in order to accurately test the effectiveness of the KLM program and to examine the secondary data.

The data was collected through both qualitative and quantitative methods. I conducted on-site research at the jail and weekly KLM alumni meetings. Throughout this period, data was collected through observations, surveys, and interviews. Secondary data on treatment programs in both Virginia and other states were gathered and examined in order for comparisons to be drawn.

## Chapter 4 – Secondary Data

Drug offenders are among the most difficult groups to reintegrate into the community following incarceration. If the consequences of guilt for drug offenders suffering from addiction include only incarceration, the inmate, upon his return to society, will have received very little treatment. In turn, the community will have experienced minimal success in providing a substantial solution to improve either the lives of those victimized by substance abuse, or those criminals gripped by addiction.

The Commonwealth of Virginia, as well as the rest of the United States, has access to years of data compiled by nonstate funded programs (primarily nonprofit organizations) designed to help combat substance abuse and foster recovery. The statistics gathered by these organizations allow us to evaluate, support, validate, or discount the effectiveness of the various treatment programs being administered. Upon reviewing this data, it is evident that the efforts and assistance provided by Virginia's government is not keeping pace with a considerable number of states that are currently experiencing more success, including Oregon, Michigan, Missouri, and Tennessee, among many others. Although successful evidence-based practices have been implemented in other states and recommendations have been issued following intense evaluations, Virginia has not fully embraced these concepts.

Since 2010, the administration of by Governor Robert F. McDonnell of Virginia, has taken strides in the right direction. Governor McDonnell and the Secretary of Public Safety,

Marla Decker, have adopted new policies providing enhanced reentry services rather than “locking them up and throwing away the key.” Despite the progress initiated by these new policies, Virginia’s recidivism rates along with the percentage of the population directly affected by substance abuse continues to expose the need for reform. Unfortunately, Virginia does not have the financial resources necessary to implement best practices and evidence-based programs.

Moving forward, it is imperative for policy makers to acknowledge the status of addiction as a disease and install measures consistent with programs that have been successful with similar afflictions. Addiction is medically classified as a DSM4 (which stands for diagnostic and statistical manual, which codes and classifies diseases and disorders) disease and that status could soon be upgraded to a DSM5 classification. Other well-known illnesses classified as DSM4 include hypertension, diabetes, and asthma. When people diagnosed with hypertension, diabetes or asthma take their medications as prescribed and follow a healthy lifestyle, the majority of subjects do well. Addicts who become involved in treatment/recovery and engage in healthy lifestyles (strictly abstaining from drug or alcohol use) tend to do as well as those being treated for other DSM4 diseases. Further correlation with similarly classified diseases includes the need for prolonged treatment. For example, individuals with type-one diabetes require insulin for the remainder of their lives. Hereditary hypertension is treated similarly with medication prescribed for life. Like diabetes and hypertension, addiction recovery is dependent upon life-long treatment to stop drug or alcohol use.



## Virginia's Programs

Virginia has many programs, which will be discussed throughout this chapter in greater detail. Some of these programs are funded by state government, others are funded privately, and the type of services offered by each program varies. After examining a large sample of the programs administered in Virginia, findings reveal a significant number of nonstate funded programs that have achieved notable success, while others may be lacking in that area. Below is a snapshot of programs in Virginia, both privately and publicly funded. A narrative is included with a portion of the programs listed to help illustrate both the diversity and the similarities of a selection of the largest, and often most successful, organizations in the state.

Table 2 – Snapshot of Virginia Programs

Organization	Services	Recidivism Statistics	Employment Statistics	Served Annually (2010)	Annual Budget (2010)	Housing per person	Peer-based model	Provide jail services
Boaz and Ruth, Richmond, VA	Recovery services, 5 businesses for clients to work, classes, housing, training, mentoring	80% of graduates do not recidivate (10 graduates made up this number)	50% among graduates (10 graduates made up this number)	90 (graduates, job program)	\$1,988,769	\$4,500	some	no
McShin Foundation, Richmond, VA	Peer-based, recovery houses, meetings, jail programs, employment assistance, mentoring	55% do not recidivate (made up of 436 housing participants annually)	Not available — not collected	172,000 (120,000 calls, 52,000 consumer visits)	\$521,918 (could be equated to \$3.03 per person).	\$6,500	Yes – 100%	yes
OAR (Offender Aid and Restoration) Richmond, VA	Jail programs, classes, employment assistance, educational assistance, mentoring	Not available – not collected	10% gain employment (part time and full time – full time is 4%, and part time is 6%)	1,786	\$839,673 (could be equated to \$470 per person)	N/A – housing not provided	Some	rare
The Healing Place,	Access to AA/NA	Not available	73% of those who go through	1,071 (480 overnight)	\$1,441,533	\$7,200	Some	no

Richmond, VA	meetings, job readiness program, computer classes, resume building, housing, detox		the “Works Program” are either employed or in school full-time	shelter, 513 in recovery shelter, 465 in detox shelter, 77 education portion)				
Virginia Drug Treatment Courts, All over Virginia	Substance abuse treatment, probation supervision, drug testing, court appearances	2008: 86.4% of graduates do not recidivate, 52.5% of those terminated/ drop-outs recidivate	Not available	727 adults, 179 juveniles and family, 761 DUI. Total: 1,665	\$2.9 million	Not available	No	yes
SAARA of Virginia, Richmond, VA headquarters	AA, NA, Medically Assisted (MA) Programs, transportation, training, family classes, computer classes, job readiness, resume building, education assistance, mentoring	94.9% do not get arrested within the first 30 days in the program – do not have data after the first 30 days	45% gain employment or enroll in school	1,300	\$447,400	Doesn't directly provide housing, but partners with other organizations to provide housing	Yes	Yes

There are many other programs throughout Virginia that offer similar services, however, they did not respond to my inquiry, which would have enabled me to include information about their organization. Additionally, their websites did not provide sufficient information to pull this data. Such programs include: CAPUP, Edge Hill Recovery, Exodus Foundation, Freedom House, Harrison House of Virginia, Oxford House, Rubicon, Pathways Treatment, Salvation Army, St. John's Recovery, Virginia Community Reentry Program through the Virginia Department of Social Services, and the Williamsburg Place. While not essential to examine the data from these organizations, it is important to note other organizations throughout Virginia.

Although statistics representing “success” are shown in the chart, the majority of these programs lack the ability (primarily due to funding) to conduct wide-scale evaluations on a regular basis; therefore, the results shown should be looked upon with caution. Additionally, the majority of the programs do not have relationships with the jails and are therefore unable to obtain recidivism and incarceration data. As such, a significant percentage of the statistics that reveal recidivism and employment status are based upon small samples of subjects within a program who could be tracked. These circumstances make it difficult to create a large enough collection of data to deduce any well-supported conclusions. Of Virginia’s state-funded and nonstate-funded programs, Kingdom Life Ministries (KLM) is one of the few organizations in the Commonwealth conducting in-depth and reliable evaluations, which this dissertation examined. Future studies of recidivism in Virginia may focus on different programs in order to develop and gain a more complete view of substance abuse programs in Virginia.

There are programs throughout Virginia serving underprivileged individuals and families. The majority of these organizations have a wide-ranging target population. Some of these programs are aimed at providing care for individuals with mental health problems, as well as the homeless population. While addiction affects a high percentage of those who are homeless or who are battling mental health, these programs tend not to provide the substance abuse treatment or the behavioral modification necessary for recovery. There are programs in the Commonwealth that serve the at-risk population, including those who battle substance abuse and most of these programs cater specifically to those struggling with addiction. However, there are only a handful of peer-based programs that work in the jails and/or are based on practices that have proven to be successful through research (evidence based practices). Some the more established substance abuse programs in Virginia include:

- Clinch Valley Treatment Center, Cedar Bluff, Virginia — medically supervised methadone and suboxone detoxification treatment to individuals who are attempting to overcome an addiction to heroin or other opioids (i.e., morphine or codeine); Roanoke and Galax Virginia also has these same clinics
- Inova Comprehensive Addiction Treatment Services, Falls Church, Virginia — addiction specialists who are physicians, psychiatrists, nurses, licensed clinical therapists, certified addiction counselors provide detoxification outpatient services and 12-step programs
- Magnolia Ridge, Big Stone Gap, Virginia — detoxification center for people with concurring mental health illness
- Rockingham Medical Hospital’s Life Recovery Program, Harrisonburg, Virginia — outpatient services ran through the licensed hospital staff
- The Laurels, Lebanon, Virginia — medical detoxification program
- Virginia Hospital Center Addiction Treatment Program, Arlington, Virginia — addiction treatment provided through the hospital

Despite Virginia’s diverse program base, it is clear that more effective recovery services are needed throughout the state. The success achieved by programs across the nation suggests that a peer-based program beginning during incarceration and providing housing following release is the most effective method of administering recovery services. Most of the programs discussed in this study meet these criteria. Furthermore, the incidences of adult alcohol and substance addiction in Virginia, contrasted against the lack of available, accessible recovery supports in the community, drive the mission and target population of many of the organizations mentioned.

In 2006, Virginia’s Office of the Inspector General for Mental Health, Mental Retardation, and Substance Abuse Services conducted a review of the statewide Community Service Board (CSB) Substance Abuse services, stating that drug and alcohol abuse and addiction are “among the Commonwealth’s most serious and complex public health problems, with far reaching consequences for families, employers, social service systems, and the criminal justice system.” Publicly funded substance abuse treatment services in Virginia are coordinated through 40 Community Service Boards (CSBs). While CSBs are the primary hub for state-

funded treatment, the average state wait time for an appointment is 25.4 days. In Chesterfield County, just south of Richmond, the 2010, 2011, and 2012 wait time for a first appointment at the Chesterfield Community Service Board was 47 days.

### **Community Service Boards (CSB)**

Community Service Boards (CSBs) in Virginia were established as a part of Chapter 5 in the Code of Virginia. While agents of local governments created the CSBs, they are not classified as city or county departments. Public community behavioral health and developmental services are provided in Virginia by 38 community services boards (CSBs), one behavioral health authority (BHA), and one local government department with a policy-advisory CSB. All of these organizations function as:

- Single points of entry into publicly funded behavioral health and developmental services, including access to a state hospital and training center (a state facility) services;
- Service providers, directly and through contracts with other providers;
- Advocates for individuals receiving services or in need of services;
- Community educators, organizers, and planners;
- Advisors to the local governments that established them; and
- Local focal points for programmatic and financial responsibility and accountability.

CSBs exist to provide individualized, effective, flexible, and efficient treatment, (re)habilitation,<sup>2</sup> and prevention services in the most accessible and integrated yet least restrictive settings possible. They administer services that improve the quality of life for people with mental health or substance use disorders, intellectual disability, or concurring disorders, responding to their expressed needs and preferences. CSB services draw upon all available

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<sup>2</sup> This is referred to as (re)habilitation, because the term assumes a person was habilitated at some in his life. Some have never been habilitated, and therefore are developing these skills for the first time.

community resources and personal/community supports, such as family, friends, and work or school, to support the recovery, self-determination, empowerment, and the resilience of individuals, and to assist them to realize their fullest potentials. Community services are provided through a diverse network of CSBs and operated through contractual services. The service boards offer varying combinations of ten core services: emergency, limited, consumer-run, local inpatient, outpatient, case management, day support, employment, residential, and prevention.

During the 2010 fiscal year, the total budget in all Virginia CSBs was \$951.82 million, which combines federal, state, and local funding, including Medicaid reimbursements. During this same year, 258,182 individuals received services from CSBs and state facilities. Of this number, 108,158 (42 percent) received CSB mental health services, 5,511 (2 percent) from state mental health services, 85,158 (33 percent) from services available outside of program area, 1,320 (1 percent) from training center services, 19,374 (7 percent) from CSB developmental services, and 38,661 (15 percent) from CSB substance abuse services.

Although the first Virginia CSB was created in 1968, an annual report outlining the contributions and statistics of Virginia's CSBs was not submitted to the Governor and General Assembly until December 1, 2010. This report consisted of the numbers of individuals served, the budget, various strategic initiatives for the next fiscal year, and listed challenges present. These initiatives covered vast ground, including expanding and developing current services and establishing many new ones. Findings of satisfaction surveys that were given to a small percentage of clients were discussed. The challenges outlined included: "waiting lists for waiver

services,<sup>3</sup> employment and housing needs, increase in demand for licensed services, and the need for the greater capacity of treatment services for sexually violent predators.”

However, the 32-page document failed to report any information regarding evaluations or statistics regarding the programs in Virginia. After speaking with the Richmond Behavioral and Health Authority (one of the larger CSBs in Virginia) and examining other CSBs in Virginia, it appears their services are successful, but this cannot be backed statistically. While it is admirable to strive to expand services, CSB’s current “waiting list” averages approximately a month; some are closer to two months. The primary reason the waiting lists are so long is lack of funding for adequate staff. Yet, there are not measures in place to determine whether these expenditures are fostering success. One would think that in order to receive state funding, it should be *mandatory* for CSBs to develop evaluation measures to assess effectiveness, including employment and educational attainment, recidivism, and relapse.

### **Richmond Behavioral Health Authority (RBHA)**

Upon meeting with two employees of the Richmond Behavioral Health Authority (RBHA) Substance Abuse Division (one of the largest CSBs in Virginia), not only was the importance of CSBs revealed, but the challenges CSBs face were made apparent as well. Commentary from Dr. Jim May (Division Director) and Dawn Farrell-Moore (Substance Abuse Special Projects Manager) further demonstrated the need for proper measurement tools and data collection protocol to be followed by the service boards. May and Farrell-Moore are confident that once more accurate evaluation measures are established, the value of the CSBs will be easily recognized.

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<sup>3</sup> Waiver services are typically provided by free (i.e. through Medicaid), so they must wait for the processing to take place before they can obtain services.

RBHA Substance Abuse Services Division provides preventive and educational services to the larger community in order to build community resiliency in resisting and overcoming drug use and addiction as well as to achieve positive health and social outcomes. They provide screening, assessment, and referral services to any person who requests help with a substance abuse disorder. RBHA administers or arranges an array of quality, evidence-based services, on a prioritized basis, to those who need such services. All of this is done in a collaborative process, which engages all key partners (i.e., staff, housing providers, physicians, and others they regularly work with and refer clients to) in collective efforts to improve the lives of all in the community.

The Substance Abuse Services Division of RBHA has five main units: *Adult, HIV, Women Specific Services, Adolescent Prevention, and Grants and Research*. The *Adult Unit*, the largest unit, provides general services. The *HIV* unit is for adults who have already been diagnosed with or are at a high risk of contracting HIV. *Women Specific Services* offer programs designed for pregnant women or who have children under the age of three. The *Adolescent Prevention* unit does not provide any direct services, but goes into schools and other facilities to provide prevention services. The *Grants and Research* unit ensures that evidence-based practices are implemented and also compiles information from all units.

A client who first requests services from the RBHA Substance Abuse Services Division goes to screening at the triage center. Following screening, participants are sent to orientation, which is held daily for the new clients or for former cases who need their case(s) reopened. During orientation, they are educated about the services available to them, including HIV testing, contract service providers, methadone providers, etc. An appointment is then made for an assessment, which typically consists of a three to four week wait.



A primary concern is the appointment retention rate of clients after they have been informed of the three to four week waiting period (average waiting period for CSBs in Virginia). However, during the “wait period” they can participate in daily meetings at RBHA and interim waiting groups. While in the interim waiting group, if there is an appointment cancelled, individuals are pulled from the wait group and given an assessment then. The interim waiting group meetings use the evidence-based practice of motivational interviewing, which aims at keeping up motivation, connects them with RBHA and other services, helps with their future planning, and provides substance abuse education. Prior to RBHA beginning an active intervention program during the wait period, there was a show rate of 37 percent. However, after implementing active intervention during this wait period (meetings, interim meetings, providing resources to clients), the show rate increased to 60 percent, a rate higher than the national rate of 45 percent to 50 percent. These statistics strongly support the notion that success rates increase significantly as long as the client stays engaged.

When the wait period is completed and the client undergoes his or her assessment, a diagnostic tool is used to give an understanding of where the individual is with his/her addiction, social services issues, mental health disorders and alike. It is found that 70 percent of clients are opiate addicted, thus treatment is directed to medically assisted (MA) treatment. MA is a relatively new practice in Virginia, but has been highly utilized for years throughout the U.S. The Substance Abuse and Addiction Recovery Alliance (SAARA) of Virginia is one of the main MA partners. Because clients who are opiate addicted are still on medication in order to assist them in overcoming an addiction, most NA and AA groups will not welcome them, hence the importance of the newly developed MA groups.

Following the assessment, a recommended diagnosis and treatment plan is discussed. RBHA Substance Abuse Services Division pays for the client's recommended services, maintains their case, provides a case manager, and connects the client with various systems of care via relationships with community partners. They also provide training on evidence-based practices for their partners.

Most clients at RBHA have "their arm twisted to come," have gotten in trouble somehow, or have someone close to them who demands they undergo substance abuse treatment. Additional client referrals are received from places such as the Medical College of Virginia (MCV), Department of Social Services, Juvenile Court, Probation and Parole, schools, families, and friends. A few clients simply walk in, but the bulk of clients are referred in some manner.

RBHA Substance Abuse Services Division services 2,000 clients annually with an average of 800 people in treatment daily. Although the majority of the 800 daily are receiving treatment from a partner organization, case managers are still responsible for maintaining and monitoring the cases of those individuals. Case managers who have clients funded through grants typically have 18 – 20 cases/clients at a given time. However, all other case managers that are funded through the state and not specialized grants typically have between 45 and 50 clients at a time, a number almost impossible to manage while spending adequate time with each client.

RBHA Substance Abuse Services Division works in the Richmond City Jail (RCJ), but the services provided there are limited. The RCJ is the only correctional facility in which RBHA currently operates. Dr. May agreed that all inmates at the jail need assessments, however, RBHA does not have the manpower or funding to provide this service. Additionally, limited space at RCJ creates a difficult environment to conduct a program. Compounding the situation is the fact that the Sheriff is an elected official, and significant turnover occurs with each election. Often

with the turnover, new personnel eliminate pre-existing programs. RBHA Substance Abuse Services Division's current policy calls for an assessment *only* if an RCJ inmate's attorney or other representative requests the service.

Two new projects are underway with the RBHA Substance Abuse Services Division through the Community Criminal Justice Board. The first project is to increase the number of mental health assessments before an individual is sent to jail. The second will allow the criminal justice system to begin identifying people with substance abuse problems and recommending a recovery program as a potential alternative to incarceration. Both of these programs are anticipated to further the services provided to those who battle substance abuse, in order to deliver additional success.

RBHA Substance Abuse Services Division does not have statistical data for the general population it serves, but does have data for individual programs it provides that are grant funded. Employment rates are only available for one of the grant-funded programs in the Women's Unit. The project is called POWR and serves Temporary Assistance for Needy Families (TANF) recipients. Thirty percent of the women entered the program employed; 11 percent were still employed a year later. Collecting data and compiling statistics is currently an obstacle facing the RBHA Substance Abuse Services Division. Staff are inhibited in their day-to-day work by the lack of technology and clients may also be experiencing inferior results. In order to surmount this, RBHA needs to be expanded with upgraded computers, organization-wide computer systems, and software, as well as technology to better serve clients.

In order to align itself with current health mandates and enhance its capability to serve the behavioral health needs of Richmond citizens, RBHA has begun the process of implementing a Behavioral Health Information System (BHIS). Initial implementation (2011–2012) is

underway and the system is scheduled to come online by July 2012. Without an electronic health records system, current staff is forced to designate significant time to tasks that could be greatly reduced by having information systems capable of producing forms, storing data, and accessing a wireless database. Currently, all clinical notes, treatment plans, discharge summaries, etc., are maintained separately from the main database and are compiled by the clinicians and kept in client charts.

May and Farrell-Moore reported that the majority of the RBHA Substance Abuse Services Division's obstacles are related to insufficient funding. Sustaining a sound workforce is very difficult with the funding available for employment. Job seekers are reluctant to enter the human service field because compensation does not parallel salaries in the private sector. As such, RBHA Substance Abuse Services Division has experienced a workforce issue and is in need of more trained professionals.

Additional obstacles are evident when discussing reimbursements for care. Medicaid substance abuse reimbursement only began three years ago, and reimbursement rates are so low, that programs are not capable of operating on these funds alone. Furthermore, after everyone who qualifies for Medicaid signs up, the system will not be able to handle the sheer volume. Finally, affordable private insurance does not provide for substance abuse and mental health costs.

While private run programs (nongovernment funded) face similar obstacles, it is apparent that the government is not providing the appropriate means for entities it has created (i.e., RBHA and CSBs) to function at a fully efficient level. Additionally, it is counterproductive to provide funding for programs without administering some form of oversight or evaluation program to determine whether or not the programs are producing acceptable results that reveal success.

## Virginia Drug Treatment Courts

In 2010, there were 30 drug courts in Virginia. These courts are segmented into 16 adult courts, 9 juvenile courts, 3 family courts, and 2 DUI drug treatment courts. According to Virginia's Drug Treatment Courts 2010 Annual Report, the five main goals of these courts are as follows:

1. Reduce drug addiction and drug dependency among offenders;
2. Reduce recidivism;
3. Reduce drug-related court workloads;
4. Increase personal, familial and societal accountability among offenders; and,
5. Promote effective planning and use of resources among the criminal justice system and community agencies.

“Drug treatment courts (DTC) are specialized court dockets within the structure of Virginia's court system, offering judicial monitoring of intensive treatment and strict supervision of addicts in drug and drug-related cases” (Virginia Drug Treatment Courts, 2010). This program is made possible through strong collaborations between the judicial, criminal justice, and treatment systems. Individuals who meet certain criteria (which is vague) including nonviolent crime, review of prior criminal history, and dependence on drugs/alcohol, are placed in the DTC program and assigned a treatment level that meets their needs. The DTCs do not actually provide services, but partner with local organizations who do provide services to individuals sentenced to DTCs. Typically most DTCs operate through local Community Service Boards. DTCs provide operating standards to the locally operated programs and also require them to submit quarterly reports. Housing for DTC participants is locally driven; some providers are linked to housing, while some are not.

Due to the success rates of DTCs nationally, recidivism rates of those who undergo DTCs are lower than those who do not. As stated in the Virginia Drug Treatment Courts 2010 Annual Report:

Success rates are due to the fact that drug treatment court partnerships develop comprehensive and tightly structured regimens of treatment and recovery services. What is different in drug treatment court compared to the usual criminal justice system process is the continuing oversight and personal involvement of the judge in the monitoring process. By closely monitoring participants, the court actively supports the recovery process and reacts swiftly to impose appropriate therapeutic sanctions or to reinstate criminal proceeding when participants cannot comply with the program. Together, the judge, prosecutor, defense attorney, probation officers, and treatment professionals maintain a critical balance of authority, supervision, support, and encouragement.

In 2010, 695 individuals were referred to the adult, juvenile or family DTC; a 30.1 percent increase from 2009. Seven hundred thirty-four were referred to the DUI DTC; a 25.7 percent decrease from the preceding year. DTCs do not accept 100 percent of the cases referred to their respective programs. In 2010, 68.4 percent (379 individuals) were admitted to the adult program, 68.9 percent (82 individuals) to the juvenile program, and 90.0 percent (20 individuals) to the family program. Admittance to the DUI DTC was 58.3 percent, or 428 individuals. There were a total of 1,665 DTC participants during 2010.

The average length of stay at a non-DUI DTC in 2010 was 425 days, which is from date of acceptance to either graduation or termination date. During this time, each of the 906 participants received and averaged 54.1 drug tests, with 55.2 percent having a positive screening. Of the 906 adult, juvenile and family DTC participants, 145 (46 percent) graduated, and 170 (54 percent) were terminated/expelled. Rates of graduation include: 60 percent of juveniles, 30.8 percent of family, and 43 percent of adults. The most frequent reasons of adult terminations included: 40.7 percent because of insufficient performance, 25.2 percent because of running away, 8.1 percent because of excessive relapse, and 8.9 percent because of new criminal offenses. In relation to strictly the adult population, there were 727 participants in 2010, 43 percent of these graduated and 57 percent were terminated.

While it was too soon to measure re-arrest rates of the 2010 DTC participants, rates of 2008 and 2009 are available. In 2008, there were 121 adult drug court departures/drop outs. By

the end of 2010, 50 of these departures (41.3 percent) had been re-arrested. The re-arrest rates are consistently lower for graduates than those who are terminated. For 2008, the re-arrest rate for graduates was 13.6 percent compared to 47.5 percent for those terminated.

Annually, the Virginia General Assembly funds the DTC budget in the amount of \$2.9 million. Some local DTCs have federal grant funding, however, the majority of funding is derived from the amount allocated by the General Assembly. A cost-benefit analysis or cost per client has not been established, but Virginia Coordinator Anna Powers stated DTC it will be a part of the December 2012 annual report. National DTCs statistics reveal the effectiveness of the program and are used online and in literature by Virginia to illustrate the effectiveness of the DTC program statewide. However, it is important to know that Virginia's success rates are not equal to the national averages. The "typical" model of a drug court in the U.S. varies from that followed by Virginia. It is most often seen that drug courts throughout the United States provide housing, which seems to contribute to the highest successes. Yet and as previously mentioned, Virginia DTCs do not guarantee housing; individuals at some DTCs receive housing, while other do not. As such, comparing national statistics to those of Virginia DTCs is difficult.

### **Boaz and Ruth**

In June of 2011, this researcher visited Boaz and Ruth (B and R), a live-in substance abuse treatment facility, located in the Highland Park neighborhood in the inner city of Richmond, Virginia. A woman in Boaz and Ruth's thrift store provided a tour of the facility. The woman had successfully completed the Boaz and Ruth program and now holds a full-time job with the organization. Through the program, she was able to obtain her driver's license for the first time, develop a relationship with her children again, buy a car, rent an apartment, maintain a

full-time job, and become successful in her path to recovery. We walked through the furniture thrift shop, walked around a couple blocks of the neighborhood, where the eight recovery houses owned by Boaz and Ruth are located, saw the B and R construction team engaging in community service and cleaning a neighbor's yard that was rat infested, and ended at the café, run by program participants, where I had lunch and met with B and R's president, Martha Rollins, as well the staff person who conducts evaluations.

B and R's mission is to "provide opportunities for people to connect across economic, racial, and geographic boundaries" while striving to "rebuild lives and communities through relationships, transitional jobs, and economic revitalization." The organization focuses on three pillars as it carries out its mission: "Rebuilding, Empowering, and Connecting." Aimed at those formerly incarcerated (both men and women), B and R's efforts to rebuild lives is centered around transitional job programs enhanced by training in recovery, and promotes building relationships and establishing emotional stability. The physically blighted commercial corridor of Richmond's Highland Park (where Boaz and Ruth is located) is the epicenter of their work, which includes restoring buildings, incubating and operating businesses, and providing jobs. Better connections are created through B and R's actions directed at uniting Boaz and Ruth's program participants and Highland Park residents with the wider Richmond community through activities that bridge racial, economic, and geographic barriers.

B and R has created five businesses, all of which employ program participants in order to teach work ethics, accept feedback, resolve conflicts in the work place, and how to talk to people constructively, among other elements gained by working. Individuals are able to thus recognize the dignity of work and develop money-management skills with the income they receive for their



work. The businesses include Firehouse Café and Catering, Mountain Movers, Parable Furniture Restoration, Harvest Thrift Furniture Store, and Sunny Days Thrift Clothing.

Each week, B and R participants attend ten hours of classroom instruction to learn valuable life skills. An additional six hours a week are spent in life labs where they can employ the practical applications of the skills they have been taught. The classes are designed to foster personal growth. They focus on healing inner wounds, developing emotional stability, understanding conflict resolution, developing healthy relationships, achieving substance abuse recovery, forming core beliefs, work readiness, team building, taking computer classes, gaining financial literacy skills, learning good writing skills, vocabulary building, etiquette, understanding how to dress for success, and learning creative writing and reading. Life labs take place while working in one of B and R's five businesses. Each day ends with a group discussion circle, a time of fellowship when everyone comes together to affirm what others have done throughout that day to show change. The participants raise achievements in this social setting to affirm the good the participants do, because most of them have never received positive feedback in social settings.

B and R categorizes its activities and evaluates its success in five areas:

1. Social Enterprises, which focus on commercial revitalization, in order to establish safe and healthy communities. In turn, this discourages crime and encourages investment. During 2010, Boaz and Ruth provided approximately 100 paid positions for employees, program participants, and AmeriCorps members (a federal funding partner). From the start of Boaz and Ruth in 2003 until 2009, their annual report claims that crime in the surrounding neighborhoods dropped 61 percent, which Boaz and Ruth attributes to their presence and work in the Highland Park Community.
2. Housing is a second focus of Boaz and Ruth, with eight houses and 38 single-occupancy bedrooms being owned by the program by the end of 2010. More than half of the program participants arrive homeless; Boaz and Ruth not only meets the housing needs of these individuals, but assist these participants in developing a rental history as well.
3. Another focus is a training program entitled "Rebuilding Lives and Restoring Relationships." It prepares graduates for permanent employment. It also offers training through the Department of Public Works Partnerships, where jobs in the City of

Richmond (both full time and part time) are provided. One hundred fifteen individuals went through one of these training programs in 2010.

4. During 2010, 10 individuals graduated from Boaz and Ruth. Of these graduates, all obtained stable housing, 90 percent improved computer skills, 80 percent settled or established payment for legal fines, 80 percent reconnected with family, 60 percent opened a checking or savings account, 60 percent joined or regularly attended a church, 50 percent obtained a full-time job, 50 percent purchased a vehicle, 40 percent enrolled in GED classes or earned a GED, and 40 percent enrolled in college or technical courses.
5. Overall, the recidivism rates among Boaz and Ruth graduates is approximately 12 percent. Since 2004, 61 people have graduated from the program, which is a 35 percent completion rate.

The inability to track individuals who *do not* graduate from the program, common when evaluating and tracking this population, proves to be a limitation when studying the effectiveness of B and R. Boaz and Ruth has experienced difficulties in determining the status of individuals who drop out of the program, thus it is unable to determine recidivism rates of *all program participants*. In addition, although determining statistics related to success for graduates is compiled upon completion of the program, continued tracking has also proven to be difficult due to the inability to maintain contact with all graduates. Additionally, B and R is seen that it has a large dropout rate and does not graduate many in a year. While its results certainly reveal the program's effectiveness and its beneficial footprint on the Highland Park neighborhood, the consequent high failure and drop out rate and low numbers of annual graduates is also an area that should be analyzed in the future.

### **The McShin Foundation**

Founded in 2004, the McShin Foundation is a full-service recovery community program committed to serving individuals and families in their fight against substance use disorders (SUDs). While providing the tools to assist individuals in recovery, so they can create positive

lifestyles, McShin aims to spread the word of recovery and educate families, communities, and government regarding SUDs, as well as reduce the stigma attached to them.

Services are primarily provided to three populations: (1) individuals re-entering the community from jails, prisons, or institutions, (2) recovery resistance among individuals with a history of relapse, and (3) individuals seeking aftercare from a treatment center. All of these services are provided through peer-to-peer services. This model is based on the belief that one addict helping another is the most valuable tool in the fight against the disease of addiction. McShin specializes in not only the on-going support of the addict, but also his/her family.

The McShin Foundation, open seven days a week (ten hours per day), employs recovering addicts and alcoholics to educate/mentor others as they spread the message of recovery. Throughout their 4,200 square-foot recovery center, the McShin Foundation provides discussion groups, 12-step meetings, access to computers and phones, and assistance to recovery support services in the Richmond area. Such services are provided to over 1,000 people a week through person-to-person recovery coaching, recovery meetings, and recovery guidance via telephone. Prevention is another issue focused upon by the McShin Foundation. They reach out to youth and educational populations in order to broaden communication about treatment and the prevention of SUDs. Through partnerships with local businesses and institutions, services such as women's therapy, employment opportunities, and religious studies are also offered. In addition, McShin provides clients with a clothes closet, full pantry, over 1,000 pieces of recovery literature and a mini kitchen with a drink machine, refrigerator, sink, microwave, and a coffee pot.

The McShin Foundation offers a 24-hour respite program, day retreat programs, 30-day retreat programs, on site drug testing, social model interventions (i.e., behavior, anger, etc.), and

transitional housing. McShin offers inpatient opiate detoxification via a partnership with a local facility. This is a three to seven day opiate detoxification, and has an overnight option during the detoxification period. The majority of clients hear about these services and the McShin Foundation through word of mouth and from public events they host.

The McShin Foundation does not have a “graduation,” but most clients stay for approximately 90 days. They operate under the belief that recovery is a one-day-at-a-time process for life, or a permanent lifestyle. Currently, the McShin Foundation has a client that has come everyday for five years, while others may only stay for two weeks. Approximately 20 percent of McShin’s clients have previously received services from them. McShin encourages clients to return if they develop the necessity for additional services.

In addition to offering services in the community, the McShin Foundation also offers services to individuals incarcerated in the Pamunkey, Richmond City, and Henrico County jails. While in the jails, the McShin Foundation provides recovery coaching and re-entry services to inmates, and, upon release, provides recovery housing.

McShin currently owns four recovery houses, two of which service women. In addition to supplying a total of 35 beds in the four houses, they feed individuals in two other houses and a four-unit recovery apartment building (accounting for another 32 beds). It costs approximately \$6,500 annually to provide one client housing and program services for a year with the McShin Foundation. It costs over \$25,000 to incarcerate one person for one year in Virginia.

Due to the lack of funds necessary to adequately track clients, the McShin Foundation does not have statistics related to recidivism rates or employment attainment. However, it produces a “Snapshot of Accomplishments” each year. During the period of July 2010 to June 2011, the foundation received 120,000 phone calls, 52,000 consumer visits, 19,050 volunteer

hours, and over 2,000 recovery support groups for the public. Of the 436 individuals who lived in the McShin Recovery houses during this year, 238 are still in recovery, 36 are incarcerated, 80 have unknown whereabouts, 7 are deceased, and 75 are actively using drugs and/or alcohol. Through this researcher's analysis of these numbers, McShin has a success rate of 55 percent of those who live in the houses; 8 percent recidivate; 18 percent have unknown whereabouts; 2 percent have died; and 17 percent have relapsed.

In addition to the direct recovery support services provided, McShin hosts multiple public events annually, including a pool party, recovery fest (over 7,000 in attendance in 2010), holiday party and auction, bluegrass festival, awards banquet, and golf tournament. On June 22, 2011, the McShin Foundation received the prestigious Joel Hernandez Award for its contributions advocating for the rights of people and families in or seeking recovery from addiction to alcohol and other drugs. This award was given at a national event, the Faces and Voices of Recovery, the nation's leading addiction recovery advocacy organization.

During 2010, the McShin Foundation's budget was \$521,918. While McShin has a huge impact on the Greater Richmond area, it is evident that it must conduct in-depth evaluations in order to reveal its true successes and determine areas for improvement. Additionally, not having specific program completion standards, or "graduation requirements," could contribute to skepticism regarding the program's true impact on the community. The foundation is urged to initiate such procedures in the future.

## **OAR**

The mission of the Offender Aid and Restoration of Richmond, Inc. (OAR) is to "enhance public safety by providing individuals and families affected by incarceration with

transition services that supports safe and successful integration into the community.” Incorporated in 1974, OAR currently has offices in Richmond and Petersburg. The organization strives to create a personal future where all participants are supported in their quest to live in a community.

OAR provides pre-release case management services and volunteer-facilitated groups for clients at the Richmond City Jail, Petersburg City Jail and annex, Henrico County Jail and Regional Jail, Chesterfield County Jail, and the Pamunkey Regional Jail in Hanover County. During 2010 fiscal year, OAR served 1,786 clients with pre-release services and had 17,291 units<sup>4</sup> of service. There were 8,650 participants who added an educational or support group session, 2,483 job preparation services provided, and 1,002 units of housing assistance provided. While the type of programs offered in the jails vary depending on space and time slots available, OAR tries always to offer AA and NA classes at each jail site. They offer Productive Citizenship classes (with six priority topics related to re-entry) in those jails where space is available. Additional services that are offered when possible include parenting education, literacy/educational tutoring, employment assistance, goal-setting assistance, and/or mentoring.

At its central office, located in Richmond, OAR offers computer skills classes, support groups, HIV education and prevention groups, HIV testing through a partnership with the Minority Health Consortium, GED classes through the Richmond Public Schools Adult Education Division, Fellowship Circles of Support through a partnership with a local church, individual mock interviews, OAR orientation and job readiness for new post-release clients, and on-site job training assessments through a partnership with the region’s Workforce Service Provider. Additionally, each post-release client who is searching for a job must attend one of

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<sup>4</sup> A unit of service is each time a service is rendered. One person could receive 10 “units of service,” which is why units, not individuals, are counted. A service unit could include help applying for a job, assistance with writing a resumé, or help finding housing, etc.

OAR's groups or activities each week in order to receive bus tickets used for transportation as the participant searches for employment. OAR participants are not bound by a curriculum or a standard path and are free to leave whenever they please. Clients are welcome to come back and attend or participate in their services at any time.

OAR's NA and AA groups are directed by volunteers who are in recovery, however, some of their other groups, such as Healthy Relationships, Job Club, Computer Skills classes, support groups, fatherhood group, etc., are facilitated by volunteers who may or may not be in recovery. OAR's volunteers who provide services within the jails must be approved by the jail prior to joining the effort. Many of the potential volunteers who are in recovery cannot gain approval from the jail. Therefore, while some of OAR's volunteers are in recovery, the organization does not purposely look for volunteers who are in recovery to run its groups.

In 2010, OAR's post-release efforts included work with 2,089 clients and 30,777 units of service provided. Of this number, 1,013 clients attended job search classes, 1,506 service units were provided to obtain identification documents, 13,668 job search assistance and job retention support service units were provided, and 87 full-time and 34 part-time jobs were obtained. Additionally, 253 job retention incentives were earned for maintaining consistent employment.

As is the case with most recovery organizations, clients are referred to OAR primarily by word of mouth both in the general public forum, as well as in correctional facilities. Probation/parole officers, correctional officers, family members, and other community organizations issue additional referrals. OAR uses volunteers to provide the majority of its programs. During 2010, OAR's volunteer and intern staff included 137 individuals. These volunteers provided 3,965 hour of service as group facilitators, mentors, special project

consultants, and board members at a value of \$82,987 (based upon Virginia's average hourly rate of \$22.03 for volunteer services).

OAR does not have access to criminal records, so it claims it is not able to obtain recidivism data on its clients. However, it is recommended that some form of reporting be adopted as a method of evaluation. Despite OAR's lack of data, it has participated in the Second Chance Project grant program since 2009. There is data available for the individuals involved in this program (13 participants). Of the 13 clients, 8 have been released from incarceration and, as of June 2011, none of these subjects has been rearrested nor violated parole. During their incarceration, clients were matched with volunteer coaches (mentors) and for one year after their release they continued to meet with their coach. There is also funding available for these individuals for vocational training, establishing savings accounts, and family reintegration counseling, which is not available for OAR's regular clients. A case manager is also assigned to the project giving that manager a very small caseload, which is not typical for OAR's regular post-release case managers.

As a part of OAR's funding from United Way, it must report the number of new clients annually who obtain employment throughout a given year and also the number of clients who obtained full-time jobs each month during that year. However, OAR does not typically show this number as a percentage of its total client numbers. OAR also has a significant number of clients who receive disability payments and are not able to work. They also have an estimated 15 percent of clients who are not seriously looking for employment. However, this researcher's calculations reveal of those served in 2010, 4 percent gained full-time employment. Among those obtaining full-time *or* part-time employment, that number rises to almost 6 percent.



While OAR has an extensive client database, it does not include updates on clients or changes of status, such as homelessness to stable housing. It is currently working with a consultant to refine its information systems and integrate more efficient ways of entering and updating information into its database. There is also a job retention database, as mentioned earlier, which assists in determining recidivism rates, enabling OAR staff to conclude that if participants are still employed, they have not recidivated. However, OAR claims collecting recidivism data is not possible due to “regulations” regarding this data. OAR is currently working with the Virginia Department of Criminal Justice Services in order to get this information in the near future. OAR does not attempt to track clients in order to conduct post evaluations either.

One of the proudest achievements of OAR is being one of thirty-six organizations to be awarded a U.S. Department of Justice Second Chance Mentoring and Transition Services grant in 2009, which was the first year the Second Chance funding was awarded. Additionally, United Way recognized OAR for outstanding use of results, due to OARs vigorous efforts to track job retention data. After tracking job retention results for two years, OAR noticed some trends and took action. It realized clients were having trouble maintaining their jobs because they were either losing them or quitting within 90 days. OAR then added a 30-day job retention incentive. Additionally, most clients who were having trouble maintaining a job were also battling substance abuse, therefore, OAR added a substance abuse counselor on site. A second reason contributing to clients’ lack of job retention was because of homelessness. OAR then proceeded to help their clients find stable housing before pushing them to search for a job.

OAR notes on its website that services are provided on a walk-in basis. This organization adds that “due to the high volume of clients coming into the office, you may have a lengthy wait

to see your case manager.” OAR’s office hours in Richmond are Monday through Thursday from 8:30 a.m. to 4:30 p.m., and on Friday from 8:30 a.m. to 3:00 p.m. To obtain services at the office in Petersburg, a client must call prior to arrival. The disclaimer on the site and shortage of office hours is likely due to lack of funding. Therefore, it is likely that clients get frustrated and leave before an appointment, or do not make contact during office hours, and therefore, go back to drug and/or alcohol abuse and do not bother trying to get in touch with OAR again. Furthermore, many who battle substance abuse do not have access to a phone, and therefore are unable to call the Petersburg Office to arrange an appointment. While OAR provides a vast amount of services, and refers clients to organizations that provide services they do not, its lack of hours is something that should be examined, in order to ensure that all potential clients get assistance and help.

### **Substance Abuse and Addiction Recovery Alliance (SAARA) of Virginia**

SAARA of Virginia, a recovery community organization based in Richmond, is a non-profit organization comprised of and led by individuals in recovery. The primary goal of SAARA is to prevent relapse and promote sustained recovery and self-sufficiency among those who are in or seeking recovery from alcohol and/or drug use. SAARA promotes recovery from substance use for individuals, families, businesses, and communities in Virginia. It is a “recovery community” committed to prevention, education, treatment, advocacy, collaboration and service.

In addition to its efforts to increase civic and community engagement, SAARA of Virginia is focused on improving and/or providing social services, health care, and other essential services to those in recovery. Additionally, its works with clients to gain housing, obtain health services, prevent domestic violence (substance abuse is the number one cause of

domestic violence), provide vocational/job training, and teach technology skills. Through providing multiple meetings a week (Alcoholic/Narcotic Anonymous, Anger Management, Spiritual Principles, etc.), transportation, employment services, a computer lab, family/friend support groups, mentors, training, a clothes closet, and substance abuse education, among many other services, SAARA has been successful in curbing substance abuse rates among thousands of people in the community served.

SAARA of Virginia is the only organization in Virginia, aside from Kingdom Life Ministries, that conducts in-depth evaluations in a manner that includes professional data gathering techniques and statistics (i.e., the use of SPSS computer statistical analysis program) and not merely mathematical averages generated quickly by a calculator. SAARA conducts an entrance survey before services are delivered, then follows up with a minimum of a three-and six-month survey of clients. Surveys include measures of social support, quality of life, and a measure of peers' perceived self-sufficiency along seven life adjustment dimensions.<sup>5</sup> The flaw of this data is that it only reveals data on clients for six months. Additionally, they only have re-arrest rates for the first 30 days that an individual is in the program. While these results reveal a great success (94.9 percent do not recidivate in the first 30 days), a conclusion cannot necessarily be drawn from this data, as it is for such a short period of time.

Through in-depth evaluations, it was been found that SAARA been successful in lowering at-risk behaviors and increasing self-sufficiency. In addition, among those that SAARA has served, there was a 48 percent decrease in users of alcohol and/or drugs and a 35 percent gain in employment or school attendance. Incidence of peers engaging in risky behaviors at intake (the beginning of the program) and 6-month follow-up declined substantially. The primary

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<sup>5</sup> The seven life adjustment dimensions ask participants where they are in each of the categories and where they would like to be in three months: recovery, housing, employment, legal, emotional well-being, support, and transportation.

risky behavior engaged in at the start of the program and at follow-up was unprotected sexual contact, but this behavior decreased by 17 percent from intake to follow-up. Incidence of unprotected sexual contact with an individual high on a substance declined by 56 percent at the 6-month follow-up, and incidence of injection drug use and of unprotected sexual contact with an HIV positive/AIDS-afflicted person or with an injected drug user was at, or close to, zero at follow-up.

The highest rate of positive change (56 percent) was exhibited in the area of non-use of alcohol or illegal drugs, followed by experiencing no alcohol or illegal drug-related health, behavioral, or social consequences (50 percent). There was also a 45 percent gain in employment or school attendance. Instability in housing in the sample was relatively high (63 percent) at intake and declined slightly (to 55 percent) at 6-month follow-up. Females showed a greater degree of improvement (59 percent) than males (43 percent) in this latter domain from initial start of the program to 6-month follow-up.

### **Other States**

From 1999 to 2004, Oregon, Kansas, and Utah reported the lowest recidivism rates in the United States. Oregon reported the largest decrease of 31.9 percent, and Louisiana, Michigan, and New Jersey noted decreases of at least 10 percent (Urahn, 2011). While Virginia's rates (28.3 percent) remained lower than the national average in 2004 (48.3 percent), there have been multiple initiatives other states adopted that Virginia could implement in order to continue to curb rates and also to have one of the lowest rates in the nation.

While the definition of "recidivism" is fairly consistent across the nation, rates tend to differ depending on various functions within each state. Virginia's rates are seen to be lower than

average because of its “truth in sentencing laws.” Due to the abolition of parole under Governor George Allen’s administration, offenders must serve at least 85 percent of their time before they can be considered for parole. Because of this, there is a lower amount of individuals on parole in Virginia than in other states, hence fewer violations thus leading to lower recidivism rates.

Through the review of data among non-state funded programs (primarily non-profit organizations) and state initiatives, many innovative measures and successful programs have been revealed. A trend consistent with the majority of these successful programs has been the utilization of evidence-based practices. Programs should be designed to enhance the offender’s self-accountability, increase an “understanding of behavioral choices, develop cognitive skills, and control behavior both while incarcerated and upon release” (Parsons-Pollard, 2004). Studies reveal that aftercare/post release programs are effective in reducing both drug use and recidivism (McCollister et al., 2003; Taxman and Bouffard, 2002). The following section will examine the components that contribute to the successes of non-state and state-funded programs.

Duwe (2010) utilized Cox-regression analysis and found participation in a chemical dependency treatment program while incarcerated decreased the hazard ratio for recidivism by 17–25 percent. Through the review of 66 evaluations, Mitchell et. al. (2007) reported that treatment considerably reduced continued criminal offending and drug use. Further significant results in the same regard were revealed for offenders who finished incarceration-based therapeutic programs, and particularly among those who also were a part of post-release treatment (Inciardi et al., 2004; Mitchell et al., 2007; Pearson and Lipton, 1999).

An evaluation of the Brooklyn Drug Treatment Alternative-to-Incarceration Program (DTAP), a program that diverts prison-bound offenders to residential drug treatment, found that 4 percent of DTAP participants were rearrested compared to 13 percent of similar

nonparticipants (Sung, 2003). Similar to Virginia's drug courts, New York's DTAP was the first prosecution-run program in the United States, designed to divert prison-bound felony offenders to residential drug treatment. The program serves drug-addicted individuals arrested for non-violent felony offenses who have previously been convicted of one or more non-violent felonies. Qualified offenders (non-violent and convicted of one or more non-violent felonies) enter a felony guilty plea and get a deferred sentence, enabling them to participate in a residential therapeutic community (TC) drug treatment program for 18 to 24 months. Those who successfully complete the program have their charges dismissed; those who fail are brought back to court by a special warrant enforcement team and sentenced to prison (New York State Office of Alcoholism and Substance Abuse Services, 2011).

By January 4, 2010, 2,826 offenders had been accepted into the program. Three hundred seventy-two were still in treatment as of this date, and 1,203 completed the program and consequently had their charges dismissed. "Since 1998, when DTAP shifted from a deferred-prosecution to a deferred-sentencing model, the program has achieved an impressive one-year retention rate of 76 percent, which compares very favorably with retention data of other studies of residential drug treatment programs." The majority (91 percent) of DTAP's graduates who are able to work are currently employed. Ninety percent of the participants who failed treatment have been returned to court for prosecution and sentencing. New York State has found that DTAP is highly cost effective. New York's investigation of the savings on corrections, health care, public assistance and recidivism costs, coupled with the tax revenues generated by the DTAP graduates, shows economic benefits of \$48.2 million among the 1,203 graduates. Due to the vast successes of the Brooklyn DTAP model, it has been duplicated in the four other NYC boroughs and currently provides chemical dependency treatment services to more than 1,000

New Yorkers a year (New York State Office of Alcoholism and Substance Abuse Services, 2011).

Today, there are over 1,000 drug courts in this country (Torgenson, Buttars, Norman, and Bailey, 2004). In long-term evaluations of drug courts, they have experienced about a 17 percent recidivism rate, which is greatly lower than the average rate of 60 to 70 percent. If available, the opportunity to become enrolled in a drug court is presented to non-violent offenders, the majority of which have an extensive past of drug-related offenses. Participation in these types of programs is entirely voluntary. Some common conditions of enrollment in a drug court program include a guilty plea, approval or agreement by the prosecutor, and the defendant's willingness to enter the program. While it is not required for the primary offense to be drug-related, the individual must be identified by self or classified by staff as addicted to drugs. The average inpatient program lasts approximately 15 months. The treatment facility does not lock its doors, nor does it have guards or gates. Participants are informed that they are free to leave if they desire; however, the maximum sentence will be given should they choose to walk out, and they could be prosecuted for escaping, which typically could add an additional two years to a sentence. With these detractors in place, few individuals try to escape. For those few who do, they are easily re-arrested. Frequently they are found buying drugs near the same corner where they were first arrested (Torgenson, Buttars, Norman, and Bailey, 2004). While this is the norm for the majority of the U.S., as revealed in the previous section, Virginia Drug Courts do not operate in this manner. Virginia Drug Courts contract with local organizations to provide services that do not always provide housing. As such, it could be suggested that Virginia's drug courts are not as effective as others in the country for lack of follow-through in this respect.

Nashville, Tennessee, has one of the most successful drug court programs, with Davidson County having the only drug court that runs its own residential treatment facility. Coupled with federal funding, Davidson County's drug court also receives funding directed by other sources from the state. Some of the district attorney's savings from not prosecuting drug cases (because offenders who participate must plead guilty) goes toward the drug courts. Further, a Tennessee statute requires that each DUI ticket include a \$100 "tax," to be used for drug treatment (administered by the drug court) (Davidson County Drug Court, 2011).

Since the Davidson County drug court program began in 1997, 520 individuals have successfully finished the program. The recidivism rate for offenders who successfully complete the program is about 25 percent. The retention rate since the program began is approximately 65 percent. On average, offenders had over eight previous drug charges and had been incarcerated between two and four years. Through the adoption of this model, the program has accomplished the following: "diverted approximately 1,057 people from the current criminal justice process, maintained a negative drug test rate of 97 percent, provided the community with over 50,000 community service hours annually, maintained a 100 percent employment rate for graduates, and 5 drug-free babies have been born. All of this has been accomplished at a cost of \$48.00 per day as opposed to \$63.41 day in prison, representing a savings in excess of 30 percent" (Davidson County Drug Court, 2011).

The successes of Davidson's drug court are attributed to the three phases model they utilized. Phase I is *assessment and orientation*, which is a minimum of four weeks. During these four weeks, the participant undergoes an assessment, the results of which are used to develop an individualized treatment plan. In the course of this phase, participants are randomly drug tested and must stay in the residential facility 24 hours a day, 7 days a week. Phase II, *stabilization and*



*rehabilitation*, lasts a minimum of 12 weeks. Individual treatment plans are administered during this phase, as well as individual, group, family, and drama/theatre therapy. These services are provided through educational approaches such as “psycho-education, addictions treatment, medication groups, relapse prevention, group therapy and coping strategies.” Cognitive therapy and motivational interviewing are coupled with a 12-step based recovery program. Their therapeutic community combines “vocational training, educational/GED training, life skills, cognitive behavioral interventions and community service work.” Each participant does a minimum of 200 hours of community service work while in the residential program. During this phase, residents are slowly integrated into the community by attending five outside support meetings of AA/NA/CA and receive at least two random drug screens per month during this period (Davidson County Drug Court, 2011).

Phase III, *re-entry and employment*, is also a minimum of 12 weeks. During this time, participants create an initial aftercare plan with the counselor, which includes employment or vocational training and furthering education. “Free time” is granted to develop the integration process back into the community. A program fee is charged to residents in order for them to begin to develop financial responsibility and also to assist with the costs of the program. Drug screens during this phase are very important for accountability, as they receive at least two random drug screens per month during this phase. Finally, aftercare and treatment, a minimum of six months, completes the process. After a successful completion of the three phase program, participants are graduated to aftercare. They are placed in transitional housing away from the facility and return to the drug court facility each week for group and individual therapy and drug testing (Davidson County Drug Court, 2011).

A three-year study of the Amity Foundation, which provides drug and alcohol rehabilitation and habilitation in California both in prison and after release, found promising outcomes. Four hundred seventy-eight felons were included in this study, with the finding that the best outcomes were lower than those who completed both the in-prison and aftercare therapeutic community programs. After 36 months, 27 percent of those in the program recidivated compared 75 percent of the non-treatment group (Wexler, Melnick, Lowe, and Peters, 1999). In addition, a positive significant relationship was found among the amount of time spent in the program and the time until return to incarceration for those who recidivated.

Having been referred to as a “national model” by federal drug enforcement administrators, Amity’s mission is “dedication to the inclusion and habitation of people marginalized by addiction, trauma, criminality, incarceration, poverty, racism, sexism, and violence. They are committed to research, development, implementation, and dissemination of information regarding community building.” Amity provides a variety of services all through the therapeutic community model. Such services include: residential, transition and follow-through services; in prison services; outreach, community-based and preventions services; family reunification and parenting services; and curriculum training and education. Years of dedication in California, Arizona, and New Mexico to “rehabilitating and restoring personal dignity to the lives of substance abusers such as addicted mothers and their children, homeless substance abusers, victims of violence, children at high risk of becoming addicted, criminal gang members, and incarcerated substance abusers, has continued to produce positive outcomes.

Oregon, Michigan, and Missouri are three states that have taken thoughtful and concerted strides to put recidivism research and evidence-based practices into action (Urahn, 2011). Oregon reported the lowest recidivism rates across the U.S. in 2004 and also had the largest

decrease among all states in recidivism from 1999 to 2004, reporting a 32 percent decline. These successes are contributed to the state's widespread approach to restructuring and modifying the strategies among all levels of government, including officers in the field, its judicial branch, state corrections agencies and the legislative body (Urahn, 2011).

Initially, Oregon inmates get a risk and needs assessment and receive specific case management while incarcerated. Additionally, beginning six months prior to release, a specific transition plan is established. "In the community, probation officers use a sanctioning grid to impose swift, certain consequences for violations, creating consistency across offenders and from county to county" (Urahn, 2011). All programs offered are evidence based and frequently updated in order to ensure their continued success. Additionally, legislation in 2003 (SB267) mandated that programs receiving state funds use evidence-based practices.

In Oregon, the shift of managing offenders who violate parole has also contributed to lower recidivism rates. Previously, individuals convicted of probation violations filled over a quarter of Oregon's prison beds; however, today these violators are seldom reincarcerated. As an alternative to incarceration, various community measures are used, resulting in only 5.9 percent of 1999 offenders and 3.3 percent of 2004 offenders in returning to incarceration for violations (Urahn, 2011).

Historically, Michigan has faced a multitude of issues, including a high increase in the numbers of those incarcerated, rising recidivism rates, and a hurting economy, particularly due to the failing auto industry. In 2002, Michigan was spending almost one-fifth (\$1.6 billion) of its general fund dollars on corrections. Less than ten years later, Michigan made a transformation. The inmate population decreased by 12 percent and over 20 correctional facilities closed. The foundation of these successes is attributed to the Michigan Prisoner Reentry Initiative (MPRI).

Established in 2003 and developed on a statewide level in 2008, MPRI's mission is to prepare every offender with the tools necessary to be successful in the community. The initiative starts at entry into the criminal justice system and begins with "offenders' needs and strengths being measured to developed individualized programming" (Urahn, 2011). Before release, the individual is transported to a reentry facility, where a transition plan is developed. This plan, developed in collaboration with community service providers, includes housing, employment, mentoring, counseling, transportation, and other potential needed treatment (i.e., mental health).

Initial evaluation outcomes on MPRI revealed recidivism rates of participants were 33 percent lower than those not participating in the program. Further outcomes revealed "parole revocations for both new crimes and technical violations are at their lowest level since record keeping began 23 years ago. In 2009, there were 195 revocations for every 1,000 parolees — 101 for technical violations and 94 for new crimes. A decade earlier, that figure was 344 revocations per 1,000 parolees — 246 for technical violations and 98 for new criminal convictions" (Urahn, 2011). Because of the continued successes that have been demonstrated, the Parole and Communication Board in Michigan has become progressively more confident about parolees' release. As such, the parole population in Michigan has grown drastically over the past few years; there were approximately 3,000 more parolees released in 2009 than in 2006 (Urahn, 2011).

A familiar problem, an increased prison population, but no budget to support its growth, was seen in 2002 in Missouri. Because of the budget, the Governor and General Assembly was unwilling to build additional prisons, so the crisis had to be handled in other ways. While mandatory minimum sentencing contributed to the rise, the chief contributor was due to the large increase in the number of those who were incarcerated because of parole or probation violations.

In 2004, Missouri had the third highest recidivism rate in the United States: 54.4 percent. In addition, it had the highest number (40.3 percent) of released offenders incarcerated for technical violations, which was also a factor in the 12 percent recidivism increase between 1999 and 2004 (Urahn, 2011).

To overcome this dilemma, over the next four years, a team put together strategies and plans. Through this work group, today those released in Missouri are subject to “e-driven supervision.” The “e” stands for evidence. This tool utilizes new risk assessments to classify parolees and to assist in determining appropriate supervision levels. If violations occur, officers have a variety of sanctions they can use, including an oral warning or altering of conditions, electronic monitoring, and residential drug treatment, among others. George Lombardi, Missouri Director of Corrections, stated, “Every possible avenue is tried for that individual before we resort to sending him back to prison...that approach is just part of our culture now” (Urahn, 2011).

Many other states are establishing modes to break the cycle of recidivism. Reform has been seen in multiple states. In Kansas the legislature created incentive funding for diverting technical violators away from the expensive option of reincarceration. In 2007, the legislature approved \$4 million to be allocated for county and community correction programs that submit plans to reduce revocations to prison by 20 percent. Arizona, California, Illinois, and South Carolina have implemented similar measures by allocating “performance incentive funding” (Urahn, 2011). For counties in Arizona that decrease revocations to prison, they receive up to 40 percent of the associated cost savings.

Vast research has revealed the positive results of the development of detailed transition plans prior to release. Transition planning must include the identification of needed services for

substance abuse and mental health disorders. Oregon and Michigan ensure relationships are established among incarcerated individuals and staff, so they are able to develop a plan for housing, needed community services, and supervision.

Despite years of complications related to recidivism rates, states such as Oregon, Missouri, Michigan, and the others mentioned, have revealed that through implementing innovative approaches, that are evidence-based, rates can and will decline. They are “closing the revolving door that for so long has funneled a stream of repeat offenders back into prison” (Urahn, 2011). The work of these states, and the non-state funded programs discussed, deserves attention by states, such as Virginia, that have not yet developed similar initiatives.

## Chapter 5 – The Kingdom Life Ministries Life Program

### The Evolution of Kingdom Life Ministries

The program (originally called *The McCovery Program*) was created in February 2008 in an effort to combat high recidivism rates and an increasing number of inmates suffering from the disease of addiction. The collaborative efforts of the McShin Foundation, a non-profit organization in Central Virginia, and the Richmond City Jail enabled the program to be introduced on the F2 tier of the jail. Following a peer-based model, the program is led by those in recovery and provides services for men battling substance abuse, specifically those with a history of criminal behavior including violent offenses. These services are executed at four points of impact including a Jail Component, Court Component, Re-entry Preparation Component, and Post-Release Component. Treatment across all four components incorporates core elements including spiritual principles, the AA and NA “way of life,” and behavior modification.

In August 2009, the program experienced enough growth and success to sustain operations as a non-profit organization without the assistance of the McShin Foundation. At this time, the program name was changed to Men of Valor Empowered (MOVE). Due to turnover at the executive director level, the name was again changed in October 2010 to the current designation of Kingdom Life Ministries (KLM). Kingdom Life Ministries (KLM), as defined by the current director, “is a spiritual and faith-based program that incorporates AA and NA, in order to change the way participants think and make them realize why they keep using. This will

enable the men to correct their behavior when they are released and then become productive members of society.”

### **Leadership Structure and Expectations**

The program is led by an executive director that oversees the operations of each component and actively contributes to the delivery of recovery services at all four points of impact. Unfortunately, the executive director relapsed (began using drugs/alcohol again) in September of 2010. This setback created a difficult situation for everyone involved in the program, specifically the men residing in Post-Release housing. As would be expected, the program experienced noticeable dropouts during this period.

Another executive director was named quickly. However, the Jail Component of the program was not active for one month while the transition was taking place. As stated earlier, the name Kingdom Life Ministries was adopted during this transition. Upon re-entering the jail, many aspects of the program were similar or even identical to the previous structure, but the way recovery services were delivered changed slightly. Time on the tier was divided between a similar program called “Men In Recovery” (MIR) and Kingdom Life Ministries (KLM). MIR works in close collaboration with KLM, and is run by two jail staff who are both in recovery. Although MIR and KLM share the responsibility of running the Jail Component, both programs adhere to the core elements of the original program design.

Leadership of the Jail Component has changed as a result of the MIR and KLM partnership. The undersheriff<sup>6</sup> of the RCJ oversees the operations of the tier and a program

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<sup>6</sup> The undersheriff at the RCJ is comparable to a deputy sheriff at many other jails. The position is the number two person in charge.



administrator is in charge of the day-to-day programming for MIR. KLM's executive director works in collaboration with the undersheriff and program administrator in charge of MIR.

## **Points of Impact**

### ***Jail Component***

The first point of impact for KLM is in the jail. As discussed above, the current Jail Component is executed in concert with MIR. Most participants request to be placed on the tier after being referred to the program by a friend, family member, or correctional officer. Program participants provide referrals as well:

“I was in the hallway waiting for my attorney and I saw someone from the tier and they said it was good. I needed help because in 15 years of using I never tried a program, so I asked to be put on G3. KLM is now allowing me to cleanse myself. It's a slow process because I have been using for so many years, but it's working.”

Due to capacity limits in the jail, there are instances of inmates coming to the tier without requesting to do so; however, if they do not wish to stay, they are removed when space becomes available on another tier. All offenders are welcome to the tier so long as they adhere to the expectations and requirements set forth by program administrators.

Inmates follow a structured daily agenda centered upon the core elements of the program. These recovery sessions include Bible study, AA, NA, individual reflection, small group meetings, guest speakers, community meetings, cultural awareness programs, self-improvement classes, school, physical exercise, and leadership training. The comprehensive features presented in the Jail Component of KLM set the program apart from the majority of substance abuse treatment programs in Virginia.

The structure followed on the KLM tier is unlike any other tier of the Richmond City Jail. While ultimate authority of the tier belongs to the Sheriff and jail personnel, the tier follows a

model of peer monitoring among the inmates themselves. Because of the success of the peer monitoring system, violence in the tier has drastically decreased.

A senior member of the community is named Captain of the tier. He is obligated to enforce the guidelines set forth upon entering the program and to act as intermediary between the administration and residents. Additionally, the Captain has a leadership role within the jail as assistant to the undersheriff. The Captain has assistance from eight men who are referred to as LTs (Lieutenants). If a resident is excelling in the program, including doing his work, putting an effort toward his recovery, and maintaining a good attitude, he is eligible to become an LT. Each LT is responsible for a group of approximately 13 men. He facilitates daily meetings for his group, ensures appropriate behavior, addresses any issues within the group, and discusses the process of recovery.

There is a community meeting each evening and LTs rotate leadership responsibilities for these meetings. In addition, there are several monitors, who enforce the tier policies regarding television use, noise levels, and tidiness. In explaining the tier's leadership, one resident stated:

“Behavioral modification program...uses a peer-based model that utilizes nine leaders to help keep the community in order. They ‘police’ their selves, and as such, deputies do not interact with this tier as much as other tiers.”

In order to ensure the structure is maintained, “we start from day one with a structured life that will lead in a positive direction — not a negative one.” There are strict rules to compliment the structure, which include no stealing, oral altercations and assaults, and physical altercations. Each of these infractions has different punishments, which may include privileges being taken away (phone, TV, food, outside visitors, etc.) or getting kicked off the tier, depending on how serious the infraction is. These sanctions are decided upon and enforced by the LTs. Additionally, there is a strict weekly schedule, which includes a time to get up, work out, eat, and go to bed.

The structure of the tier creates a more stable and positive environment that is essential for inmates in recovery. Approximately 9 percent of the program participants are alcoholics, 42 percent are drug addicts, and 46 percent suffer from addiction to both. One of the most unique aspects of KLM is its acceptance of all those suffering from addiction rather than focusing on one area of the spectrum. Each week, the men work on a different step from the AA and/or NA curriculum. Tests are administered to ensure that they understand the literature and can apply the step-work to their lives.

Several of the sessions that comprise the Jail Component are aimed at behavior modification. Personal triggers enable addicts to continue using drugs, and sessions in the jail often focus on identifying each individual's personal triggers. Triggers include people, places, and/or things that remind an individual of their active addiction, such as certain family members who are enabling them, not knowing what to do with idle time, loneliness, abandonment, dealing with fear, and/or not being comfortable with asking for help. Resentment is a trigger that can be seen coming from multiple areas: "against the legal system, school teachers because they used to correct me, and my father not being there for me." Anger builds up for many reasons: "my main anger was because I let my mom down by becoming an addict. Basically, I turned to the street to be raised because I had no dad and then when I was 15 I became an addict. I am 45 now and in jail."

Many of the men in the program have violent crimes on their records. The acceptance in the program of those with violent crimes is unusual and rare for programs in Virginia. In the words of one of the program participants, "no other program accepts addicts with violent backgrounds, when we are the ones who need the help the most. It's hard for us to get jobs because of our past, so when we are released there's really no hope or very little which leads us

back to active addiction and committing more crimes. Not anymore, this program gives addicts like us hope.” It is common that the men’s criminal behavior that led to incarceration was influenced by anger, and lessons about coping with anger are essential for this population. As a part of the behavioral modification program, classes on anger management are offered.

Throughout the week, there are various speakers (many who are in recovery themselves) who host group presentations and meetings. Discussion topics include re-entry, money management, life skills, and reforming one’s self. The men are also split into groups that meet daily. The groups highlight the importance of listening, providing feedback, sharing, reading recovery materials, finding solutions, and seeking spirituality. While meeting, “we share our strength and hope to one another, talk about our deep dark secrets and pain, and give unconditional love for one another.” Another resident of the tier compared groups to a team mentality: “We are a team whose personal experiences are being used to build new solid foundations on strengths gained from knowledge of our shortcomings and our best abilities.”

### ***Court Component***

As participants progress in the program, KLM may provide support and assistance to inmates who are exhibiting success. Typically, this involves the executive director providing testimony at a participant’s sentence modification trial and on occasion includes drafting a letter of recommendation to be given to a judge. Frequently this leads to a shorter or different sentence. Men must gain the confidence of the Captain and Lieutenants on the tier before the executive director will act on their behalf.

### ***Re-entry Preparation Component***

Ninety days prior to a scheduled release date, KLM participants begin re-entry preparation. This component is an intensive training process designed to help men overcome the barriers to entry that contribute to recidivism and relapse. KLM views this element of their program as essential in helping participants build hope and resist temptation as they make the transition back into society. Additionally, the Re-entry Preparation Component is a necessary step for men moving into KLM housing and the Post-Release Component when they leave the jail.

While preparing for life on the outside, men undergo training, coaching, and treatment in an effort to improve their chances of staying sober and becoming independent. Classes and sessions that are part of the Re-entry Preparation Component include:

- Showing feelings and emotions
- Teaching how to build relationships and coping with others
- Being a man
- Parenting skills and child support
- Coping with rejection
- How to live together
- Recovery Coach mentoring
- Ethics
- Job Training and skills
- Imposing discipline
- Training for the streets
- Leadership
- Life skills and goal development
- Networking and communication skills
- Resources knowledge (i.e., food stamps, license, health insurance)

### ***Post-Release Component***

The Post-Release component often begins at the jail when a KLM staff member picks up the participant from the jail once he has been released. Striving to create an environment for sobriety and success, KLM greets men in the post-release program with housing, transportation, clothing, food, educational/employment opportunities, and a drug-free loving atmosphere.

Although each man's length of stay varies, it is suggested that participants remain in post-release housing for one year. During this period, the core elements presented to the men are reinforced on a daily basis. The purpose of grouping the men together in a home is to create a support network for recovery and solidify the behavioral changes initiated in the Jail Component.

Most of the men who have, or continue to reside in post-release housing, have followed the path directly from the tier in the RCJ. There are, however, alternative avenues of admission into the program. There have been cases in which someone on the outside has been referred to the program or has inquired about the services offered in the KLM Post-Release Component. Standard procedure is for the executive director to interview the prospective participant, and then determine whether or not the candidate will be permitted to join the program (assuming there is vacancy in the house). Because of the demand of the program, there are many more requests from men in outside programs to live in one of KLM's houses than are places available.

The Post-Release Component has been developed to strengthen each man's commitment to recovery and provide the support and discipline necessary when fighting addiction outside of jail. Program participants follow three phases of recovery while residing in recovery housing:

- Phase One:
  - Introduction to self-help
  - Peer groups
  - Attitude
  - Transition assessing
  - Behaviors
  - Definition of terms
  - Self-diagnosis
  
- Phase Two:
  - Spirituality and personality
  - Recidivism
  - Anger and communication
  - Life skills
  - Human needs/social relationships
  - Educational and vocational goals
  - 12-step and how it works

- Phase Three:
  - Relapse prevention
  - Recovery/relapse problem solving
  - Money management
  - Workplace essentials
  - Living clean and sober
  - Recovery networking
  - Job-seeking skills

The treatment services and sessions that comprise the three phases of this component are tied closely to the information and support given to the men during the Jail Component. The day-to-day schedule of KLM's recovery house(s) is detailed and reinforces discipline and responsibility. Household chores and duties are delegated between the residents of the house, and each man is held accountable for the cleanliness of his living quarters. The men are required (unless their employment schedules interfere) to attend daily Bible study and meetings (AA or NA). If they do not have a job, participants are expected to actively seek employment, file for government assistance, obtain proper identification, volunteer at a local organization, and/or perform duties that positively affect the program and their families. Part-time employment opportunities are often another option for men as they enter the house. Such jobs typically include construction, automotive services, or lawn care.

### **Integration of the Peer-Based Model**

Despite the lack of integration in recovery programs in Virginia, peer-based recovery support services (P-BRSS) programs have achieved a great deal of success in other states across the nation. Not only has the peer-based model proven to be effective in providing treatment to those who battle substance abuse, but “helpers derive significant therapeutic benefit from the process of assisting others: to get it, you have to give it away” (Riessman, 1990). Essentially the entire premise of the model is to create a circle of support in which addicts strengthen their recovery by helping other addicts begin recovery. KLM has implemented this system in each of

its four components. Program leadership is made up of addicts who have displayed tremendous strength in their recovery journey.

Individuals who experience elevated levels of “vulnerability,” which could include background, trauma, and victimization, and who also battle drug or alcohol use, do not typically succeed in “acute models of intervention but can achieve recovery when provided sustained support. P-BRSS constitutes an essential element within new models of sustained recovery management” (White, Boyle, and Loveland, 2002). “This program was developed and mentored by actual recovering addicts who through their own real life experiences are in the best position to relay what it takes to achieve a successful life in recovery.”

P-BRSS models strive to re-link treatment and recovery (Else, 1999), in turn resulting in the development of a more “natural environment,” opposed to an institutional feeling, for those undergoing treatment. Additionally, this contributes to moving from the chemical dependency on drugs to “pro-dependence on peers” (Nealson-Woods, et al., 1995). Stating the same evidence, a program participant stated, “one addict can best help another addict by sharing their experience, strength, and hope to let each other know that we are not alone when it comes to destruction, unmanageability or failure.”

Those who serve in programs that follow the peer-based model as staff or recovery coaches gain their expertise through “experiential knowledge” and “experiential expertise,” rather than through academics and textbooks (Borkman, 1976). Experiential knowledge is information gained about recovery and the disease of addiction through the progression of one’s own recovery, or acquired from others through their recovery. Experiential expertise involves the capacity to convert this information into assisting others to gain and maintain sobriety. There are many who have been through the recovery process, thus having far reaching experiential



knowledge. However, only those who have the additional layer of the experiential expertise are qualified to work in a peer-based setting (White and Sanders, 2006).

### ***Peer-Based Model Testimony from KLM Participants***

The majority of the men of the KLM program volunteered to be a part of the program and to be a part of this study. The majority of testimony, obtained from voluntary interviews, provided by the men of KLM, highlighted the strength of the bond these men have with peers who have experienced the same destruction caused by addiction. Another recurring theme was the confidence and pride felt by participants because of the fact that the men leading the program were in recovery themselves. One of the most straightforward statements that a man in the program told the researcher was “people from textbooks can’t tell you what you’ve been through.” Three other comments relating to this that were insightful as the men voiced them are as follows:

“No one can tell me how to get out of the situation I was in and where I want to be unless you have been there. I don’t want to know what is in a book unless it’s by other addicts and alcoholics. I would much rather listen to one of the guys and learn from them because they have been there, done that and they are exceeding. You find someone who has what you want and you do what they do.”

“For a person to come in, like a psychologist, they may have all the terminology in the world, but you don’t feel them — it doesn’t penetrate the wall.”

“I couldn’t tell a psychiatrist everything that I can tell one of these guys. What makes me open up more is when I look at the guys...they are just like me. I don’t feel comfortable telling a professional all the information. Here we can open up and not feel ashamed, and we can open up and feel better about ourselves.”

The sentiments of the men strongly displayed how much more comfortable they felt when surrounded by other men in recovery. They went on to comment about the difficulty in establishing that same type of connection with someone who does not suffer from the disease of addiction:

“I said to my P.O., I shot dope for 30 years, what can you tell me to do now... she didn’t say anything and they don’t know what to tell me, but the guys in KLM do.”

“There are a lot of guests that come down here and see us, those who are out there doing the right thing. Some of them were once upon a time in the same shoes I’m in. But now they have turned their life around, so I now can get out of here and do the same thing and turn my life around too.”

According to White (2007), the recovery coach/personnel in a peer-based model has many roles to fulfill, including: outreach, motivator and cheerleader, ally and confidant, truth-teller, role model and mentor, planner, problem solver, resource broker, monitor, tour guide, advocate, educator, community organizer, lifestyle consultant/guide, and friend. While this list is extensive, be warned that this role is not a replacement of a sponsor, therapist/counselor, nurse/physician, or a priest/clergy. In a discussion relating to the many roles of a recovery coach or someone in the peer role, it was said:

“I can identify with the leaders. They have been in prison; they have been in the streets like me. Identification is it for me — someone can’t tell me what it was like to be dope sick. I need to feel like we are on the same page. When I’m cursing and have a lot of resentment and a counselor tells me to breathe and count to 10, that doesn’t work. Someone who has been there can tell me how to cope with my feelings.”

“I told my P.O., you don’t know me — you know my name, but that’s all. And you can’t know me by opening up that folder — it’s not me — I have long out grown that person that you have right in that folder — that person is frozen in time — all you see in that folder is ‘big guns’ — that’s not me anymore. With KLM we eliminate that...When I came to this program and witnessed how the director changed his whole life around, it really inspired me because I met him on the street before he actually changed his life. So for me too come in this program and to see what he has done, it really motivates me.”

Both “push factors” (pain) and “pull factors” (hope) are important in recovery (White, 2004). Pain is felt with the obstacles and emotions felt by the addict, and hope is directly felt by utilizing a peer-based model. In conducting interviews with the men in the KLM program, it was evident that “hope” was among the most important factor related to the importance and success of the P-BRSS model:

“The program director really inspires me and gives me hope in my life because when he speaks he makes it clear that its not over for me and he lets me know that anything is possible because

he was in my shoes before and he made some changes to become a better man and now he's in a position to help other people and that's where I want to be in my life."

## **Participant Feedback**

### ***Positive Commentary***

An overwhelming amount of testimony from participants sang the praises of the KLM program and the peer-based model. A simple description of what the program does is revealed in this man's positive perspective of the Post-Release Component:

"The program is designed for people who repeatedly go back and forth to jail and the penitentiary — and the reason we kept going to jail is because we got \$25 and a bus ticket. We had burnt so many bridges, the only people who will accept us is those who we got high with. We stole from so many other people and they don't trust us anymore, so the people we got high with are the only ones who opened their arms to us. And we couldn't get a job, so we did what we were good at before — get high and sell drugs. This program tells you to sit down, give yourself a break, relax and learn what guys in the house are doing. When you hear them telling their story, you can hear what type of understanding they have of the program — you can hear the knowledge they obtained — the longer you are here, the more knowledge you will receive. You don't have to worry about rent, where you going to eat, where food is coming from, you don't have to guard your wallet — you have all of that because of the program — you don't have to live like that anymore."

Another KLM alumnus has been incarcerated five times and convicted of four felonies. His most recent incarceration was a result of being convicted for the attempted murder of a police officer. Following his release in 2009, he has now retained a stable job for over a year and is working at a large company. He has been able to not only sustain employment, but in doing so he has been commended for top national sales marks by his employer. Furthermore, the KLM participant has lived in his own apartment for several months and is able to provide for both of his children who are now living with him. His commentary regarding the influence KLM has had on his life is below.

"For the longest time I was mad at something and I didn't know exactly what it was. Angry at life, job, finances, the color of my skin, the way I was brought up, the uncle that sexually molested me, the grandmother who no matter what I did found fault in it, the mother who abandon me months after I was born, and the father I never knew existed until three months

before he was killed. The anger festered in me and manifested itself in my character defects. I let my anger dictate the way I responded to everything and everyone.

The program has taught me to address these issues. It has taught me that I had poor coping skills. I now realize that I had addictive behavior long before I took my first drink at the age of 7. And just like anything that a person continues to spend time in, it grew and grew and grew. This program has taught me that drinking and drugging was only 10 percent of my problem. Addiction was only the anger representing itself to the world through my actions.

This program has taught me to sit still and address issues that I had thought were a blur in my memory. I know now to face my problems head on. I have learned that my thoughts aren't always the best thought. After all my good thinking got me here. 'If only I could return to the person I was before I started to use drugs,...How many of us have muttered those words. Now I say 'God can you decrease my will so that I can be the person you would like for me to be.' No one is perfect but we can all strive to be the best person we can be. No program is perfect but each individual has to finally completely surrender. No reservations. It's all what you make it."

One of the largest characteristic traits that seem to be continually battled and addressed is anger. Many of the men committed violent crimes that were a result of manifested anger. Others engaged in domestic violence or street fights often because of anger management issues.

"I became someone who most people hated and feared. Being 300 pounds and six feet six inches, mean and angry, makes people scared and intimidated. Becoming incarcerated in 2009 changed my life forever. The anger management class in the program helped me release anger and deal with certain issues that was hindering me and has been sealed inside of me since I was 16. Anger was my drug of choice because I needed it to act out on any issue with anger and bitterness, regardless of the outcome and the outcome could have been death."

A large portion of the program in the jail is contributed by outside speakers who come in to discuss various topics. While the discussions on finances, resumes, and job interviews are useful for the men, it seems as if the hope instilled from the speakers is the most important aspect of this portion of the program.

[Having outside speakers] "gives us hope that outside people care about us. It reveals that there is a big world out there beyond drugs and enables us to look at things different. People change people...they give us courage, strength and hope."

Further emphasizing the importance, another inmate stated:

"While incarcerated we have guest speakers who share with us their past and where they are now. Most of them have felonies and used to be on drugs. They now have businesses and plenty of money. Showing us that we can do the same. It doesn't stop there, they also are waiting for us to be released. With positions ready for us, jobs, places for us to stay, putting us on our feet...what other program does this?"

Because the KLM/MIR is one of the only two program tiers in the RCJ, they offer services and programs that are not available on other tiers of the jail. Opportunities offered on the program tier were discussed as follows:

“I have gotten my GED since I’ve been in jail and now am taking college classes. I am also taking yoga and male responsibility classes. You don’t have these options and opportunities if you are not on this tier or on the other program tier.”

G3 has been made to be an educational tier; therefore, they have professors and school instructors that come to the tier to teach. Many of the men have gained their GED, while others have enrolled in college courses. A 43-year-old man who has been to the penitentiary three times and through three programs stated:

“It’s a chance for us to focus inside these walls without outside influences and walk to our recovery. It’s an opportunity to change myself not only as an addict, but also change my character. Never in my wildest dreams in going to the RCJ did I think I would take college course through VCU, but now I am.”

In speaking with the men who had the director go to court on their behalf, the men seemed to be very pleased with the outcome of the testimony:

“I had always tried to be on the run and fool the courts, so they wanted to make an example out of me. The prosecutor said in the court of record, ‘hit him with the hammer!’ The prosecutor asked for 7 years, but no less than 5. God had different plans for me. The program director took the stand and acknowledged my hard work. He spoke clearly and decisively about the program benefits and my character...I only received 2 ½ years.”

Another man shared his story:

“So when I got in the bull pen to talk to my lawyer he said the judge wanted to give me 10 years with 8 suspended. I gave him the letter (from the program director) that I had in my hands. I told my lawyer to go back in the courtroom and tell the judge I would take the 10 years with 8 suspended if he could put it with the 1 year I already did. My lawyer told me he (the judge) wouldn’t do that. Then I said that you don’t know what the judge will do, because you do not know what God will do....God might touch their heart, and there is nothing too hard for my God. So he left me and went into the courtroom and took the letter with him. While he was in the courtroom I was praying to God. While I was praying, an officer came to the door and called me out to see my lawyer, who said ‘I have a better offer for you...the judge offered you 5 years with 5 years suspended.’”

Another man who also experienced good fortune shared the following:

“I was arrested for robbery, aggravated malicious wounding, and possession of cocaine. I was looking at up to life in prison if convicted of all charges. The Commonwealth offered me a plea for 15 years that I turned down. They came at me two more times offering me 8 and 6 years, which I also turned down. Due to similar charges on my juvenile record they wouldn't offer me anything less. The Commonwealth stood firm on me receiving nothing under 6 years if not more....the judge found me guilty of all charges. During my sentencing the Commonwealth found it necessary to bring up everything from minor traffic violations to my 10-year juvenile record to contend that I was, am, and always will be a violent person. The program director took the stand and explained the dynamics of the program. He also stood firm on the change and growth he has seen in me since I've been in this program. He helped the judge see that we are good people who made poor decisions because of our addiction. In the honorable judge's closing statements I could see that he understood what he (program director) had said and that he respected his honesty and straight forwardness. I left out of the courtroom with 2 ½ years.”

While the majority of the men begin the program while incarcerated in the RCJ, there are a few that come from the streets. One of the men's mother is a friend of the director. The mom knew her son needed help and continued to tell him about KLM. When he was close to rock bottom and approaching trial he began actively engaging in KLM and attending alumni meetings. During this period, a relationship was established between this man and the program director. The program director then went to court with him:

“The program director came to the court several times for me, including the preliminary hearings. He spoke on my behalf and about the program. I was facing 60 years, but signed a plea for six years. My case is staying open to see how well I do and they said they would give me a sentence modification if I do well. Typically, you don't get a sentence modification with a plea. After I went to court and got sentenced, I was able to stay out for a month before starting my time. The judge let me do this because I have asthma and so I needed to take care of my health issues.”

This man is now on the G3 Tier is excelling in the program. He is enrolled in school and in several other classes, including yoga, anger management, and fatherhood.

The most widely discussed topic was how the KLM program relates to the release of an inmate. Due to the barriers to entry and how greatly they inhibit the potential success of offenders, the men were the most excited about what KLM had to offer them after they were released.

“This is the best program because the first 24 hours of when you are out of jail after you have burnt bridges will determine where you will go — and if it weren’t for this program, where would you go? You are going straight back to what you know — this program gave us the opportunity to come in, shelter us, put a roof over our head, and let us sit down to get a plan together. I have a place to go and relax to think about what happened today — instead of being out there and having to react at a snap of a finger and react without thinking — you have to act/think fast.”

“The most important thing about this program is not this tier in jail, but for me it’s what this program has to offer when one is released from this jail. I haven’t had a stable home placement for over a decade and having no where to start a new beginning, I had no other choice but to go back to old people, places and doing the same old things.”

One of the men who did not go through the program in the jail, but came from another facility and program spoke:

“I was in jail in Williamsburg and when released I went to another program in Richmond. After 90 days in this program I relapsed. They wanted to send me to another program, but I didn’t want to go there. One of the staff at this program recommended KLM, so I called the director, got an interview, and he let me move in. I wanted to come to KLM because they told me it was a Christian-based program and I thought it would help me change my lifestyle. My mom died in 2007 and she always wanted me to come to church, but I was too busy doing drugs. So I decided to come here because I wanted help.”

Through discussion about the program as it relates to after-release, one of the men who graduated from the program and is now living in an apartment with his wife and children, shared his story:

“I tell parts of my story because I believe that parts of my life aren’t who I am today. I went to F2 because of the big screen TV — I wanted it because I had a lot of time — then I saw XX being a peer leader and heard everyone talk — I thought I may try it when I got out. My wife got me out on bond and I went to the program the next day — hearing it was ok, but I had to see it – and I saw it — everything that was said and done was what I was hearing. What got me staying here was that I was going to stay for six months and in that six months, I was assistant house manager then house manager – then I was asked to stay for a year — I figured for all of the time I had been getting in trouble, I could stay for six more months — in that six months I was totally different — I became a better man, a better father, and a better man of God. I had to submit myself to the program because I knew how to get high and drink and still beat probation, so I had to submit myself to the program — all the money I had to give to rent and bills I put in my mind it was me paying back everything I lied and stole. I had never been around a program before — I knew a lot of people who were in programs, but I always said I didn’t need a program — I could stop using on my own — but I still had things to work on — I stole and lied all the time. The program saved me because when my father died, I knew I was in a position with that program and I didn’t use because I didn’t want the guys to see me get high or drunk. It’s still hard, but it gets easier- I’m just not going to do anything that gets me locked up. Before I thought, ‘if I get caught, I will only get a year or 10 years’ — that’s crazy that’s how I used to think. I see me being a role model today — I don’t want my son to follow in my footsteps because he saw everything I did — changing my family’s life and my cousins’ life because they see me do it everyday. I love the



most that we (the men in the program) all stick together...I don't care what we have been through or what he did, but we are still here — and we stayed. Everyone is going through something different at different times, so it's good you can always have someone to talk to about it.”

During the KLM alumni meetings on Thursday evenings, the participants have open discussion where they share “praise reports.” Praise reports are discussions about “what God has done for you and the opportunities and doors that He has opened for you and what you have gained back in your life.” Through this discussion, men discuss their accomplishments, which really puts things in perspective. The accomplishments, while extremely important, likely would surprise many people, because compared to many people's accomplishments these are very basic. This further proves how essential programs are for these men, because they literally are starting from scratch. Through examining these statements, it is revealed how social conditions for these men and often for their families, have been enhanced due to KLM.

One of the most moving statements was:

“Last week God blessed with me the opportunity to see my younger daughter graduate from college. God is so awesome because he's a restorer. I didn't have a relationship with my daughters because I was getting high – but for him to give me the opportunity to actually see her graduate, I didn't get to see my older daughter graduate, it was an awesome feeling to see her walk across the stage and see her get her diploma. To develop that relationship, they are seeing a different dad. With God, there is nothing he won't help you do.”

A praise report that stuck out in this research was in 2011 when an alumnus said, “I just got my license back, which I haven't had since 1992.” As it relates to driving, another man said “I realized yesterday when I went to DMV to get my license and license plate that I hadn't had one since 1991, but I had been driving the whole time like I had one and with other peoples' plates.” Other quotes regarding accomplishments include:

“I have kept a job for 7 months — the most I've had a job is 2 months, and I'm going to school now.”

“I got a full-time job as a handyman — from tree removal to home repairs.”

“I got my driver's license back and insurance on my truck.”



“I am getting baptized.”

“I am getting all of my paperwork straight — hard to get life back, and it takes hours and hours of signing and waiting.”

“In August, I came off probation and parole and I’ve been on paper since 1980.”<sup>7</sup>

“I got a phone.”

“My sister who I hadn’t talked to for 8 years is letting me in.”

“I got blood work done today and I’m healthy — for everything I’ve been through in my life — I am healthy today!”

“My son is incarcerated and he called me today and said ‘I heard you are doing wonderful things dad and I’m scared for when I come home...is there a way I can come to your program?’ It brought tears to my eyes that he called me dad, that he said I am doing good things and that he wants to be around me.”

“I got a driver’s license, bank account, my own license plate, and insurance today. I used to drive all the time, but with no license and someone else’s license plate. I have never had driver’s insurance and haven’t had a license since 1986”

Because the program has revealed so many successes, it was asked if the program should be mandatory. Each of the men who responded to this question said that he did not think it should be mandatory. One man stated: “Don’t make it a mandatory program because people are resentful if things are mandatory. It should be a decision you make. And when you get to the tier, they make it clear you can leave the tier when you want.”

Two other men said:

“When a program is mandatory for me I manipulated it to impress who was there.”

“This program would be destroyed if it became mandatory simply because most inmates prefer the line of good and bad. To make someone submit without being willing will push him even harder.”

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<sup>7</sup> “Been off paper” refers to not being under any type of court ordered supervision (i.e., probation or parole).

## *Negative Commentary*

While the majority of the discussions with the men dealt with the positive aspects of the program, as with any program, there is always negative feedback and discussion of areas needing improvement. The recommendations came from men on the tier and from those who had been released. While some of the comments came from men who were bitter and not devoted to the program and their recovery, the majority of the feedback can be very useful in developing recommendations for the future of the program and its structure.

One man who recidivated and was on the tier twice stated:

“You still have individuals in leadership who straddle the fence with one foot in recovery and the other into keeping their old selves alive by still practicing destructive behaviors and criminal thinking by actions. What I realized is that everyone is not mature enough for leadership or just so manipulative just like on the outside that when one keeps focus on others instead of themselves, they don’t spend the precious time finding out who they truly is.”

In the same regard, another man stated,

“There will always be guys wanting positions — they will say anything to get to where they want to get. Guys take things out of content to make them look good. Then, they let things slide when they are peer leaders on the tier — everyone should be accountable for what they do.”

Expanding on the thought about the peer leaders in the jail, another alumnus stated:

“There is sometimes a lack of unity among leaders and not dealing with it [issues] in private, but making a public spectacle of it.”

While the men are grateful for the employment opportunities presented by KLM, on the contrary one man stated:

“All the jobs they get is construction jobs — everyone is not a construction worker. If they don’t do a good job, they need to be put in a position with work they like and can succeed in.”

Another man stated,

“We don’t get bus tickets so we can go out and look for jobs, so when the vans are gone, we don’t have a means to go out and seek employment.”

Many of the jobs the men get before they have gained permanent employment are based on a daily or weekly contract from various employers:

“Certain people are always called for job opportunities, while there are others who aren’t working — jobs need to be spread out among the men.”

Another alumnus expressed a valid point by stating: “They didn’t help us set up a bank account and help us with a way to save money.” While KLM discusses money management and financial literacy, it does not assist the men in developing a savings account to use once they have graduated from the program and are living on their own.

There was also discussion on the rules of the house being bent for certain individuals. As it relates to houseguests and visitation, the men are encouraged to reconnect with their families after they have been released from jail. However, it was stated that:

“Because someone has been there [the recovery house] long enough or because they are friends with the leaders, they get different privileges — they get to have visits more often during the week or visitors stay later than the rules state.”

Another man discussed some favoritism that was present as it relates groceries:

“Everyone is supposed to put \$50 in food stamps toward the house if you get food stamps. If you don’t get food stamps, you are required to spend \$25 a month into food, but it was not always enforced.”

It is important to include the negative commentary, in order for treatment program directors, staff, policy makers, and others involved in the field to be aware of potential issues they too may face. Placing attention on drawbacks and negative feedback provides insight to areas that should be addressed and avoided in the future. Constructive criticism received from program participants is the most valuable feedback that could have been gained, as it came directly from men who were successful in their walk to recovery and in the program, but were vocalizing how it could be made better in the future.

## Chapter 6 - Qualitative Analysis

Literature found in reference to the recidivism of adult male offenders contains a scarce amount of qualitative research. Unfortunately, the majority of reports have focused on juveniles, sex offenders, and women (Montoya, 2009). As such, the results of these studies cannot be generalized to the adult male population examined in this study. The qualitative analysis and findings recorded in this report have been included in order to reveal essential information to increase knowledge pertaining to the adult male population targeted by KLM. The primary objective of collecting and including qualitative data is to produce a more comprehensive understanding of the phenomena and actual life experiences (Bowen, 2005). Additionally, the quotes and narratives collected from the interviews conducted help to clarify the quantitative portion and the statistics presented in that section. While not glamorous, these interviews revealed the “gritty reality of people’s lives,” and at the same time, an understanding how they describe their world (Silverman, 2000).

Narrative analysis of the interviews conducted revealed the following seven themes: *background, addiction, other incarcerations, re-entry and barriers to entry, relapse and re-arrest after programs, other programs, and the Belief program*. These themes were derived from the topics program participants most frequently discussed during interviews. The themes established by the commentary of the KLM men tell a compelling, and often brutal, story. These stories help create a voice that coincides with the statistics of the KLM program. The quotes and

discussion areas that did not appear frequently were discarded because it was assumed they reflected an individual experience rather than a common experience of the men who were a part of KLM (Charmaz, 2003).

### **Interview Process**

Interview questions were designed to be “nondirective, allowing participants to describe their experiences in their own words without the views of the research imposed on them” (Phillips and Lindsay, 2011). While the interviews were semi-structured, they were flexible enough to allow for follow-up questions when appropriate. A concerted effort was made to guarantee that each interview conducted contained extensive information. Interview scripts were then transcribed and studied. By using phenomenological analysis,<sup>8</sup> prominent themes were identified using the process outlined by Creswell (2007). The analysis process included a line-by-line, word-by-word review and analysis of the interview transcripts in order to develop codes and themes (Bowen, 2005). This involved putting together the quotes and narratives that described experiences and the phenomenon relating to continued incarceration and substance abuse. This list was then categorized into themes and subthemes frequently encountered and voiced by the participants (Phillips and Lindsay, 2011).

The time spent on the tier of the RCJ and attending weekly alumni meetings was largely devoted to conducting interviews with those who were willing to participate in the time period available. A total of 77 interviews were conducted on the tier at the RCJ, along with 28 at alumni meetings. There were additional participants willing to be interviewed, however, not all volunteers were interviewed due to the time constraints. Time on the tier was limited, and due to

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<sup>8</sup> Phenomenological analysis refers to the process of seeking to present insights into how an individual makes sense of a particular experience, in order to grasp a better explanation and understanding of this phenomenon. Most often, these experiences relate to a significant phenomena or major life event.

the fact that the length of one-on-one interviews varied from 15 to 90 minutes, the men would be given an “assignment” asking them to write on a particular topic so that their thoughts could be recorded. There were 254 letters written by the men on the KLM tier in response to these discussion topics. Such topics included court appearances by the program director on their behalf, details about the program, thoughts on recovery, daily group sessions, discussion of other programs they went through, and how their experiences and environment contributed to their present situation.

## **Prevailing Themes Developed from Interviews**

### ***Background***

The *background* of individuals participating in the KLM program was a consistent talking point during the interview process. Many felt that their struggles and experiences as children, both in the home and on the street, contributed significantly to the decisions they made as adults. Many of the men associate their drug/alcohol use and criminal behavior to the extreme and unhealthy conditions present in the environments where many of the men were raised. A large percentage of interviewees discussed how exposure to violence and drug use, specifically during their vulnerable and impressionable stages of early childhood and adolescence, adversely influenced their decision-making processes.

One of the most compelling stories relating to a participant’s background was relayed in an interview that occurred approximately 3 months after this man was released (after 13 months in the program, he is continuing to excel).

“When I was little, the big dudes (teenagers) — this was before my mom died — they treated me like a pit bull, which is why I learned how to fight. I would be playing marbles or with my truck and they would kidnap me and take me to other projects and make me fight other little boys from the other areas to get drugs or money — they would make me beat someone up. They would draw a circle and say if you come out before you beat him, we will beat you. I would cry and tell them

I didn't want to fight and they would smack me on the head — if we wouldn't fight they would throw us into each other — then pull a gun out and tell us if we didn't start fighting they would shoot me in the leg. It went from there and I would have the teenage boys scared of me because I knew how to use my hands. I knew the 15 or 16 year olds were scared of me — if people were picking on my big brother, my brother would come get me — people were intimidated when they heard my name — I would have a stick or brick and straight bust them in the head. I would be a bouncer in the penitentiary — when one of the guys would get something stolen they would come to me. When people would be getting drugs in the jail, I would choke them until they would give it to me.”

He went further to discuss his life following the death of his mother:

“My criminal behavior really started though with the death of my mom when I was 13 — she committed suicide — she killed herself in my bed — I found her. Me and my mom were real close — I was her baby boy — why did she choose my bed out of my other three siblings? I had no dad in picture, so we went to live with relatives. I became a rebel then, being physically violent. I would beat up guys who would disrespect their mom and tell them to shut up — it progressed from there to smoking weed, drinking beer and wine, to shooting heroin at 15 and it just excelled from there — the more high I got through the years, the more vicious I became. We could be getting high and I would just bust you in your eye. Or I might take the gun and shoot at you and make you run. A whole lot of people were scared of me when I was in my addiction because they never knew what I would do — they knew I was very vicious and would do anything at any time. Most of the dope boys would like me to watch their back because everyone knew I would pull the trigger — and no one would come up to them when I was there because word was out that I was out. I regret and want to never do that again.”

Later in the interview, he elaborated on why he believes the program has been successful in changing his life:

“See, if you tell me something, I am going to write it off. In my world, it's always been show and tell — tell it and show it. If I told you I was going to bust you in your head, I would show you too. This program has shown me physically that aspect and changed me completely. I am truly grateful that I am a living testimony. I am truly blessed that I can be a living true testimony. All of the leaders in the program are physically hands-on with me, which I can identify with. I don't hear just the BS coming out of their mouth, but when you bring it to me physically, not treating me as I'm a germ, but giving me a hug, shake my hand and greet me — the hands-on, I can relate to.”

While looking back at their *backgrounds*, it was clear that many of the men believed victimization, abuse, and neglect highly contributed to the persistent cycle of drugs and violence and also to the revolving door of the jail. This is not to say if one is abused or victimized he will definitely end up engaging in illegal activities, but the likelihood of doing so appears to increase pointedly. The following comments display this connection:

“I didn’t choose to become an addict on purpose. I was simply searching for affection from a life that I felt never loved me. It has been tough looking at this from such a different perspective. Although society may see me as drag on the community, I still have a heart, and I will continue to embrace change for the sake of those I affect, especially when innocent lives hang in the balance.”

Another man explained his situation by saying:

“I started using drugs for a combination of reasons — I had no family support, but I saw other families who were supportive and at their kids’ sporting events and then celebrating as a family after. It made me angry and I started isolating myself and started getting high. I would get high trying to medicate those feelings.”

The majority of the men in KLM grew up in low-income areas and/or Section 8 housing and were witnesses to the poverty, crime, and drug use rampant in most urban housing projects.

Several men went further to describe their family environment as being “dysfunctional”:

“Growing up, I came from a dysfunctional family, so unfortunately, a lot of my direction was misguided. I had beautiful dreams, such as being a teacher or pro ball player, but I became dependent upon alcohol and weed to give a false sense of stability.”

The circumstances and traumatic *backgrounds* of these men contributed to misguided and/or irrational decisions altered by emotions. Situations arose in their lives where they were unable to cope with a situation; as a result they turned towards drugs, assault, or other illegal actions as their coping mechanism. The lack of being able to handle anger was another emotional-charged issue commonly discussed.

Additionally, socioeconomic status was expressed as a factor contributing to criminal behavior. Financial status greatly affects criminality, especially in correlation to dealing drugs and theft. Fast cars, gold jewelry, and women were the prizes and milestones for success and the fastest way to make money was by selling drugs. When examining this through the sociological lens, race and economics have been the topic of study among many researchers (Anderson, 1999). Middle and upper class citizens tend to value homes and stability and gaining their desired items by legitimate means (i.e., work). Yet, those with a lower socio-economic status tend to focus on material items that are more easily obtained, such as jewelry and cars. Anderson



(1999) refers to this as “the code of the street.” While they may say they want to gain these things legally, the opportunities to do so are most frequently unavailable. Research in this field informs about the context in which many of these men negotiate their lives and live. To some degree, this also explains the bounds of their decision-making since they most often cannot or do not dream of moving into the middle class, because it is seen as unrealistic. This results in the focus on the more achievable material goods to separate them from other individuals in similar economic conditions.

Charles Murray’s (2012) book *Coming Apart: The State of White America 1960–2010*, highlights this idea as well. He discusses the places across American that have the most moral and social fabric breakdown, and the correlation of decades of liberal policies to crime, education, and family disintegration. Murray discusses the lower class of America and states: “Too many of its men will not work; too many of its women raise their children out of wedlock; religious works is in decline. In lower-class neighborhoods the togetherness of communities has vanished. Family, pride in work, religiosity, community are the ‘stuff of life.’ Take them away and you block the road to happiness.” Murray’s work, while it does not directly study the topic of this study, certainly offers valuable insight to class breakdown and the view through the sociological lens. He even highlights some of the interview themes that this section highlights.

Moreover, so many of the men around the subjects of this, whether it was fathers, boys from the street, or uncles, sold drugs to make a living. Poverty stricken families and areas with housing projects are often associated with high levels of criminal activity and drug use; however, these behaviors are present in upper-class communities as well. This is typically because of the excitement of being involved in such behavior, as well as peer-pressure that surrounds many

young people. In explaining why he got involved in the criminal lifestyle despite his family's economic status, one man said:

"I felt I wasn't getting any attention at home so I used to go to Henrico to break into houses just for fun and recreation. A cheap thrill, as I called it, landed me with 13 felony accounts of breaking and entering. But because my father had money, I got the best paid lawyers money could buy, so I really didn't learn a lesson for my behavior."

However, when asked what the number one factor contributing to their involvement in drugs, alcohol, and/or crime, the majority of the men said, "peer pressure." The men reported that they succumbed to the pressure of doing and trying various illegal things. One resident of the tier said:

"It was cool to sniff heroin in the area I grew up. You were square if you weren't getting high. Peer pressure is the number one thing leading to addiction, because everyone wanted to be accepted into our community."

Another man stated:

"I had my first encounter with the law at 9 years old — I'm 32 now. Every time I got locked up, I saw it as a badge of honor. I came to jail to learn how to be a better criminal and I was good at it. I was selling drugs and carrying guns."

Often due to the lack of structure in their lives growing up and in their homes, the negative power of peer-pressure was not prevented or addressed. The social disorganization of the family and neighborhood added to the impacts of peer-pressure, meaning they did not build a foundation to stop the negativity of peer-pressure.

While *background* is often blamed for the men being where they are today, it is emphasized in the KLM program that participants should realize they *chose* to behave the way they have, and ultimately, it is their own decisions that are at fault.

"I can't blame the fact that I was raised up in an environment full of drug dealers, prostitutes, drug addicts and killers. I made the choice to become a product of my environment by not listening to my teachers, principles, or football coaches. Instead, I listened to the Butchee Boys and Ray Rays. I used to make fun of the geeks and laugh at the virgins and squares. But now I realize that I was the joke — all the people I laughed at have good jobs and nice families."

Another man later said,

“I accepted jail and prison as a mandatory part of my life. I started criminal behavior at age 9 — it was my lifestyle because of my upbringing. I have always made decisions on impulse and because of my emotions.”

### ***Addiction***

As seen in the commentary supporting the *background* theme, external factors can contribute to irrational and misguided decision making. *Addiction*, according to the interviewees, strongly influenced the choices one made while using drugs. Since 1996, more people have been arrested on illegal drug charges than for any other offense in the U.S. When alcohol offenses are included in this count, almost one-third of all arrests are related to drugs or alcohol (Weisheit, 2009). In addition to this large percentage of criminal activity, countless other crimes are related to drugs. The National Institute of Justice (2011) has found that over half of both men and women who get arrested test positive for drugs at the time of arrest. Frequently, it has also been revealed that these men would break into a house or mug someone in order to get money so they can buy drugs.

“When I am clean, I have a business, mortgage, two beautiful kids and go to church. But, when I drink, the alcohol starts the drugs and I shift into a gear called ‘screw it’.”

“I am in jail for stealing, which I normally would never do, but my drug addiction got me in it. Addiction takes you to a place that you’d never go if drugs weren’t there.”

Substance abuse and addiction seeps into every aspect of the user’s life. Negative, neglectful, and potentially violent actions and behavior cripples personal and professional relationships, scars intimate family relationships, and casts a shadow over the path and dreams that are given up for a fix. In describing this, men stated:

“Addiction made me a bad person — cheating on my girlfriend with random women.”

“My life was unmanageable. I haven’t seen my son in 7 years because of my lifestyle and addiction.”

“I always cared about what people thought of me, but when on drugs, I lost everything and just didn’t care anymore.”

“I noticed my life was unmanageable when I woke up and the first thing I had to do was get high.”

Illegal drugs are in high demand across the United States, and as policy makers and law enforcement officers analyze the problem and search for a solution, it is essential that they recognize the “war on drugs” must be fought differently (Torgenson, et al., 2004). By decreasing the demand, through such programs as KLM, we are able to make progress in this area. To further emphasize the demand for drugs, during an alumni meeting, the program director stated:

“What sane person orders a cheeseburger from McDonalds, eats it and gets violently ill, and pukes all over themselves, and turns around to go back to the same McDonald’s and get another burger? Dope fiends do that with drugs.”

*Denial* was an additional sub-theme that developed relating to addiction. The majority of participants experienced an “awakening” or realization driving them to seek help while others simply hit rock bottom. Some achieved this same consciousness of their addiction through extreme trauma and personal danger. Many of the men describe their knowledge of addiction as lacking, therefore, prior to joining the program; they did not know they were struggling with a disease:

“I never knew this was a disease, I just thought people got high — but I now realize it’s a disease and I need help.”

When discussing their recovery, the men exhibit great pride in their accomplishment. For most of them, their environment fed their addiction, and did little to educate them about the symptoms of addiction. Once they became aware of the problem, and committed themselves to a recovery process, the commentary had a very different style and feel. Displaying this was the display of pride and self worth:

“It feels great to set yourself free and no longer be a part of the problem, but to become a valuable instrument to the solution.”

“I have to dedicate my life each day to recovery and then God provides me with reminders of my commitment and provides the strength to stay with it, no matter what.”

“Recovery helps motivate us to live in the solution instead of the problem.”

### ***Other Incarcerations***

*Other/previous incarcerations* grew into a theme, despite not having an original question on this topic included in the pre-scripted interview questions. The topic became a talking point that continually arose during interviews as the men discussed how their current jail sentences (while in the KLM program) were vastly different from previous incarcerations in both jails and prisons. Prison, as described below, can be a violent and unforgiving place, and for some, not too different from their *backgrounds*:

“It’s a different world out here versus when you are in the penitentiary because in the penitentiary it is just a sub-society within a society. And there is a whole different set of rules that apply, that is, the most vicious survive. You have all these people in there for heinous crimes, and you have to give that feeling to the population that you are the anti-Christ. People who have killed people would humble themselves to some people’s state of viciousness because they don’t have the tools in jail to do what they did — they render themselves hopeless.”

A large percentage of KLM participants have been incarcerated on multiple occasions. This gives us a platform to analyze the perceived difference between experiences while involved with KLM versus previous experiences while incarcerated.

“I met more drug contacts while doing time in jail than I did on the street. If you are not on this tier (the KLM tier), then it’s a criminal breeding ground.”

“The Richmond City Jail just trains men to become animals. Any other tier in this jail, you have to fight to use phones, fight for your own canteen, treated like an animal, fight for your bed, and talked to like trash. You get released to the city worse than you were when you got here. I have not seen no hope in this jail until KLM stepped in.”

The perception held by the men in KLM’s program tends to be that the actions and atmosphere on the tier is more genuine and committed to assisting each inmate. Although measures are taken on other tiers and in other prisons to help (re)habilitate prisoners, the perception of those efforts lacks energy:

“Other tiers are lazy and no one does anything. This tier helps me be a better man, helps with my family and teaches me what to do.”

“Other tiers don’t have programs — there is no structure on non-program tiers except randomly for the chaplain to come through and share.”

While the public certainly has a perception of “lock ’em up and throw away the key,” state and federal officials handling the policies and administration of correctional facilities must take action if these perceptions are in fact true. The lack of traction current programs have with inmates increases the chances of recidivism and, in turn, creates an enormous financial burden on taxpayers. Since Sheriff Woody and the Richmond City Jail have allowed the program to be administered in the tier, the men’s thoughts of jail and being incarcerated have changed considerably:

“Jail is not a challenge now, but an opportunity to become who God made you.”

Another KLM participant said:

“God had a plan for me. He locked me up to restore my sanity and realize how important life is.”

### ***Re-entry and Barriers to Entry***

As discussion of re-entering society upon release unfolded, it was evident the focal point of the men was the multiple hardships, or *Barriers to Entry* they faced. A great deal of negative feelings was revealed in relation to previous transitional experiences. This discontent included feeling overwhelmed, being involved in conflict, difficulties gaining employment, lack of education, the burden of probation, and other feelings of inadequacies (Phillips and Lindsay, 2011).

The frustrations common to the participants of KLM deal primarily with finances, employment, education, and general assistance outside of prison. One area of frustration is the fact that an inmate is released from jail with \$25 and a bus ticket, not nearly enough to sustain

someone for even a few days, let alone a period as difficult as re-entry. Upon release, many men feel unprepared to plug back into society. Others feel that they have never been taught how to succeed in a legal manner. Following incarceration, some men have no one waiting for them. They have nowhere to stay, and no one to help them. Over the years, their *addiction* and criminal lifestyle have caused them to alienate their families, shatter relationships with friends, and the only spot that will welcome them back is the same corner with the same drug dealers they were surrounded by before they got locked up.

“I have been to the penitentiary four times — most excruciating thing for inmates is their finances. All we can think of is how we are going to eat and where we are going to live. I have felonies on my record and even though I applied for several jobs a week, I can’t get a job. I have no way to survive, so I have to go back to the street, steal, and do drugs.”

“People treat you like you stink. I went for 11 interviews and didn’t get one job because of my background — that’s discouraging.”

“I would get out and find a job, but then have child support, fines, standards of living, and all those other things — that’s why so many men do drugs.”

One interviewee has 15 children. His situation as a father demands significant financial responsibility in order to maintain funds that will provide for so many children. The participant expressed that he felt intimidated looking for work due to his record and did not feel that his education was enough to help him make the money he needed to have to provide for his family. He claims that this situation is what drove him to deal crack cocaine. After entering the KLM program, he has obtained legal employment and is providing for his family, something he feels would not have been possible without KLM’s assistance.

The practice of providing housing upon release was an aspect of the program that many of the men viewed as instrumental to their success upon re-entry. By providing recovery housing, the men have a place to live upon release and therefore do not go back to their same people, places, and things. The recovery housing provides the structure needed to successfully

battle addiction, and change the patterns learned in the past. The program model helps sustain the discipline received while in the jail:

“Going to drug programs while on the street, you are in the program during the day and go home at night and get high.”

### ***Relapse and Re-arrest after Programs***

Another theme present during the interviews was *relapse and re-arrest*. The *Barriers to entry* were a large contributor to *relapse* after previous incarcerations and before inmates went through the KLM program. Some other factors were discussed in relation to men within the KLM program who have struggled with *relapse and re-arrest*. Men involved with substance abuse addiction will always battle relapse, whether they are part of a program such as KLM or not. The men interviewed acknowledged that KLM helped them avoid many of the normal pitfalls and obstacles addicts face when joining society after being incarcerated.

“The biggest obstacle to face is me! Pride, ego, correction, and yielding to authority.”

Many of these factors are not quantifiable, but the sub-themes developed from the interviews were discipline, pride, submitting/yielding to authority, and/or being ungrateful.

*Discipline* is a key sub-theme, specifically in the months immediately following release. Many of the interviewees commented about the benefit of a recovery home that allows participants to get engaged in the community while living in a more disciplined and controlled environment. Many of the men attribute their own relapse or the relapse of others to a lack of discipline.

“I’ve been doing wrong for so long and dealing with myself and not wanting to be disciplined.”

“When released before, I didn’t change my people, places and things, because I didn’t have anywhere else to go. Now that I’m on the tier and have KLM, I will have housing when out and a place to go to work on my recovery. I got out in January and now I’m back again (July). I looked for a job for 4 months. It’s hard when you have a family and kids. Then when looking for a job



they looked at my record and doors shut on me. So, then I went back to what I know — selling drugs, then using again — then I'm back in jail.”

*Pride and Ego* was also reported to be a significant reason for relapse and recidivism. Pride was defined by one man as “refusing for your will to be broken.” Listening to someone telling you what to do and how to live is not pleasant under the best circumstances. Additionally some men struggle with differentiating between accepting support from others and being weak.

“It’s hard to accept people trying to be your ‘father’ but really they are trying to help. We didn’t have fathers before so we don’t know how to act. We have the mentality of ‘you’re not going to tell me what to do,’ and we have to move past that.”

Similar to *Pride and Ego* is the sub-theme of *Yielding/Submitting to Authority*. The idea of independence often stems from a lack of trust. The environment many of these men grew up in makes it very difficult to trust anyone, especially those in a position of authority. One man discussed this by stating:

“It’s not just the police, but any in the position of who could help you. Your ego sets you back and you don’t want to be called on your behavior, even though you can call someone else on theirs.”

While this program helps many men immediately, for others it takes time because “guys still want to do what they want to do — they are just ungrateful.” It could also be viewed as a lack of commitment. Because if a man is not fully committed to the program, how can he truly appreciate the transformation offered by the program? Another man stated an important fact in that:

“People have their own self will — they have been doing it their whole life and aren’t ready for change. After 30 days they think they can make it, but how after doing drugs for their whole life?”

Another comment regarding a participant’s reception following a relapse:

“I left the program because I was ungrateful. I was in for a rude awakening when I left. But I came back and they showed me love and welcomed me. It was a warm feeling when I came back.”

This researcher had the opportunity to interview a few men who went through the program in the jail, did not remain a part of the program upon release, and ended up back in the RCJ and in the program again. The first man explained his situation as:

“I have been battling a heroin addiction since October 31, 1991, and I have never received help outside of the jail. After I was on the F2, I went to a state facility and was put in a behavior program, but the people who worked there were not qualified, they did not believe in what they were doing and they were not in recovery. I was there for 18 months, but it didn’t work. I got out and was supposed to go to a halfway house in another city, but before I got there, my whole family was telling me I was not going to make it and that I was going to fail. So, I didn’t go and become homeless. I ended up getting caught and got locked up for probation violation. This time in jail is the first time I have realized I have problem, and there is probably a mental issue that goes on with everything else. I realize I have been going through this for so long, that it’s my mistakes and my fault and that I need help.”

The last man interviewed on this topic would be defined as a career criminal and has been incarcerated 7 times and has 12 felonies. He explained his story as follows:

“I was on F2, but then they sent me to G1 so I could get work release. When they moved me, I got separated from the program. By the time I got out, I didn’t call KLM, went back to the same environment and used the first day I was out. I wanted to go to the program, but didn’t know how to get a hold of anyone. I was out for 105 days, then locked up for 45 days, then out for 79 days, and now I have been here now since June 2011 (interview was in October). I am here for stealing, which was caused by the drugs. This time, I need a place to go. I have been locked up every year since 1986. I have never been sentenced to a program or drug court. I’m 62 years old and tired of being recycled. I haven’t even had an ID since 1996. When I get out, it doesn’t make sense to look for a job — everything is on the computer and I don’t know how to use one. I have never even had a cell phone and don’t know how to use one. I don’t fit into society — I do fit in at jail. I don’t know where my family is — I’ve been in jail too much. When I did get out in October, all I had on was a t-shirt and it was cold, so I stole a coat that day, which is why I am here now.”

### ***Other Programs***

Many of the men have gone through other programs in the past, some only one program, others multiple programs. Interviews relating to this topic enable a better grasp and understanding of who these men are, in addition to learning various positive and negative aspects of other programs. Many of the men in the program had gone through programs mentioned in the preceding chapter, including the Healing Place, Rubicon, Boaz and Ruth, state

administered/Department of Corrections programs, among others throughout Virginia, and also in other states. The men also compared these other programs to KLM.

“I have been through all programs DOC has to offer — Breaking Barriers, Self-Esteem, Virginia Cares, AA, NA, Fatherhood, anger management, career readiness (got certificate from Governor), and I’ve gotten my GED and am taking college courses. I took the easy route with these programs. Then, when you get out, they put you on parole or probation, but all they do is make sure you come in, pay child support, and pass the urine test. You are just a case file because they don’t have the time with their huge caseload. The bottom line is that aftercare after release would help each of these programs. If not, how are you supposed to get to your job without a car? How do you get to Chesterfield if you live in Richmond, but are paroled in Chesterfield and don’t live on a bus line?”

The primary theme developed from these interviews was the housing that KLM provides versus the lack of housing among many other programs. As many men participated in programs while incarcerated on a previous occasion, they still had no place to go and no housing options upon being released. One program participant said:

“But with all of them [programs], after you got released, it was all on you to continue with your recovery even if you had no home to return to.”

Another man who had been through “very good” programs in the past, voiced his opinion as it relates to the housing:

“My first program was a spiritual program. We did a lot of church and Bible study, but really didn’t do too much NA work or meetings dealing with our disease. The program started my relationship with God, however that was not enough for me to stay clean and sober. My next program was very good — it dealt with your spirituality and addiction...it helps you adjust back into society. However, when your time is up in the program, that is...you were pushed back out there with no help. That’s the beauty of this program. You get everything you need to become successful. You get the spiritual part, you get the groups dealing with life skills, and you get to work on your addiction, but more greater than all that is the aftercare. Once you are released this program helps to house you and help you while your transitioning back into society.”

While some men went through other programs that offered housing, they believed that the housing situation greatly contributed to their relapse and recidivist behavior. These situations ranged from being exposed to the same things that were available on the streets often due to lack of structure in the houses. Regarding a fairly large organization in Richmond, one man said:

“I didn’t go through this (name of program removed) program, but I worked there. I lived in one of the recovery houses when I was there and you monitor yourself. It seemed as if there was more stuff there than on the streets, like drugs and prostitutes. So I had to stop working there.”

In discussing another large substance abuse organization in Richmond, one of the men said:

“The location is right in the middle of the hood — people meet you at the gate and throw dope over the fence. The people inside of the program are selling heroin, which actually just become public [knowledge] because of a court hearing [that addressed the issue]. It is just off the chain in there, you can get drugs so easy. Also, there is not as much structure anymore. I went in 1996 and then a few years ago. They used to have rules, certain ways you had to address people, you couldn’t get a weekend pass until you got to a certain phase, and the counselors had more control. Now none of that is true, and they even go through the phases much quicker.”

The curriculum of other programs seems to be lacking in several areas and does not cover all of the bases that the men feel is important in their recovery. Relating to areas lacking in the curriculum, one man said:

“I went through a halfway house in Newport News before. They didn’t provide any programs in the house — no NA or AA programs. No classes or literature to help someone with their addiction. And when you are released from the house into society you just start right back where you left off because the house didn’t teach you about recovery or addiction. This program is very different from the halfway house. It provides literature of books such as NA, AA, The NA Way of Life, and Love. The men who started the program are great men, but also went through recovery. To the men on the tier, this means more than our recovery — it’s about hope.”

Similarly, another man said:

“It (name of program removed) only offers AA programs. I was there on a heroin charge and just got AA classes.”

To further emphasize the peer-based program model previously discussed, one man shared:

“Programs that I have had the opportunity of being a part of in the past were overseen by clinical staff. Here everything is raw and uncut — it never gets realer than this.”

Another man said:

“People would rather be in this program and not others because all of the speakers that come in have lived the same life style that we have lived and we can relate to them. That’s what makes it so different from other programs.”

Other men focused on more of the intangible measures, including hope and love. It was surprising how many of the men discussed the importance of hope and the emotional value of

feeling loved. Besides housing, the love and hope found in KLM, and the lack of love in other programs, was the second most discussed issue associated with the programs. One man said:

“The difference between this and other programs is simple, it’s one word: hope. Hope is the key to my recovery. Hope is only something you can only find in true heartfelt compassion, an understanding between you and your spirit that there is something out there that is truly better than the self-inflicting misery of our addiction.”

Another man went further in discussion of this topic and said:

“I went through another program that I think was enlightening — they pushed AA, NA and anger management. These were vital to recovery if you’re ready to stop. These things didn’t reach the heart of the problem, because I didn’t feel it deep within. They don’t give the love that you need or the structure; too much confrontation. It didn’t help the addiction I had to women. The second program I was in was based on discipline, not recovery. It helped me form character and respect, but as far as addiction, it didn’t help at all. My third program was a 28-day program and offered a variety of things. It offered no structure; it was like a transitional program preparing you to return to the streets. It was co-ed, so that was another problem itself. People were really trying to get to the streets, instead of concentrating on their addiction. This program is different in many ways. This program offers everything others didn’t. The love that the directors show is incredible. Love, spirituality, hope, integrity, responsibility, and humility — these principles are taught in a way that is easy for me to comprehend.”

Almost every man who is in KLM has been on probation or parole sometime in his life, and many currently are. They expressed great concern about the system of probation and parole and its ineffectiveness. As discussed in the literature review, the caseloads of probation officers (POs) are so large that the majority are unable to devote adequate time to each case. Thus POs are not able to much more than slightly contribute to recovery and rehabilitation. In addition, many men believed there were restrictions and guidelines placed on them that truly inhibited their potential of success, which is revealed through the following statement:

“My PO put me in a position where I couldn’t work. I couldn’t go more than 25 miles outside of the city, but I worked in construction and we worked more than 25 miles outside of the city. Then, I had to give a urine test 3 times a week and my employer did not like that I had to leave so much.”

## ***The Belief Program***

The G2 tier, referred to as the “Belief Tier,” of the Richmond City Jail is the only other program tier in the jail. There have been many men who have gone through the Belief program and succeeded, including a group of men who have started a program called ROOTS. ROOTS is a program that provides resources for men who are released from the Belief tier and need direction on how to obtain certain services. They also have a few meetings throughout the week for the men who have been released from the tier.

One of the men incarcerated on the KLM/MIR tier, was actually one of the founders of the ROOTS program, and explained the Belief program:

“Belief is a 90-day program based on 4 steps. The first step is basically a personal inventory that lasts for 45 days. You get to know yourself and admit your life is unmanageable and powerless over drugs during this phase. The second phase (2 weeks long) deals with drug education, identifying with drugs, anger management, and building esteem. The third step (2 weeks long) teaches about job-related items: job placement, resume, applications, and interviews. The last phase, which is 2 weeks long, teaches the 12 steps and how to apply them to life. It also teaches about triggers and how to make amends with people. The steps primarily deal with AA though.”

There are many other men in the KLM program who have previously been through the Belief program. They expressed some areas of concern within the Belief program structure and curriculum and areas that could be improved upon:

“It only really offers AA — it only has one day of NA. They do not offer behavior modification. When I was down there, the leaders were trying to fight. KLM has more one-on-one, more life skills, and teaching living life on life terms (i.e., relationships with family members). They also do not have a housing component. A program ROOTS helps when you get out, but only offers meetings, not housing or help getting jobs.”

“The program, well, it’s not what they teach you, but the structure of the program. They tear you down to try to build you up. Addicts have low self-esteem anyway, so to tear them down isn’t effective. KLM shows you love and how to deal with personal issues. For me, I grew up in a dysfunctional family, I watched my dad molest my sister, and I was molested by a man when I was 12. The facilitator of Belief is like a drill sergeant, he tells you if you don’t do this, you will fail. They need to show me how to build my esteem — give me those tools and show me positive affirmation.”

Belief only accepts non-violent offenders, whereas KLM/MIR accepts everyone. In expressing his frustration about this, a resident of the tier stated:

“Belief is robotic and they force everything on you. With KLM, it’s an option. Belief only accepts non-violent offenders, but KLM accepts everyone. But with non-violent offenders, they haven’t felt the pain violent offenders have, so they don’t want to change as much. Most people who commit a violent crime do so when high, so those are the people who need the most help.”

The lack of behavior modification was also a concern to some of the men:

“In KLM, you modify each other’s behavior. In Belief, you keep people in sanction groups if they do wrong.”

Additionally, discussion took place regarding reasons the men attributed to their re-incarceration. The number one identified downfall of the Belief program was not providing aftercare or housing. One man expressed his concern about the lack of housing by saying, “Belief has no transition out-of-jail program. They send you back into the streets. They gave you the tools while in, but don’t assist you when out on the streets.”

### **Qualitative Themes and Conclusion**

An indirect focal point in the investigation of KLM is the “contribution to improving social conditions” (Rossi, Freeman, and Lipsey, 1999). In this study, the social condition is primarily recidivism, however, understanding other social conditions is especially important in interpreting the qualitative portion of this study. The development and understanding of the themes deduced from the collected testimony contribute to understanding the men of KLM, which also can be generalized to the larger population of male offenders suffering from addiction and substance abuse.

The themes developed indicate what experiences, both positive and negative, contributed to where these men are today. Developed from discussion of their *backgrounds*, it is apparent the men believe they are a *product of their environment*. While many acknowledged they

certainly could have “beat the odds,” they do believe their environment negatively effected their decisions and involvement in illegal activities. Also related to this is the negative *peer-pressure* experienced at school and in their neighborhoods. In their minds, the pressures from other kids in the neighborhood were a very large contributor to their personal downfall. Being raised in a *dysfunctional family* also was seen to be a reoccurring theme. The majority of the men were from single-parent households, did not have strong male figures in their lives, had parent(s) who battled addiction, and who were involved in a criminal lifestyle. To sum this theme up, one man stated:

“I made the wrong choice of letting my environment and peers make me believe that selling drugs, fighting, killing and robbing others from different neighborhoods was the way of being popular.”

Another man stated:

“Most of us come from broken families and [were] forced to adapt to our environment around us.”

Battling the disease of ***addiction*** greatly impacted the lives of the men; especially as it relates to the various criminal activities many engaged in. It was a continued topic of discussion that the men *did things they never would have done if they were sober*. Many crimes, often violent crimes, were committed while high in order to fulfill or fund their addiction. This could mean robbery or burglary for drug money, or getting overly angry at a situation and hurting another person. The men also reported *not realizing the severity of the disease of addiction*. Because many grew up around it, they did not realize addiction was a disease, nor did they recognize the severity of the consequences related to being an addict. Similarly related, many also *did not even know they were addicted*. They were all living in denial and thinking they could “handle it” and did not need help.



*Learning how to become a better criminal* was the most widely discussed theme when discussing **other incarcerations** with the men. They realized they were incarcerated as a punishment for their actions, but many did not receive an opportunity for treatment or a program, and those who did receive the opportunity, the program often was not as effective as it could/should have been. They were essentially *locked up and the key was thrown away, and then released to the street with no training of how to succeed*. [Typically there is not *programming* at the jail and/or prison. The KLM men collectively have served approximately 3,210 jail/prison sentences, and the majority said their *views of being incarcerated drastically changed after going through the KLM program at the RCJ* as they had *never been given an opportunity like this*.]

**Re-entry and the barriers to entry** constitute some of the greatest hurdles to success and is the largest contributor to continued relapse and recidivism. One of the focal points of KLM, and throughout the recovery community, is changing people, places, and things, in order to stop the cycle. However, due to the barriers, it was found to be nearly impossible for the majority of the men who were interviewed to change their people, places, and things. Being *released to the streets with nowhere to go* was a large concern to the men. They expressed the obstacles of having *no place to live* and no program that provided housing. They had *no money* and therefore could not find a place to rent, or buy a bus ticket, food, or clothes. Additionally, they were *not able to get a job*. With criminal records that are quite extensive, it was nearly impossible to get a job. As such, they felt as if there was no other option, nor did they know different, other than to go back to the same people, places, and things.

Through the researcher's own observations and through interviews with the men, it was evident that **relapse and rearrest after programs** factors are not quantifiable. It was seen that the men who fall into this category battled their *pride and ego*. They tended to be *ungrateful* for the

help they had received (or were receiving). Many had difficulty *yielding/submitting to authority*, primarily because they never respected authority in the past. On a similar note, they had issues with *being disciplined*. It is for these reasons that men would drop out of programs, or not succeed in programs, which led to a relapse and/or rearrest after going through a program. This is true of many of the men who also relapsed and/or got rearrested after going through the KLM program.

The discussion of *other programs* and the *Belief program* was an area where one could see a lot of thought on the men's behalf. It was evident they were speaking from the heart of things they experienced and that were lacking as it relates to programs. It became clear that every program, whether state-run or privately funded, should structure its program based on these themes. It may be thusly: who knows better how to treat a criminal and addict better than criminals and addicts. Many of the themes discovered on this topic related to those found in the discussion of barriers to entry, further emphasizing their relative importance.

The most discussed subtheme was *housing*, primarily programs not offering *housing*, but also as it relates to drugs and the lack of supervision in community and halfway houses. For those who had previously had the opportunity for programs while incarcerated, most often they were not offered *after release*. Therefore many went to the street with the same situations as before with no assistance in handling them or with helping them *get a job*. The *structure* of many programs appears that it could have been improved by offering *NA, AA, and/or behavior modification*, instead of just one or two of them. Additionally the men felt as if the programs lacked the component of showing *love and hope* that they feel is necessary.

Specifically as it relates to the *Belief program*, the largest area of concern again was that Belief does not provide *housing* or *aftercare*. By not providing aftercare, it did not offer

participants assistance in *getting a job* or with *transportation*. Participants also expressed concern with the *structure* of the program, which could be enhanced by incorporating *NA and behavior modification*. Many men, who had been incarcerated in the RCJ many times in the past, had never had an opportunity for a program such as KLM because Belief *only accepts non-violent offenders*.

Concluding upon statements made as they relate to programs, the most important factors stated by the men are easily identified. These include: a peer-based model; showing love and hope; combining a faith-based program with AA, NA, and behavior modification; providing aftercare, as well as programming while incarcerated; and providing housing, transportation, and other important related tools that are vital to a successful re-integration. According to the men, these are the areas that set apart KLM from other programs they have been through in the past. Although briefly addressed in the section that discusses “*What KLM is,*” the men, while possibly being biased because they are going through the program, did not express these aspects enough to generalize them into themes, as this paper did previously for other topics.

By conducting interviews and including this qualitative data, the researcher was able to explore concepts and sub-themes that relate to those who are/have been incarcerated, and who most often battle substance addiction. This has enabled attention to be drawn to a number of dynamics that exist and that are further explained in the quantitative section that follows. Such dynamics include examining the relationship between the independent variables and the likelihood of recidivism. An in-depth understanding of the research population and getting to know the men was accomplished through using an inductive approach aimed at recognizing patterns and themes in the data. “Inductive analysis means that the patterns, themes, and

categories of analysis come from the data; they emerge out of the data rather than being imposed on them prior to data collection and analysis” (Patton, 1980: 306).

## **Chapter 7 – Quantitative Analysis**

The KLM program was evaluated in a quantitative manner by comparing KLM recidivism rates to the control group: those who went through the Belief program. The quantitative analysis first looked at the demographics and frequencies of the tier. Analysis continued through the usage of likelihood ratios, logistic regression, and paired t-tests. This analysis was able to address the two hypotheses. The first hypothesis states before release from incarceration, if an inmate undergoes any type of treatment relating to transition back into society and substance abuse, and continues to undergo treatment once released, overall recidivism amongst those in the program will decrease. The second hypothesis states before and upon release from incarceration, if the inmate partakes in the peer-based KLM program, the recidivism rates among those in the program will be lower than the rates of the individuals who go through other programs. The results found that the first hypothesis was non-conclusive and the second conclusion was supported.

### **Richmond City Jail Demographics**

During 2010, the Richmond City Jail housed 10,591 residents. Males represented 81 percent of that population. The remainder 19 percent were female inmates. There were a total of 21,471 jail commitments throughout the year, averaging 1,789 inmates incarcerated at the RCJ at a given time. The average age of an RCJ resident was 34; by sex, the average male was age 34 and the average female was 33. Racial analysis showed that 82 percent of the jail population was

African American, 14 percent white, and various other races made up the remaining 4 percent. The majority (57 percent) of those housed at the jail were incarcerated for a felony conviction, while 41 percent were convicted of a misdemeanor, and 2 percent for an ordinance violation.

With a 44 percent recidivism rate, males made up 48.7 percent of that number and females were slightly lower at 43.5 percent. However, when examining the recidivism rate at the jail, it is important to note that this number is *only* reflective of those who were re-incarcerated at the RCJ. Local jails archive their own facility's information, and their databases are *not* linked to a statewide data repository. The recidivism rate of the RCJ is higher than the state average, yet the exact difference is not known, since the 44 percent is not reflective of incarcerations in other jurisdictions, which are very common. Arrest information, dating back to 1997, for the KLM tier and for the control group (the Belief Tier), which included all incarcerations in Virginia was obtained from this study. The Virginia Compensation Board's LIDs database provided this information, which enabled a comprehensive and holistic view of statistics and effectiveness. Do note that this information does not include arrests that occurred outside Virginia. Inmates in the RCJ are typically domiciled in the immediate area; therefore, while possible to get arrested in another state, it is highly unlikely that inter-state recidivism will significantly affect the statistical data.

### **KLM Tier Descriptive Statistics**

Determining demographical statistics and frequencies of the KLM/MIR tier required merging data from several sources, then coding and analyzing that data using the statistical analysis software SPSS and JMP. The bulk of the information came through responses from the surveys completed by men who were incarcerated on the tier. The jail provided additional data

with information the men did not provide, in order to limit missing data and to ensure accuracy of the data provided in the survey.

Among the data provided from the jail were classification rates of the men. A classification number is assigned to each person incarcerated, with levels ranging between one and eight: one being the most severe and eight being the least severe. Classification levels are given based on several contributing factors and are not limited to the cause of their current incarceration. Levels are cumulative of previous incarcerations, seriousness of crime, compliance with jail rules and polices, and length of incarceration(s).

Most medium to high categories show the offender is frequent and continues to return to the RCJ. Levels of 1 and 2 are typically given to those convicted of serious crimes (i.e., murder) and/or inmates who consistently demonstrate violent or disruptive behavior (i.e., sentenced to life in prison). Prisoners with status levels of 1 or 2 often face up to 23 hours of confinement in their cells each day. The minimum levels (6,7, and 8) are for lesser offenses, such as not paying child support. Individuals with this classification level are allowed to work outside on the grounds. The average classification level among the men on the KLM/MIR tier is 4.4.

Data on 489 men were analyzed to provide the findings presented throughout this chapter. Five hundred and ninety-nine men were incarcerated on the tier, and exposed to the program during the study period. However, men who were on the tier less than a week were not included in the study. Visits to the jail for data collection and observation occurred once a week during the study period. It was during these visits that the men would fill out the surveys. It was decided to only include those who filled out surveys so the data set would be as complete as possible. Additionally, there were only capabilities to distribute an English version of the survey; there were only four men who were unable to participate because of a language barrier.

The data collection in the jail concluded in September 2011. At that time, 88 percent of subjects were no longer in RCJ custody; meaning 12 percent remained incarcerated in the RCJ. The data provided by the jail and LIDS included re-arrest information on these men through December 21, 2011. Prior to any analysis of this data, it was checked for multicollinearity<sup>9</sup>; there were no variables found at the 0.7 level, therefore, no variables were excluded due to multicollinearity.

Men on the tier were between the ages of 18 and 64; the mean age was 34. The large majority (86 percent) were African American, followed by 9 percent white, 2 percent Native American, 1 percent Hispanic, and 2 percent other races. Educational levels among the men on the tier are displayed in the figure below:

Table 3 — Educational level of men on the KLM tier

<b>Educational Level</b>	<b>Percent</b>
Less than middle school	.5%
Middle school drop out	3.6%
Some high school	32%
GED	28%
High school graduate	23%
Associate's degree	.5%
Bachelor's degree	.7%

Further basic analysis of the KLM population shows that 91.3 percent of the men had been a peer leader while incarcerated. Ninety-eight percent of the study sample had been incarcerated on the

<sup>9</sup> Multicollinearity is a statistical term in which two terms are highly correlated when using multiple regression analysis.



tier; the other two percent had walked into the program from the street and did not go through it in the Richmond City Jail.

When asked why they were seeking recovery, responses were coded into six categories. The number one response was “*addiction and recovery*” consisting of 36.3 percent of responses. “*Change*” was the next most popular response, with 33.6 percent of responses. Developing “*hope*” was the next most prevalent response at 24.7 percent. Five percent of the men said they were seeking recovery for their “*family*,” followed by .2 percent to “*better myself*,” and .2 percent said *I’m not*.

Men incarcerated for non-violent felonies represented 47.2 percent of the population, while those incarcerated for drug crimes consisted of 31.8 percent of the tier. Of the remaining inmates, 12.6 percent were incarcerated for violent felonies, 4.7 percent for violent misdemeanors, and 3.8 percent for non-violent misdemeanors. Eighty-seven crime categories were identified in the study sample; of those categories, drug crimes were most prevalent among the men on the tier, followed by stealing/theft at 15 percent (burglary, robbery, petty larceny, and grand larceny). Twelve percent were incarcerated for violating probation, 7 percent for driving violations, and 5 percent for possession of an illegal firearm.

Looking at the number of times each subject had been incarcerated and examining timelines of criminal activity revealed that the majority of the men were incarcerated between one and seven times over an average span of 5.8 years. The percentage of the study subjects in relation to the number of times they have been incarcerated is displayed below:

Table 4 — Number of incarcerations by percentage

<b>Number of times incarcerated</b>	<b>Percent of men</b>
First time	15%
Two times	10.3%
Three times	10.7%
Four times	12.5%
Five times	10.1%
Six times	6.6%
Seven times	9.5%

The most any man had been incarcerated was 100. The average number of incarcerations was 6.48.

A vast majority of the men, 88 percent, had been convicted of at least one misdemeanor in the past, averaging 4.9 misdemeanors per participant over an average span of 6.6 years. The majority of the men had between one and eight misdemeanor convictions. Driving charges were the most common misdemeanor conviction (21.8 percent), followed by trespassing (11.8 percent), marijuana charges (9.9 percent), and petty theft (9.7 percent). The majority (35.9 percent) stated they were not under the influence of drugs or alcohol when committing a misdemeanor. However, a large portion of the sample, 30.9 percent stated that they were on drugs at the time of committing a misdemeanor, 8.8 percent were drinking, and 24.2 percent were doing both. Yet, the question remains, was it the drugs and/or alcohol that caused their offending, or another variable?

Examining convictions revealed that 87 percent have been convicted of a felony, and most had between one and five felonies on their record, an average of 3.5 per person. Thirty-two percent of these convictions consisted of drug-related felony charges, 10 percent robbery, 8 percent burglary, 7 percent grand theft, and 7 percent illegal possession of a firearm. Many of the respondents (36.3 percent) stated that their felony was committed while under the influence of drugs. Thirty-three point six percent said they were not on any substances, 24.7 percent were under the influence of drugs and alcohol, and 5 percent were only drinking alcohol.

### **Recidivism Data**

Following their release from KLM and the RCJ, the majority of the men (50.2 percent) were not reincarcerated anywhere in the Commonwealth of Virginia, while 34.4 percent were reincarcerated in Virginia. Most often, men were reincarcerated in Richmond, Chesterfield, Hanover and/or Henrico. At the completion of the study, 6.8 percent of the men remained in custody of the Department of Corrections or had been transferred to another jail. Eight point two percent were still incarcerated on the tier at the end of the data collection period. Of all of the study subjects, the large majority have not been rearrested. Seventeen point one percent have been rearrested one time, 9.1 percent two times, 4 percent three times, 2.3 percent four times, and 2.3 percent five or more times. While the recidivism rate of KLM is 34 percent, and the RCJ recidivism rate is 44 percent, the difference is actually much higher than a 10 percent difference due to the discrepancies associated with the RCJ recidivism rate that includes only the RCJ incarcerations, as discussed previously.

Men spent an average of 82 days on the tier before their release. Upon leaving the program and the RCJ, 38.7 percent were released directly to the street, 9.7 percent were

transferred to another jail, and 24.8 percent were sent to prison. Upon release, nearly eight percent of the men released from the jail went and lived in one of the KLM houses. The table below displays the amount of time the study subjects have been released from jail during the study period:

Table 5 — Release time on street since KLM

Release time	Percent
2 – 2 ½ years	22.5%
1 ½ – 2 years	18.5%
1 – 1 ½ years	15.6%
6 – 12 months	15.8%
Less than 6 months	12.6%

### Likelihood Ratios

When analyzing the effect of each independent variable (IV) on the dependent variable (DV) of recidivism by running likelihood ratios, it was found that only a couple IVs are statistically significant. In examining the IV of “current conviction,” which was the conviction that sent them to jail while in the KLM program, it was found that there is a 100 percent probability for those currently convicted of “failing to register” and “stealing a car” to recidivate. Sixteen percent of the men receiving a “probation violation” conviction recidivated. That equates to a 44 percent probability of recidivating. Conviction type, while significant, only explains 2.5 percent of the variability.

The convictions were broken down into the categories of violent felony, non-violent felony, drug, violent misdemeanor, and non-violent misdemeanor. As shown below, offenders who were non-violent were the most likely to recidivate.

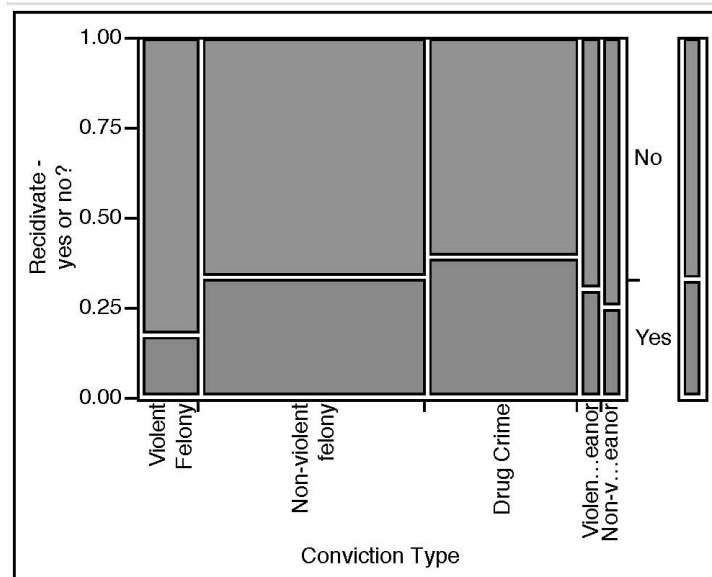


Figure 1 — Conviction type and likelihood to recidivate

As shown in the Table 6 below, 15.94 percent of non-violent offenders recidivated. However, among only the sample of those who recidivated, 48.53 percent were non-violent offenders. One of the men in the program explained the greater likelihood of recidivating among non-violent offenders by stating:

Violent offenders have hit rock bottom, non-violent offenders haven't, so they aren't ready to recover. So when given the option for treatment, violent offenders are more likely to take it seriously.

Those inmates convicted of a drug crime were the next group most likely to recidivate.

Table 6 — Conviction type and likelihood to recidivate

<b>Conviction Type</b>	<b>Recidivate % Among Whole Sample</b>	<b>Recidivate % among only those who recidivate</b>
Violent Felony	2.17	6.62
Non-Violent Felony	15.94	48.53
Drug Crime	12.32	37.5
Violent Misdemeanor	1.45	4.41
Non-Violent Misdemeanor	2.94	2.94

This issue is an interesting one to contemplate considering the quote and table above. Through this, it could be said that some of the most violent criminals may be the ones who are most amendable to rehabilitation, possibly because they have hit rock bottom. Yet, many non-violent offenders, whose recidivism rates are much higher, seem to be less amendable. It does not seem wise to force violent offenders (or any type of offenders for that matter) into treatment, and is not advised by the men through their interviews, as previously discussed. It would, however, be wise to reconsider how policymakers think about some violent offenders, especially those who have hit rock bottom. While this is a much more complex issue than this study can address, it is an interesting area to research in the future, in order to further strengthen programs.

The number of times in jail was highly significant, at the .01 level, meaning those incarcerated more are more likely to recidivate. The table below reveals that with each additional incarceration after the first time, the probability of recidivating increases by 4 percent.

Table 7 — Number of times in jail and likelihood to recidivate

Model	Log Likelihood	DF	Chi Square	Prob>ChiSq
Difference	4.11	1	8.22	0.004
Full	300.94			
Reduced	305.05			

Racial analysis was also interesting. While the majority of the population on the tier was African American, it is Native Americans who are most likely to recidivate. The table below reveals the likelihood to recidivate based on race.

Table 8 — Race and likelihood to recidivate

Race	Likelihood to Recidivate <sup>10</sup>
Native American	85%
Hispanic	40%
African American	39%
White	25%

Examination of the statistical data showed that of the IVs relating to release, three were significant. These three variables were the method in which inmates were released, the length of time an inmate had been released from jail, or if he lived in the recovery house. Each of these variables were found to be significant in predicting if the individual would recidivate or not.

There are multiple ways in which a person could be released from KLM, including through bond, probation, directly to the street, moved to another tier, transferred to another jail, or sent to prison. A person released on “bond” from KLM was likely to recidivate (61 percent).

<sup>10</sup> While the recidivism rate for Native American is high, it can be misleading, because the frequency of this race is seven. Frequencies for other races are: Hispanic 6; White 43; African American 420; Other 13.

However, the “bond” variable should be viewed with great caution. If an individual gets released on bond and goes to court and is found guilty of the crime for which he was bonded, he will go back to jail. LIDs and the City Jail record these instances as two incarcerations, despite the fact that the incarcerations are the result of the same charge. It is likely that the majority of the time that when bonded out, many inmates go back to jail after court, hence the high, and possibly misleading, probability of recidivism that was found. Being transferred to another jail before release or being released on probation was also significant on recidivism. However, being removed from the tier, which could be by request or forced due to fighting, or not following the rules, was not statistically significant.

The length of time study subjects were out of jail is significant concerning the likelihood of recidivating. It was determined that the longer subjects were out during the study period, the greater chance of recidivism. Forty percent of those who were out for the longest period of time (2–2.5 years) recidivated, compared to 28 percent of those who were out for 1.5–2 years. Additionally, living in one of KLM’s recovery houses was found to be significant. The likelihood of recidivating dropped by 5 percent if former inmates lived in the house.

In examining the remaining IVs, the following were found *not to be* statistically significant in predicting recidivism:

- Type of substance abuse (drugs and/or alcohol)
- Number of years of drug use
- Number of years of alcohol use
- Whether or not convicted of a misdemeanor (yes or no)
- Misdemeanor charge
- Number of felony convictions
- Span of years between felony convictions
- Age
- Whether or not a subject was a peer leader on the tier
- Educational level
- Reason for why they are seeking recovery



While being a peer leader is not significant in predicting recidivism, it is very interesting to note that 41 percent of the peer leaders recidivated, while only 37 percent of the non-peer leaders recidivated.

These variables are not statistically significant in relation to the findings of this study. However, it is possible that other variables may relate to the likelihood of recidivism that were not tested. Such variables could include educational and employment attainment upon release. Additionally, while this study determined these variables as being statistically insignificant, there have been other studies reporting otherwise. Previous studies have shown the correlation between age and recidivism. The chart and table below shows the statistically insignificant (at a .66 level) relationship between the two that was found in this study.

Table 9 — Age and the likelihood to recidivate

<b>Model</b>	<b>Log Likelihood</b>	<b>DF</b>	<b>Chi Square</b>	<b>Prob&gt;ChiSq</b>
Difference	0.09	1	0.18	0.66
Full	304.96			
Reduced	305.05			

In studies examining the relationship between age and recidivism, several researchers have found a significant relationship. Studies reporting a relationship between age and recidivism have revealed that crime often peaks during teenage years then decreases (Piquero et. al, 2003; Tittle and Grasmick, 1998; and Hirschi and Gottfredson, 1983). Sampson and Laub (2003) describe this as “accepted wisdom.”

Education was also found to be statistically insignificant on the likelihood of recidivism in this study, as shown in the following tables. Two-thirds of the study subjects have an

educational level of high school or less; therefore, the lack of variation within this IV could be the reason for it not being statistically significant.

Table 10a — Education and the likelihood to recidivate

<b>N</b>	<b>DF</b>	<b>LogLike</b>	<b>R Square(U)</b>
433	7	4.19	0.015

Table 10b — Education and the likelihood to recidivate

<b>Test</b>	<b>ChiSquare</b>	<b>Prob&gt;ChiSqu</b>
Likelihood Ratio	8.39	0.29
Pearson	6.85	0.44

Type of substance abuse and the number of years of drug use was also found to be statistically insignificant. Yet, other studies have revealed a strong relationship between substance abuse and recidivism. In one of the most widespread studies, substance abuse was found to be one of the most significant predictors of arrest and recidivism (Eitle, 2005; Fals-Stewart, 2003) and explained why recidivism and drug use are so highly correlated (Demaris and Jackson, 1987; Cattaneo and Goodman, 2003). On the other hand, like this study, there have been other studies (i.e., Kingsnorth, 2006) that have revealed no significant relationship between these two variables. The insignificant findings could be a result of the IV of drugs and substance abuse being an umbrella category by referring to drugs in general. Some drugs have proven to lead to drug seeking behavior (i.e., stealing), while others do not. Often those using “softer drugs,” such as marijuana, most often do not engage in these behaviors, as do individuals who are on “harder drugs,” such as heroin. However, these “harder drugs” that correlate to crime and recidivism represent a low percentage of drug users, resulting in some studies (such as those that define substance abuse categories by the specific drug) finding drug use significant and others

finding the opposite. While there are likely other explanations, this seems to be the one that most closely relates to this study, which was revealed primarily revealed through the interviews.

### Logistic Regression

When analyzing the data through a stepwise logistic regression, it was found that only three of the IVs were significant in explaining the likelihood of recidivism. These variables were: (1) the number of times back to jail, (2) how long inmates have been released, and (3) conviction while incarcerated and going through KLM. While sound statistically, evidence should not be based on the R Square(U) value, this study found the value to be .769, revealing that 76.9 percent of the variability in recidivism can be explained by these three IVs. This is illustrated below:

Table 11 – Logistic regression model with the three significant variables included

Model	Log Likelihood	DF	Chi Square	Prob>ChiSq
Difference	197.53	3	395.07	<.0001
Full	59.29			
Reduced	256.83			

RSquare(U)	0.76
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To further evaluate the RSquare values, the variables were analyzed one at a time to determine if the value changed. This process displayed the individual influence of each of the three strongest predictor variables. When taking out variables, the significance value remained the same at a .0001 value, but the variability did change, as shown in the table below.

Table 12 — RSquare values of the 3 significant IVs run separately

Variable	RSquare/influence	Explanation
Current conviction	4%	Does not explain much of the variability
Number of times back in jail	72%	Explains almost all of the variability
How long out of jail after program	12%	Explains some of the variability
Current conviction and number of times	76.15%	Explains almost as much variability as all 3 factors
Number of times in jail and how long out of jail	73.26%	Explains almost all of the variability
Current conviction and how long out of jail	18.89%	Explains some of the variability

Running the analysis with all three variables, then one by one, then with two variables, divulges that any analysis including the *number of times in jail*, will explain almost all of the variability. As such, number of times in jail is the variable that is the *most significant* in predicting recidivism.

Of the statistics rendered by this study, one of the most fascinating is that after being released from the first incarceration, there is only a 4 percent likelihood of recidivating. However, the probability increases to 86 percent for those who have been incarcerated more than 2 times. Similar to the findings in the previously discussed likelihood ratios, those who have been out of jail for under a year are less likely to get arrested than those who have been out for over a year.

Since the number of times in jail is driving almost everything, it is important to understand the potentials of why this is the case. This could be explained by understanding that the more someone offends, the more likely it is he gets caught, and the more likely it is he goes to jail or prison. These findings relate to the career criminal theory that was found in Wolfgang and associates study in Philadelphia (1972) in that there is a group of offenders who offend over

their whole lives; hence the more times an individual is incarcerated, the greater the chance of being a career criminal. Additional theories suggest other reasons for increased likelihood of incarcerations after the first time, including developmental psychology or other risk factors (Rowe, Osgood, and Nicewander, 1990; Hawkins and Catalano, 1992; Farrington, 2000).

The KLM men who have been out of jail for less than a year and have not been re-arrested have a three percent chance of recidivism. Those who have been out for over a year and have not been re-arrested have a six and a half percent chance. However, the men who were released from the program and then were re-arrested *once* have an 87 percent likelihood of recidivating again in their first year of being re-released. After these individuals are out for over a year, that probability rises to 91 percent.

The logistic models revealed two groups of conviction categories. Group one is more significant than group two. Thus, those who were incarcerated for crimes in group one are more likely to recidivate than those who were incarcerated for a crime in group two. The two groups are shown below.

Group One:

- Alluding police
- Assault
- Drug possession with the intent to distribute, cocaine
- Driving charges
- Drug distribution, heroin
- Drug possession with the intent to distribute, general
- Drug possession with the intent to distribute, marijuana
- Drug possession, marijuana
- Drug possession, cocaine
- Drug possession, heroin
- Drug possession, pills
- Drug distribution, cocaine
- Drugs (no details)
- Failure to register
- Hit and Run
- Murder

- Not paying child support
- Probation Violation
- Reckless driving
- Shoplifting
- Stealing a car

Group Two:

- Burglary/Breaking and Entering
- Child neglect/abuse
- Conspiracy to commit murder
- Credit card fraud
- Disturbing the peace/disorderly conduct
- Domestic violence
- Driving under the influence (DUI)
- Drug distribution/sale, marijuana
- Drug distribution/sale (general)
- Drug possession with the intent to distribute, heroin
- Failure to appear in court
- Felony assault
- Forgery
- Fraud
- Identity theft
- Illegal possession of firearm
- Indecent liberties
- Indictment
- Malicious wounding
- Manslaughter
- Missed weekend time in jail
- Rape
- Robbery
- Shooting into a vehicle while moving
- Theft — grand
- Theft — petty
- Trespassing
- Violation of a protective order
- Waiting on court

The remaining 37 crimes committed by the men are not statistically significant, most likely because the sample size of those crimes is too small to test (i.e., there was only one person who reported arson, which was not reported in either of these two groups).

Through the examination of all three IVs together, the probabilities are exhibited further in the table below:

Table 13 — Regression model with the 3 strongest predicting variables

<b>IV: Number of times in Jail</b>	<b>IV: Crime Group Number</b>	<b>IV: Release Time</b>	<b>Odds Ratio: Likelihood of Recidivism</b>
1	2	Less than a year	2%
1	1	Less than a year	3.7%
1	2	Greater than a year	4.4%
2+	2	Less than a year	75%

All three variables are significant. However, crime group and release do not demonstrate enough of a correlation to variability to validate relying on those data sets. It is the number of times in jail that really explains the variability, much like in the previous model. Even with the program, if an individual has been incarcerated more than 2 times, he has a 75 percent chance of recidivating.

Through logistic regression analysis, the determinants of recidivism were found, and three areas were identified where improvement should be targeted. Specifically the program should be aimed towards individuals who *committed a crime in the first conviction category*. It is equally important that a program target *men during their first incarceration* rather than waiting until they have been incarcerated multiple times. Finally, the program is currently designed to work with men for up to one year following their release. Increased recidivism rates shown in subjects after *the year following their release* indicates the need for extending the duration of the treatment program.

### **Control Group — Belief Tier**

To help evaluate and analyze with more accuracy, the KLM program was measured against a control group, the Belief Tier. The Belief Tier, the other program tier located in the Richmond City Jail, housed 708 men during the study period. The primary difference between the two tiers is that Belief only accepts non-violent offenders, while KLM accepts inmates convicted of both violent and non-violent crimes. Additionally, Belief does not provide any type of housing for the men upon release, whereas KLM supplies post-release housing. Examining the basic demographics of the men in the Belief program revealed that 84 percent were African American, 13 percent were white, and 3 percent represented other races. The mean age of the men was 36.7 and they spent an average of 66.5 days on the tier prior to release. The Belief tier has a recidivism rate of 52 percent, which *includes* all re-incarcerations in Virginia during the study period.

### **Paired T-Test**

An analysis using the paired t-test was conducted in order to determine the difference between the rate of days between incarcerations before going through the KLM program and afterwards. Data used for this analysis was provided by LIDs and included all arrests of the subjects dating back to 1997. Utilizing this mode of analysis helped determine whether KLM is effective in an absolute manner. Because this test compares the same person before and after the program, it is the most accurate test to determine KLM's absolute effectiveness.

The findings of the paired t-test is shown below.



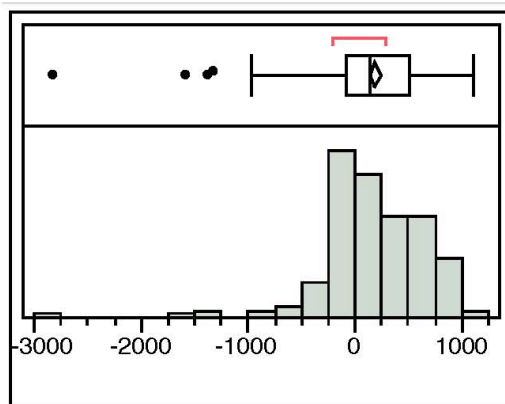


Figure 2 — Average number of days between incarcerations before and after KLM

Table 14 — Distribution rates of incarceration rates before and after KLM

Quantiles		
100%	maximum	1114.2
99.50%		1074.43
97.55%		956.9
90.00%		776.41
75.00%	quartile	517.22
50.00%	median	147.27
25.00%	quartile	-85.799
10.00%		-223.99
2.50%		-654.63
0.50%		-2254.9
0.00%	minimum	-2820

Moments	
Mean	190.05
Std Dev	454.32
Std Err Mean	26.67
Upper 95% mean	242.56
Lower 95% mean	137.54
N	290

In summary, the chart reveals that KLM helps more people than it does not. The positive numbers in the chart reveal more time between incarcerations following participation in the program. As illustrated above, there was an average of 292 days between incarcerations that occurred before going through KLM. However, after KLM, the average time between incarcerations is 482 days, revealing a difference of 190 days. It is important to keep in mind that this is a limited analysis. It stops looking at reincarceration rates on December 21, 2011. Thus, subjects may come back to jail in the future, therefore, leading to a higher rate than 482 days;

however, the opposite may also be true Nevertheless, the data at hand reveals that *KLM significantly reduces the rate of recidivism, therefore, revealing that KLM is an effective program.* The confidence interval associated with the significant results is between 137 and 242, meaning we can be 95 percent sure this result is not due to chance and that the number of days between incarceration falls between 130 and 242 95 percent of the time.

When conducting the paired t-test on the control group, the Belief program, it was found that the control group was not as effective as KLM, as shown in the chart below.

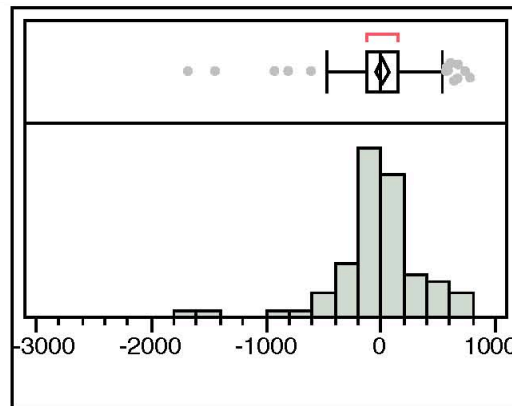


Figure 3 — Average number of days between incarcerations before and after Belief

Table 15 — Distribution rates of incarcerations before and after Belief

Quantiles		
100%	maximum	787
99.50%		787
97.55%		679.54
90.00%		447.412
75.00%	quartile	146.6
50.00%	median	-5.2
25.00%	quartile	-120.52
10.00%		-353.6
2.50%		-868.76
0.50%		-1670
0.00%	minimum	-1670

Moments	
Mean	7.91
Std Dev	346.68
Std Err Mean	29.83
Upper 95% mean	66.93
Lower 95% mean	-51.09
N	135

The fact the program is not effective is revealed through the graph that shows there are more people that *it does not work for* than it does. The average number of days between incarcerations prior to going through Belief is 339.9 days. After Belief it is 364.5 — a difference of 25.68 days. These results were found to be statistically insignificant, as there is less than a month difference between incarcerations before and after participating in the Belief program. The confidence interval related to this model ranges from -51.09 to 66.93, revealing the program works for some, but not for most.

## Chapter 8 — Conclusion

### Hypothesis and Research Questions

This analysis enables linking the results to the original research questions and to the hypotheses. Of the seven original research questions regarding which IVs correlate to recidivism, it was found that arrest record (number of times arrested), treatment type (either KLM or Belief), and crime committed were correlated to the likelihood of recidivism in the future. This study found drug and/or alcohol use, race/ethnicity, and educational level statistically insignificant in predicting recidivism. There were other significant predicting variables found in this research that were not listed as research questions, which include the amount of time out of jail, if subjects lived in KLM's recovery houses, and if subjects were released on bond.

The first hypothesis, before release from incarceration, if an inmate undergoes any type of treatment relating to transition back into society and substance abuse, and continues to undergo treatment once released, overall recidivism among those in the program will decrease, is non-conclusive. Because it is non-conclusive, we cannot accept it. This is because it appears that the recidivism rate of the Belief program (52 percent) is higher than the general population at the RCJ (44 percent). However, this is likely due to the fact that the RCJ data only includes incarcerations to the RCJ, and the Belief rate includes data showing incarceration *in any correctional facility* in Virginia. Consequently, this research cannot confirm this hypothesis.

While this is accurate for the KLM program, it cannot be generalized to the broader level of all programs.

The second hypothesis, before and upon release from incarceration, if an inmate participates in the peer-based KLM Program, the recidivism rates among those in the program will be lower than rates of recidivism of the individuals who go through other programs. *The findings of the study confirm this hypothesis.* The recidivism rate of those who go through KLM was found to be 18 percent lower than those of the Belief tier. Additionally, as determined by the paired t-test, the time between re-incarcerations after the program for those who went through the KLM program was greater than the time for Belief participants.

### **Comparison to Secondary Data**

In comparing KLM to other programs, both in Virginia and elsewhere, KLM has many similar characteristics to the frequent factors found among many of the most successful programs in the U.S. The most prevalent similarities among these successful programs is: (1) a needs-assessment being conducted at initial imprisonment, (2) offering a program while incarcerated, and after release, (3) development of a transition plan before release and the providing of these tools upon release, and (4) alternative sentencing programs. Similarly, as stated by McKean and Ransford (2004), the most successful programs include substance abuse treatment, education, and employment services. While KLM is following many of these evidence-based practices, as previously illustrated, Virginia has not fully embraced following these practices that are proven effective, nor has the Commonwealth thoroughly evaluated the programs currently in place.

Comparing KLM to other programs in Virginia is difficult due to KLM's uniqueness in approach. It appears that the program that offers the most similar services is the McShin

Foundation, likely because McShin created KLM. Both provide a comprehensive array of peer-based services, including treatment during incarceration, post-release programs, employment and education assistance, housing assistance, and other essential tools necessary for success. With that said, KLM is the only known program in Virginia that has undergone a thorough statistical evaluation; therefore, comparing recidivism rates and effectiveness is difficult. Yet, examining the data of state-funded and private organizations provides support for the argument that KLM has the best results.

As previously revealed, the drug court system in Davidson County, Tennessee, is among the most successful. While drug courts are alternative sentences to incarceration, the components of the program are similar to those of KLM. They execute the 12-step program through individual, group, and family therapy. Focal points include vocational, educational training, life skills, and behavior intervention, which is similar to KLM's phase work. Davidson requires their clients to pay rent at the house so they become responsible with paying bills; KLM begins charging rent at month two in the house, which gives the resident an opportunity to focus on his recovery and finding a job before the stress of bills comes. Additionally, both programs grant free time as a reward for progress and status within the program. The Davidson program also requires clients to engage in community service (Davidson County Drug Court, 2011). While KLM does not currently require their participants who live in the houses to engage in community service, it has been recommended that such projects be initiated in the near future.

Examining the fundamental elements and practices of other successful programs revealed that KLM's program parallels many of the most successful ones in the nation. The Amity Foundation in California, said to be the "national drug model," provides treatment during incarceration and also after release, which has proven to be fundamental to its success. Through

the therapeutic community model, the Amity programs “restore dignity to the lives” of their clients. They provide residential, transitional, and prison programs, outreach, community prevention, family and parenting services, and educational training (Wexler, Melnick, Lowe, and Peters, 1999). Each of these aspects, with the exception of community prevention, is practiced by KLM. Community prevention, however, would be an area that KLM should explore in the future.

Additionally, Oregon, Michigan, and Missouri have taken strong steps in addressing recidivism (Urahn, 2011). Oregon conducts a risk/needs assessment at intake and develops transition programs six months prior to release (Urahn, 2004). It also gives alternative sentences (i.e., programs) to many of its probation violators. Michigan’s Prisoner Re-entry Initiative offers offenders the opportunity to develop the tools necessary to be successful in the community after release. Shortly before an inmate’s release, he is transported to a re-entry facility to develop a plan, which includes housing, employment, mentoring, counseling, and transportation. The recidivism rate of the individuals involved in the program was found to be *33 percent lower* than those not participating. Missouri uses alternative sentencing through a risk assessment to determine the appropriate level of supervision for its parolees. Each of these programs has been evaluated thoroughly in order to determine its effectiveness. As such, it is encouraging to see the similarities KLM shares with these programs.

The budget and cost of providing services was also a part of the secondary data analysis. It was found that the cost for Virginia non-profit organizations to provide services to clients ranged from \$4,500–\$7,200 — the cost to incarcerate one person in Virginia for a year is approximately \$25,000. The private run programs not only offer services for a much better price, but it is evident that they provide valuable treatment to individuals, they do not simply provide a

breeding ground for criminals as do most jails and prisons. As such, it is evident that the state option is much more expensive and less effective. This further emphasizes the importance of developing a better system of treatment and programs for individuals who suffer from substance abuse disorders.

Privately run organizations, such as KLM, can contribute significantly in our communities' efforts to lower recidivism rates. However, cooperation from local jails, prisons, and state government is vital in developing programs capable of sustaining the highest possible levels of success and effectiveness. It is not until policymakers understand this and begin acting in a manner that is based on evidence, rather than slogans of "getting tough on crime," or in other ways that look politically good for re-election, that Virginia will begin to be able to compete with other states in this arena. Policymakers are encouraged to revamp programs already in existence to include aspects discussed throughout this study. Additionally, it would be wise to develop a team, which consists of experts in the field (researchers, individuals in recovery, etc.) to help further develop Virginia's programs and create programs in jails and prisons that have revealed success.

### **Strengths of the Study**

This study has a number of unique traits. The mixed-methods approach adds richness and depth to our understanding of male offenders who battle substance abuse. Standard systematic quantitative analysis is provided, however, an additional qualitative section is included. This section draws from in depth interviews that revealed a thorough analysis of the subjects in the program. The qualitative analysis of the men disclosed several themes, emotions, and feelings, which compliments the raw statistical data. There have been many studies conducted that are



related to this topic, but few have been found that include both quantitative and qualitative data, allowing the inclusion of statistics and the study subjects telling stories of their own experiences.

Large sample sizes are unusual in this field of literature. The relatively large sample size in this study allowed a thorough examination of the overall program effectiveness found through statistically significant results. This study has produced a more complete dataset with increased experiences and testimony than a smaller sample would be capable of producing. Additionally, the study had full access to the tier, program, materials, and staff of the Richmond City Jail, or any correctional facility. This is a courtesy few other studies have enjoyed.

This study contributed to the body of knowledge as it relates to the criminal justice system, rehabilitation, treatment, substance abuse, and recovery. The participants shared their pain, feelings, fears, and uncertainties allowing for further analysis and documentation in addition to the statistical data.

### **Limitations of the Study**

While measures were put in place in attempt to ensure valid and reliable findings, limitations are present in all studies. While using qualitative analysis, Pelissier and colleagues (2001) believed selection had been the largest deficiency in previous research on prison-based substance abuse treatment. When examining the effectiveness of treatment programs, selection bias relates to differences between the treated and untreated groups that make it difficult to ascertain whether the observed effects are because of the treatment itself or were due to the different make up of the groups (Duwe, 2010). While there are differences among the study and control groups, comparing the men individually before and after the program while using the paired t-test, reaffirmed the effectiveness of the program.

Additionally, “qualitative analysis is inevitably a personal process, and the analysis itself is the interpretative work which the investigator does at each of the stages” (Smith and Osborn, 2003, 66). However, many people were consulted in the process of this research, which decreased this potential, thus increasing reliability. The researcher worked closely with the dissertation committee in order to overcome potential bias that may be developed.

As it relates to the study subjects, while ethnically diverse and representative of the population in the Richmond area, this is an urban sample, thus the inmates sampled most likely have encountered experiences quite different from those of individuals residing in suburban and rural areas. These results would likely vary from those that would be obtained if studying other populations, so caution should be taken in generalizing beyond adult males, living in cities, and who battle substance abuse. Because females are represented in arrest statistics also, it would be important for future research to investigate this field as it relates to women (Phillips and Lindsay, 2011).

In any design, validity raises concern. Internal validity could be an issue, as the men in the program most frequently volunteer to enroll in the program. As such, it could be difficult to determine whether the treatment or pre-existing factors caused the outcomes that were observed. Often, random assignment is used to decrease this effect, however, in this study it was not possible to declare who participates in KLM and who does not. This relates to the potential of the “halo effect,” or one trait affecting others, was not accounted for. Because the majority of the men of the KLM tier volunteered to be a part of the program, their motivational level or their desire to change may be greater than others incarcerated elsewhere in the jail. However, the men of the Belief Program also volunteer, so the same motivational factors are present. External validity can also be seen as limited because the study is examining a single program in a single

jail (Frankfort-Nachmias and Nachmias, 2000). However, the inclusion of secondary data enables the incorporation and discussion of other programs, limiting the influence of external validity factors.

Testing effects relates to changes that arise by simply being tested. This study uses *interviews*, which can be problematic, because respondents could provide desirable answers that may not be fully truthful. There is potential that participants could provide responses that portray them in what they deem as a more desirable light (Frankfort-Nachmias and Nachmias, 2000). However, interview scripts were compared to surveys completed by the men and the data provided by the Richmond City Jail and LIDs, in order to ensure consistency among all responses and data. Fortunately, because of the multiple outlets used to gather data, testing effects does not provide concern in this study.

As it relates to the limitations of the program that could have been present, program integrity could be questioned. According to Hollin (1995), program reversal “includes counter-productive actions that do not promote offender success.” Program reversal could be observed during the transition of the program director because of his relapse. While difficult to test the effects of this situation, there is certainly potential that it caused some program reversal and hindered or stunted the recovery of men in the program at that time.

Notwithstanding the discussed limitations, multiple measures were put in place to ensure the prevalence of these factors was limited. The study was able to address multiples areas that greatly contribute to not only the substance abuse treatment literature, but also the policymaking realm.

## Summary of the Findings and Conclusion

A mixed method approach was used to evaluate the effectiveness of the Kingdom Life Ministries program in the Richmond City Jail. Data was collected through surveys, interviews, and analysis of information provided by the jail and the Virginia Compensation Board. Several measures were used to analyze the data through the statistical program JMP. Each mode of analysis confirmed the effectiveness of KLM, thus supporting and confirming the hypotheses.

The men of the KLM tier had a mean age of 34 and the majority (86 percent) were African American. The largest percent of the men had attended some high school (32 percent). Most commonly, they were incarcerated for a non-violent felony (47 percent) and had been incarcerated between one and seven times over an average span of almost six years. The 34 percent recidivism rate of the KLM tier is significantly lower than the rate of the RCJ as a whole (44 percent) and much lower than the control group, the Belief Tier (52 percent). Because the rates of the RCJ only include re-arrests to the RCJ (and does not include statewide data like it does for the KLM and Belief data), a true comparison cannot be made. Yet, we do know that KLM is lower, but not by *how much*.

Through the examination of likelihood ratios, it was found that only a few of the independent variables were significant in predicting the likelihood of recidivating. Being a non-violent offender was extremely significant in predicting recidivism, as was the number of times each participant had been incarcerated. Other variables that were significant included: (1) if the inmate was released on bond he was more likely to recidivate, (2) the length of time an inmate had been released from jail after the program (the longer out, the more likely the subject was to

recidivate), and (3) living in the recovery house contributed to a 5 percent less likely chance of recidivating.

Logistic regression analysis found three significant variables in predicting recidivism. These variables include (1) the number of times a person has been to jail, (2) how long he had been released after the KLM program, and (3) which crime the subject was incarcerated for while going through KLM. While all three were significant, the *number of times a person has been in jail was the most significant variable* and explained most of the variability.

It is through these analyses, that not only conclusions of the effectiveness of the KLM program could be drawn, but also suggestions of areas that could be enhanced in order to further the successes. Therefore, it was found that KLM is an effective program in reducing recidivism and Belief is not. It could also be argued that the KLM participants are “worse” or “harder criminals” because KLM accepts violent offenders and Belief does not, and these men also get incarcerated at a higher rate. Yet, KLM is having much more success than the men who go through the Belief Program.

In order to improve these already successful results, there are three areas that should be focused on. The first and most important focal area is on those men who are being incarcerated *for the first time*. It is this variable that *most significantly is correlated* with the likelihood of recidivism. Continuing to serve the men after they have been released from jail for a year is also important, as they are more likely to recidivate the longer they have been out of jail. Aiming to serve men who have committed certain crimes (listed previously) should be the third focal point of the program.

While this study looked at the effectiveness of the program as it relates to recidivism, the cost-savings associated with the successes of KLM cannot be ignored. As discussed in the

literature review, it costs approximately \$25,000 annually to incarcerate an individual in Virginia. By increasing the amount of time between incarcerations, it saves on average \$14,500 per person. This multiplied by all of the men in the program over the study period, results in a savings of \$7.2 million. Furthermore, when inmates have to go to the emergency room (because of fighting, sickness, etc.), it costs the taxpayer approximately \$2,000 per visit. Prior to the beginning of KLM, the tier experienced many severe fights, leading to an average of two to three visits to the emergency room each week. This averages 10 visits or \$20,000 a month and \$240,000 a year. Since the beginning of the program, there have been three minor fights, none of which have lead to an emergency room visit. As such, this has saved the jail \$840,000 over 3.5 years. Bear in mind, these savings are over a couple years' span, from one tier of one jail in Virginia. If more tiers of the jail, and multiple jails, were offered this program, the savings would be substantial.

A summary of the qualitative data is shown in the table below:

Table 16 – Qualitative data findings summary

<b>Theme</b>	<b>Finding 1</b>	<b>Finding 2</b>	<b>Finding 3</b>
Background	Struggles and experiences in past contribute to decisions made as adults	Raised in unhealthy conditions, product of their environment	Experienced victimization, abuse, and neglect, leading to cycle of drugs and violence
Addiction	It controlled every aspect of their life	Made the subject engage in bad/negative behavior often	Denial of the addiction was developed as a subtheme.
Other Incarcerations	Jail during KLM was very different from previous incarcerations	Other jail/prison sentences were very violent	KLM helps better self and gives structure through the program
Re-entry/ barriers to entry	Hardships felt — discontent, overwhelmed, conflict, difficult to gain employment, lack of education, burden of probation, feelings of inadequacies	Because of addiction and incarcerations, many subjects were alienated by their family and friends	Was not prepared to go back into society and not given the tools needed to succeed.
Relapse and Re-arrest after program	Barriers to re-entry were a huge contributor to relapse	KLM helps avoid the normal pitfalls and obstacles faced	Discipline, pride, ego, yielding to authority, being ungrateful, all contribute to relapse and re-arrest
Other programs	Most do not provide housing	Does not address all aspects needed (AA, NA, behavior, spiritual)	Does not show strong love and hope towards clients
Belief program	Does not provide housing	Doesn't offer NA	Only accepts non-violent offenders

This data reveals the importance of incorporating these themes and subthemes in each program. Evidence supporting the importance and effectiveness of using a peer-based model is strong. This was demonstrated in the results of both the qualitative and quantitative sections of this research. Other factors signified by program participants included, showing love and hope, combining a faith-based program with AA/NA and behavior modification, providing treatment during and after incarceration, and providing housing and transportation. While there are other

programs beyond KLM incorporating these factors, all programs, including state-funded and private, should integrate more of the program elements contributing to the success validated by this study.

Numerous committees have been established to discuss criminal justice, re-entry, substance abuse, and other like topics. These committees are typically made up of bureaucrats, elected officials, businessmen, people who run community programs, jail wardens, etc. However, the question remains: how can these individuals best decide (re)habilitation and treatment measures of individuals, many who have encountered the unthinkable — gangs, shootings, stabbings, jail, prison, overdoses, and multitudes of drugs. We would not ask these offenders how to run a *Fortune* 500 company, so how can these committees truly judge the best way to provide treatment. It would be beneficial for Virginia to begin following methods of evidence-based practices, found not only in this study, but through the examination of other research and other successful programs in other states. KLM is in the policymakers' backyard, and proven to work.

The results of this study are beneficial not only to the fields of public policy and criminal justice, but to multiple other fields, all of which can use the results to enhance awareness, assessments, interventions, and protocols. The results inform, reinforce, and illustrate the necessity for progression as it relates to models of services offered (or not) and the methods used to deliver treatment. The criminal justice system and policymakers can use this study to deepen their understanding of what is needed and what may be done in order to improve the system and services rendered. However, such improvements are only attainable if the system is truly serious in its desire to make re-entry, substance abuse treatment, and rehabilitation a priority. Furthermore, until government provides more programming rooted in evidence-based



evaluations, private programs should conduct their own studies, and engage in the proven best practices and learn from the successes and mistakes of other programs.

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## Appendix

- A. Survey for KLM Participants to fill out
- B. Consent form for the KLM men to sign who were released from the Richmond City Jail prior to February 2010.
- C. Consent form for the KLM men to sign who are still on the KLM Tier of the Richmond City Jail.
- D. Independent Variable Code Book
- E. Code Book

A.  
Survey for KLM Participants to fill out

As outlined in the Consent Form: We are currently conducting research as a part of an evaluation of the KLM Program. All information will remain confidential and will not be shared with anyone other than research personnel. Identifying information will never be published and will not be released with our findings. Your participant is completely voluntary. Thank you for your cooperation.

**Today's Date:** \_\_\_\_\_ **Current Conviction:** \_\_\_\_\_

1. **What type of substance abuse affects you?**
  - Drugs
  - Alcohol
  - Both
2. **How long have you been using drugs?**  
\_\_\_\_\_ (number of years)
3. **How long have you been using alcohol?**  
\_\_\_\_\_ (number of years)
4. **How many times have you been to jail and stayed for more than 1 week?**  
\_\_\_\_\_ (number of times)
5. **Have you ever been convicted of a misdemeanor?**
  - Yes
  - No
6. **If you answered yes to question #5, please answer the following:**
  - a. **How many misdemeanors have you been convicted of?** \_\_\_\_\_
  - b. **When were your conviction(s)?** \_\_\_\_\_ (year)
  - c. **What was your charge(s)?**  
\_\_\_\_\_
  - d. **Was this Substance Use Disorder related?** (check one of the following):
    - Drugs
    - Alcohol
    - Both
    - Neither
7. **Have you been convicted of a felony?**
  - Yes
  - No

8. If you answered yes to question #7, please answer the following:

e. How many felonies have you been convicted of? \_\_\_\_\_

f. When were your conviction(s)? \_\_\_\_\_ (year)

g. What was your charge(s)? \_\_\_\_\_

h. Was this Substance Use Disorder related? (Check one of the following):

- Drugs
- Alcohol
- Both
- Neither

9. Why are you seeking recovery from The KLM Program?

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10. When will you be released from jail?

Month: \_\_\_\_\_

Year: \_\_\_\_\_

When did you go to jail? \_\_\_\_\_

11. How old are you?

Age: \_\_\_\_\_ (years)

12. What is your race? (circle one)

- African American
- White
- Hispanic
- Native American
- Other, please specify \_\_\_\_\_

Were you a peer leader for the KLM Program?

- Yes
- No

14. What is your highest level of education? \_\_\_\_\_

Comments:

B.  
**RESEARCH SUBJECT INFORMATION AND CONSENT FORM**  
**Form to be signed for men who were released before the study started, but are participants  
of the KLM Program**

***TITLE:** Reducing Recidivism in Returning Offenders with Alcohol and Drug Related Offenses:  
Contracts for the Delivery of Authentic Peer Based Recovery Support Services*

**VCU IRB NO.:** IRB# HM13321

**PI:** William C. Boshier

**PURPOSE OF THE STUDY**

The purpose of this research study is to determine if the Kingdom Life Ministry (KLM) Program in the Richmond City Jail is an effective treatment program and whether people who go through the program successfully enter society and do not commit another crime after they are released from jail.

As a person who was released from the F2 Tier of the Richmond City Jail and a participant in the KLM Program, you are being asked to be a part of this study to determine the program's effectiveness.

**DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT**

If you decide to be in this research study, you will be asked to sign this consent form after you have had all your questions answered and understand what being a part of the study involves.

Some of the data that will be used in the study is available through the Sheriff's Office. Incarceration and possible re-commitment data will be given to the researcher by the Sheriff's Office, but your name will never be used or given away. Incarceration and reincarceration data from the jail will also be used to determine effectiveness. Again, your name will not be associated with this.

You can be involved in all parts of the research, or you may pick what parts of the study you agree to be involved in. Some men are participating in the study while in jail, but since you have been released, we are asking for your participation now. Your involvement in the KLM program will not be effected by not participating in one of all parts of the research. You will have the option to not participate when research is going on. The program director will work with you to make sure you do not miss any information. The levels of involvement are described below:

1. Survey - completing a survey with basic information about you that asks questions about your most recent conviction, substance abuse history, incarceration history, educational level, age, when you became incarcerated, and when you were released. This survey will be given to you at an alumni meeting if you agree to fill it out.
2. Release Interviews – follow-up interviews will take place to talk about what has happened since you have been out of jail. The researcher will conduct an interview with

you at the weekly alumni meeting. The interview will ask you questions about how your life has changed, if you have gotten a job, and your thoughts on the KLM program since you have been out of jail.

3. Release meetings – the researcher will observe and take notes during the alumni meeting on Thursday nights. The researcher will quietly listen both to the director/staff leading the program, and also to talking that takes place with the participants.

Significant new findings developed during the course of the research, which may relate to your willingness to continue participation, will be provided to you.

### **RISKS AND DISCOMFORTS**

Sometimes talking about your life and criminal background may cause you to become upset. Several questions will be asked about things that have happened to you that may have been unpleasant. You do not have to talk about anything that you do not want to talk about, and you may leave the study at any time. If you become upset, the study and program staff will give you names of counselors to contact so you can get help in dealing with these issues.

### **BENEFITS TO YOU AND OTHERS**

You may not get any direct benefit from participating in this study, but the information we learn from you may help the jail and the Department of Corrections to offer re-entry programs to inmates in the future that are more successful.

### **COSTS**

There are no costs for participating in this study other than the time you will spend as a participant in the study.

### **CONFIDENTIALITY**

Information about you will be collected through surveys, interview and observation notes and data provided by the program and Richmond City Jail. Data is being collected only for research purposes. Your data will be identified by ID numbers, not names, and stored in a locked research area. All files will be deleted after the study is over. Your name will never be released. No one will see the information collected, except for people who are doing the research. A data and safety-monitoring plan is established in collaboration with the Sheriff.

We will not tell anyone the answers you give us; however, information from the study and information from your criminal record and the consent form signed by you may be looked at or copied for research or legal purposes by the sponsor of the research, or by Virginia Commonwealth University.

What we find from this study may be presented at meetings or published in papers, but your name will not ever be used in these presentations or papers.

Again, we will not tell anyone the answers you give us. But, if you tell us that someone is hurting you, or that you might hurt yourself or someone else, the law says that we have to let people in authority know so they can protect you.



If you are, or should become involuntarily detained, confined or incarcerated (in a jail, prison, or alternative facility), you should be aware that confidentiality regarding your status of a prisoner cannot be guaranteed.

## **VOLUNTARY PARTICIPATION AND WITHDRAWAL**

You do not have to participate in this study. If you choose to participate, you may stop at any time without any penalty. You may also choose not to answer certain questions that are asked in the study. If you decided to not be a part of this study anymore, you will still be able to be a part of the MOVE program and you will not lose service or benefits from the KLM program.

Your participation in this study may be stopped at any time by the study staff or the sponsor without your consent. The reasons might include:

- the study staff thinks it necessary for your health or safety;
- you have not followed study instructions;
- the sponsor has stopped the study; or
- administrative reasons require your withdrawal.

If you decide not to participate or withdraw from the study, you are still able to participate in the KLM program.

If you are, or should become involuntarily detained, confined or incarcerated (in a jail, prison, or alternative facility), you should be aware that your continuation will need to be reconsidered given your status as a prisoner.

### **Participation Disclosure:**

If you are or should become involuntarily detained, confined or incarcerated (in a jail, prison or alternative facility), during your participation in this study you should be aware that your participation in this research project will have no effect on consideration of sentencing, length of sentence, or parole.

## **QUESTIONS**

In the future, you may have questions about your participation in this study. If you have any questions, complaints, or concerns about the research, contact the program director and he will be sure to get you the answer to your question.

Kenneth Barbour  
KLM Program Director

Principal Investigator:  
William Boshier, PhD  
Virginia Commonwealth University

If you have any questions about your rights as a participant in this study, you may contact:

Office for Research  
Virginia Commonwealth University  
800 East Leigh Street, Suite 113  
P.O. Box 980568  
Richmond, VA 23298  
Telephone: 804-827-2157

*You may also contact this number for general questions, concerns or complaints about the research. Please call this number if you cannot reach the research team or wish to talk to someone else. Additional information about participation in research studies can be found at <http://www.research.vcu.edu/irb/volunteers.htm>.*

### CONSENT

*I have been given the chance to read this consent form. I understand the information about this study. Questions that I wanted to ask about the study have been answered. My signature and checking of the boxes says what portions (any or all) that I am willing to participate in. I will receive a copy of the consent form once I have agreed to participate.*

Please check the box(s) below of areas of the study that you ARE willing to participate in. If you opt not to check a box(s), your program involvement will not be effected.

- Survey  
 Release Interviews  
 Release Meeting Observations

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Participant name printed	Participant signature	Date
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Name of Person Conducting Informed Consent  
Discussion / Witness  
(Printed)

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Signature of Person Conducting Informed Consent Discussion / Witness	Date
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Principal Investigator Signature (if different from above)	Date
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C.  
**RESEARCH SUBJECT INFORMATION AND CONSENT FORM**  
**To be filled out by men on the KLM Tier**

***TITLE:*** *Reducing Recidivism in Returning Offenders with Alcohol and Drug Related Offenses: Contracts for the Delivery of Authentic Peer Based Recovery Support Services*

**VCU IRB NO.:** IRB# HM13321

**PI:** William C. Boshier

**PURPOSE OF THE STUDY**

The purpose of this research study is to determine if the Kingdom Life Ministry (KLM) Program in the Richmond City Jail is an effective treatment program and whether people who go through the program successfully enter society and do not commit another crime after they are released from jail.

As a prisoner on the F2 Tier of the Richmond City Jail and a participant in the KLM Program, you are being asked to be a part of this study to determine the program's effectiveness.

**DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT**

If you decide to be in this research study, you will be asked to sign this consent form after you have had all your questions answered and understand what being a part of the study involves.

Some of the data that will be used in the study is available through the Sheriff's Office. Incarceration and possible re-commitment data will be given to the researcher by the Sheriff's Office, but your name will never be used or given away. Incarceration and reincarceration data from the jail will also be used to determine effectiveness. Again, your name will not be associated with this.

You can be involved in all parts of the research, or you may pick what parts of the study you agree to be involved in. Your participation in the KLM program will not be effected if you choose to not participate in one of all parts of the research. You will have the option to not participate and leave the tier when research is going on. The program director will work with you to make sure you do not miss any information. The levels of involvement are described below:

4. Survey - completing a survey with basic information about you that asks questions about your current conviction, substance abuse history, incarceration history, educational level, age, and when you become incarcerated.
5. Interview – while incarcerated you will be asked by the researcher to participate in a one-on-one interview (you and the researcher) that will last approximately 15 minutes. Questions will be similar to what was asked in the survey and to talk about previous programs you have been involved in. You do not have to answer questions that you do not want to discuss.

6. Group Sessions – the researcher will observe and take notes during group sessions on the tier. The researcher will quietly listen both to the director/staff leading the program and will take notes on the discussion of the community.
7. Release Interviews – follow-up interviews will take place upon release through attendance at the MOVE weekly meetings. During this time, a second round of interviews will happen, that ask questions about how your life has changed, if you have gotten a job, and your thoughts about the program.
8. Release meetings – Just as the researcher observed group sessions while in the jail, the researcher will also observe and take notes during group meetings.

Significant new findings developed during the course of the research, which may relate to your willingness to continue participation, will be provided to you.

### **RISKS AND DISCOMFORTS**

Sometimes talking about your life and criminal background may cause you to become upset. Several questions will be asked about things that have happened to you that may have been unpleasant. You do not have to talk about anything that you do not want to talk about, and you may leave the study at any time. If you become upset, the study and program staff will give you names of counselors to contact so you can get help in dealing with these issues.

### **BENEFITS TO YOU AND OTHERS**

You may not get any direct benefit from being in this study, but the information we learn from you may help the jail and the Department of Corrections to offer re-entry programs to inmates in the future that are more successful.

### **COSTS**

There are no costs for participating in this study other than the time you will spend as a participant.

### **CONFIDENTIALITY**

Information about you will be collected through surveys, interview and observation notes and data provided by the program and Richmond City Jail. Data is being collected only for research purposes. Your data will be identified by ID numbers, not names, and stored in a locked research area. All files will be deleted after the study is over. Your name will never be released. No one will see the information collected, except for people who are doing the research. A data is confidential and a safety-monitoring plan is established in collaboration with the Sheriff.

We will not tell anyone the answers you give us; however, information from the study and information from your criminal record and the consent form signed by you may be looked at or copied for research or legal purposes by the sponsor of the research, or by Virginia Commonwealth University.

What we find from this study may be presented at meetings or published in papers, but your name will never be used in these presentations or papers.

Again, we will not tell anyone the answers you give us. But, if you tell us that someone is hurting you, or that you might hurt yourself or someone else, the law says that we have to let people in authority know so they can protect you.

If you are, or should become involuntarily detained, confined or incarcerated (in a jail, prison, or alternative facility), you should be aware that confidentiality regarding your status of a prisoner cannot be guaranteed.

## **VOLUNTARY PARTICIPATION AND WITHDRAWAL**

You do not have to participate in this study. If you choose to participate, you may stop at any time without any penalty. You may also choose not to answer certain questions that are asked in the study. If you decided to not be a part of this study anymore, you will still be able to be a part of the KLM program and you will not lose service or benefits from the KLM program.

Your participation in this study may be stopped at any time by the study staff or the sponsor without your consent. The reasons might include:

- the study staff thinks it necessary for your health or safety;
- you have not followed study instructions;
- the sponsor has stopped the study; or
- administrative reasons require your withdrawal.

If you decide not to participate or withdraw from the study, you are still able to participate in the MOVE program on the tier or after release.

If you are or should become involuntarily detained, confined or incarcerated (in a jail, prison, or alternative facility), you should be aware that your continuation will need to be reconsidered given your status as a prisoner.

### **Participation Disclosure:**

If you are or should become involuntarily detained, confined or incarcerated (in a jail, prison or alternative facility), during your participation in this study you should be aware that your participation in this research project will have no effect on consideration of sentencing, length of sentence, or parole.

## **QUESTIONS**

In the future, you may have questions about your participation in this study. If you have any questions, complaints, or concerns about the research, contact the program director and he will be sure to get you the answer to your question.

Kenneth Barbour  
KLM Program Director

Principal Investigator of this study:  
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### CONSENT

*I have been given the chance to read this consent form. I understand the information about this study. Questions that I wanted to ask about the study have been answered. My signature and checking of the boxes says what portions (any or all) that I am willing to participate in. I will receive a copy of the consent form once I have agreed to participate.*

Please check the box(s) below of areas of the study that you ARE willing to participate in. If you opt not to check a box(s), your program involvement will not be effected.

- Survey
- Interview
- Group Sessions
- Release Interviews
- Release Meeting Observations

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Participant name printed	Participant signature	Date
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Name of Person Conducting Informed Consent  
Discussion / Witness  
(Printed)

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Signature of Person Conducting Informed Consent Discussion / Witness	Date
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Principal Investigator Signature (if different from above)	Date
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D.  
**INDEPENDENT VARIABLE LIST**

**Race**

Measurement Level: Nominal

**Age**

Measurement Level: Scale

**JailTime (Arrest Record – number of times arrested)**

Measurement Level: Scale

**SA\_Aff (Substance abuse history – which affects you?)**

Measurement Level: Nominal

**DrugUse (Years of drug use)**

Measurement Level: Scale

**AlcoUse (Years of alcohol use)**

Measurement Level: Scale

Alcohol use in years

**Curr\_Con**

**Curr\_Con2**

**(Current Conviction Charge 1, 2)**

**Con\_Type (Conviction type – violent, non-violent, drug)**

Measurement Level: Nominal

**Misdemea (Convicted of misdemeanor or not)**

Measurement Level: Nominal

**Misde\_# (Number of misdemeanors convicted of)**

Measurement Level: Scale

**Mis\_Yr (Year Span of Misdemeanor convictions)**

Measurement Level: Scale

**Misd\_1**

**Misd\_2**

**(Misdemeanor Conviction 1/2)**

Measurement Level: Nominal

**Misd\_SA (Misdemeanor convictions substance abuse related)**

Measurement Level: Nominal

**Felony (Felony Charge History – yes or no)**

Measurement Level: Nominal

**Fel\_# (Number of felonies convicted of)**

Measurement Level: Scale

**FelonyYR (Years of Felony convictions)**

Measurement Level: Scale

**Fel\_SA (Felony convictions substance abuse related)**

Measurement Level: Nominal

**Fel\_Char**

**Fel\_Char2**

**(Felony Conviction 1, 2)**

Measurement Level: Nominal

**Edu (Highest Level of Education)**

Measurement: Nominal

**Leader (Leader on jail tier)**

Measurement: Nominal

**Why\_Recov (Why seeking recovery on the tier)**

Measurement: Nominal

**OnTierPr (On tier as part of program and not come straight from street to program without going through program in jail)**

Measurement: Nominal

**LIVEHSE (Live in house after release)**

Measurement: Nominal

**Rel\_Time (How long they have been out of jail)**

Measurement Level: Ordinal

**Recid (Recidivism – have they gone back to jail) – DEPENDENT VARIABLE**

Measurement Level: Nominal

**Dep\_Recid (Recidivism – have they gone back to jail) – DEPENDENT VARIABLE for binary**

Measurement Level: Nominal

**Recid\_# (Number of times back to jail)**

Measurement Level: Scale

**Rel\_Type (How released from program tier of RCJ)**

Measurement Level: Nominal

**Pro\_2\_Street (Released from program to street?)**

Measurement Level: Nominal

**Tier\_Now (Currently on tier)**

Measurement Level: Nominal

**Tier\_Days (Number of days on tier in program)**

Measurement Level: Scale



## E. Code Book

### Race

Measurement Level: Nominal

Value Label

- 1 Native American
- 2 Hispanic
- 3 White
- 4 African American
- 0 Other
- 1 Missing

### Age

Measurement Level: Scale

Current Age in Years  
-1 - Missing

### JailTime (Arrest Record – number of times arrested)

Measurement Level: Scale

Number of times arrested  
-1 – Missing

### SA\_Aff (Substance abuse history – which affects you?)

Measurement Level: Nominal

Value Label  
0 – Both  
1 – Alcohol  
2 – Drugs  
3 – Neither

### DrugUse (Years of drug use)

Measurement Level: Scale

Drug use in years

### AlcoUse

Measurement Level: Scale

Alcohol use in years

### Curr\_Con

### Curr\_Con2

### (Current Conviction Charge 1, 2)

Measurement Level: Nominal

Missing Values: -1

Value Label

- 1 Murder
- 2 Manslaughter
- 3 Assault-felony
- 4 Rape
- 5 Assault-misdemeanor
- 6 Abduction
- 7 Robbery
- 8 Burglary/Breaking and Entering
- 9 Trespassing
- 10 Forgery
- 11 Theft - grand
- 12 Theft - petty
- 13 Shoplifting
- 14 Shooting a vehicle while it's moving
- 15 Malicious wounding
- 16 Violation of protective order
- 17 Fraud
- 18 Accessory after the fact
- 19 Conspiracy to commit murder
- 20 Not paying restitution
- 21 Other sex crimes
- 22 Hit and run
- 23 Resisting Arrest
- 24 Unlawful Entry
- 25 Illegal Possession of a firearm
- 26 Destruction of property
- 27 Disturbing the peace-disorderly conduct
- 28 Writing bad checks
- 29 Parole violation
- 30 Probation violation
- 31 Drunk in public
- 32 Driving under the influence (DUI)
- 33 Drug sale, cocaine
- 34 Not paying child support
- 35 Drug distribution/sale, marijuana
- 36 Drug distribution/sale, pills
- 37 Drug distribution/sale, meth
- 38 Drug distribution/sale, heroin
- 39 Drug distribution/sale, other
- 40 Drug possession with the intent to distribute, crack
- 41 Drug paraphernalia
- 42 Panhandling
- 43 Drug possession with the intent to distribute, marijuana
- 44 Drug possession, meth
- 45 Drug possession, heroin
- 46 Drug possession, crack
- 47 "Drugs", general/no drug listed
- 48 Drugs & driving
- 49 Fail to appear in court
- 50 Child Neglect/Abuse
- 51 Underage Drinking
- 52 Possession of burglary tools
- 53 Selling DVDs/CDs illegally
- 54 Drug possession with the intent to distribute, cocaine
- 55 Drug possession with the intent to distribute
- 56 Driving charges (i.e. suspended license)

- 57 Identity theft
- 58 Indictment
- 59 Credit card fraud
- 60 Waiting on court/trial
- 61 Drug possession, cocaine
- 63 Failure to register
- 64 Stealing a car
- 65 Conspiracy, general – specifics not listed
- 66 Harassment over the phone
- 67 Drug possession, marijuana
- 68 Indecent liberties
- 69 Drug possession with the intent to distribute, heroin
- 70 Reckless driving
- 72 Alluding police
- 73 Drug possession, oxycodone
- 74 Drug possession, pills
- 75 Missed weekend time in jail
- 76 Domestic violence
- 77 Child visitation violation
- 78 Littering
- 79 Vandalism
- 80 Not paying court fines
- 81 Gang related charges
- 83 Shooting into an occupied dwelling
- 84 Embezzlement
- 85 Jaywalking
- 86 Arson
- 87 Indecent Exposure

**Con\_Type (Conviction type)**

Measurement Level: Nominal

Value Label

- 1 – Violent Felony
- 2 – Non- violent felony
- 3 – Drug
- 4 – Violent misdemeanor
- 5 – Non-violent misdemeanor
- 1 – Unknown

**Misdemea (Convicted of misdemeanor or not)**

Measurement Level: Nominal

Value Label

- 1 – Yes
- 0 – No

**Misde\_# (Number of misdemeanors convicted of)**

Measurement Level: Scale

Number of misdemeanors convicted of

**Mis\_Yr (Years of Misdemeanor convictions)**

Measurement Level: Scale

Number of years misdemeanors have been convicted over

**Misd\_1**

**Misd\_2**

**(Misdemeanor Conviction 1/2)**

Measurement Level: Nominal

Missing Values: -1

Same categories as crime convictions

**Misd\_SA (Misdemeanor convictions substance abuse related)**

Measurement Level: Nominal

Value Label

0 – Neither

1 – Both

2 – Alcohol

3 - Drugs

**Felony (Felony Charge History)**

Measurement Level: Nominal

Value Label

1 – Yes

0 – No

-1 - Unknown

**Fel\_# (Number of felonies convicted of)**

Measurement Level: Scale

Number of felonies convicted of

-1 – Unknown

**FelonyYR (Years of Felony convictions)**

Measurement Level: Scale

Number of years felonies have been convicted over

-1 – Unknown

**Fel\_SA (Felony convictions substance abuse related)**

Measurement Level: Nominal

Value Label

0 – Neither

1 – Both

2 – Alcohol

3 – Drugs

**Fel\_Char**

**Fel\_Char2**

**(Felony Conviction 1, 2)**

Measurement Level: Nominal

Missing Values: -1

Same categories as crime convictions

Alcohol use in years

-1 – Unknown

**Edu (Highest Level of Education)**

Measurement: Nominal

Value Label

0 – More than bachelors degree

1 – Bachelors degree

2 – Associates degree

3 – Some College

4 - GED

5 – Some High School

6 – High School Degree

7 – Middle School

8 – Less than Middle school

-1 – Unknown

**Leader (Leader on jail tier)**

Measurement: Nominal

Value Label

0 – Yes

1 – No

-1 – Unknown

**Why\_Recov (Why seeking recovery on the tier)**

Measurement: Nominal

Value Label

0 – Change

1 – Hope

2 – Family

3 - Addiction Recovery

4 – Life in order

5 – Want to Live

6 – Better self

7 – Learn to follow instruction

8 – Religious Reasons

9 – I'm not

-1 - Unknown

**OnTierPr (On tier as part of program and not come straight from street to program without going through program in jail)**

Measurement: Nominal

Value Label

1 – yes

0 – No

-1 – Unknown

**LIVEHSE (Live in house after release)**

Measurement: Nominal

Value Label  
1 – yes  
2 – No  
3 – N/A still in Jail  
-1 – Unknown

**Rel\_Time (How long they have been out of jail)**

Measurement Level: Ordinal

Value Label  
1 - > 6 months  
2 – 6 – 12 months  
3 – 1 – 1 ½ years  
4 – 1 ½ - 2 years  
5 – 2 – 2 ½ years  
-1 – Unknown

**Recid (Recidivism – have they gone back to jail) – DEPENDENT VARIABLE**

Measurement Level: Nominal

Value Label  
1 – Yes  
3 – N/A – still on tier  
5 – Incarcerated, but not on tier (either another tier of RCJ or another facility)  
6 - NO  
-1 – Unknown

**Dep\_Recid (Recidivism – have they gone back to jail) – DEPENDENT VARIABLE for binary**

Measurement Level: Nominal

Value Label  
1 – No  
6 – Yes  
-1 – Unknown

**Recid\_# (Number of times back to jail)**

Measurement Level: Scale

Number of times back to jail since released from program

**Rel\_Type (How released from program tier of RCJ)**

Measurement Level: Nominal

Value Label  
1- to street  
3 – transferred to another jail  
4 – Probation  
5 – Bond  
6 – DOC  
7 – on tier now  
8 – Removed from tier  
9 – Never on tier  
-1 – Unknown

**Pro\_2\_Street (Released from program to street?)**

Measurement Level: Nominal

Value Label

0 – N/A

1 – Yes

2 – No – currently in jail

3 – Another tier/jail first

4 – DOC first

-1 – Unknown

**Tier\_Now (Currently on tier)**

Measurement Level: Nominal

Value Label

0 – No

2 - Yes

**Tier\_Days (Number of days on tier in program)**

Measurement Level: Scale

Number of days in days

-1 – Unknown

## VITA

Sarah Huggins Scarbrough was born on February 5, 1983 in Fairfax, Virginia and is an American citizen. She graduated from Clover Hill High School in Midlothian, Virginia in 2001. She received her Bachelor of Arts in Political Science from the University of Virginia's College at Wise in 2005. In 2007, she graduated with her Master's in Criminal Justice from Virginia Commonwealth University.

While finishing her PhD and dissertation, Sarah worked as the Director of Virginia's Executive Mansion under Governor Bob McDonnell. She was appointed to that position at the start of the administration in January of 2010. Prior to working in the administration, she worked as the Executive Director of a non-profit organization, GRASP, and for Senator Walter Stosch as his legislative assistant.

Mrs. Scarbrough has volunteered and worked with substance abuse organizations for several years. She began working with the McShin Foundation in 2006, and has been involved with them since. She also volunteered in the Richmond City Jail under the direction of Sheriff Woody for 3 years prior to beginning her research. She also has worked with the Substance Abuse and Addiction Recovery Alliance (SAARA) of Virginia for a couple of years.

In partnership with Federal Judge, Henry Hudson, and Dr. John Reitzel, she worked on and completed a study entitled *Drug, Crime, and the Gateway Effect: A study of Federal Crime Defendants*.