

Executive Summary of the Doctoral Dissertation entitled:

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

Political Science, Bachelor of Arts, University of Virginia's College at Wise, 2005

Criminal Justice, Master's of Science, Virginia Commonwealth University, 2007

Doctoral Degree, Public Policy and Administration, Virginia Commonwealth University, 2012

Contact Information: (804) 837-7779 or smh0205@hotmail.com

Committee Chair:

William C. Boshier, Jr., Ed.D.

Distinguished Professor of Public Policy and Education

Executive Director, Commonwealth Educational Policy Institute

Wilder School of Government and Public Policy

Sarah H. Scarbrough 2012

All Rights Reserved

Abstract

In collaboration with Sheriff C. T. Woody, Deputies, and other jail personnel, the Kingdom Life Ministries (KLM) program operates in the City of Richmond Jail. Aimed at serving individuals who suffer from alcoholism and other drug addictions, the KLM program offers 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 up 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 and violent 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 were 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 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 so in a more cost-effective manner.

What is the Problem?

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 offenders, 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.

Summary of Research Process

The Program, founded by the McShin Foundation, began at the Richmond City Jail in February 2008. Data on the KLM men in this study included information beginning with the first cohort who went through the program, and continued through December of 2011, thus including three and a half years of data. The main goal of this research was to examine the effectiveness of the KLM program during two stages: both while the men are incarcerated and upon release, and was 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 determined if it is effective, why it is (or is not), and for whom it is (or is not) effective. These results were then compared to statistics of those (1) who go through the program 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 was collected through secondary data analysis.

Determining the effectiveness of the program was based both on qualitative and quantitative data collection. Quantitative data included recidivism rates and related demographic data, which were used to describe the characteristics of program participants. Such demographic data included information that was obtained from a survey, including age, race, highest educational level, number of times incarcerated, length of substance abuse, and number of felonies and misdemeanors in a prisoner's dossier. Qualitative data was obtained through several hundred one-on-one interviews.

The second phase of the research concerned 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. Almost 500 surveys were completed during this time. Findings of the 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. 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 activities and conduct additional interviews. As an additional measure, arrest records were obtained from the Richmond City Jail and the Virginia Compensation Board in order to determine if the individual became re-incarcerated in Virginia during the study period. Such data was especially useful for those men who were released and did not 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 the Compensation Board and then compared to the rates of the KLM men. Additionally, a review of secondary data was conducted, in order to compare rates and statistics from other programs in Virginia and other states. The analysis of these various sets of data 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.

About the Program

The KLM program (originally called *The McCovery Program*) was created in February 2008 by the McShin Foundation 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, Sheriff Woody, and the Richmond City Jail enabled the program to be introduced in 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 an extensive history of criminal behavior including violent offenses. KLM 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.

The Jail Component and time on the tier is 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, Colonel Alonzo Pruitt, PhD and Mike Kelly, who are both in recovery. While MIR and KLM share the responsibility of running the Jail Component, both programs adhere to the core elements of the original program design.

Daily, the program director and other staff members, who are successful in their recovery, become a resident of the tier during sessions and host recovery programs. Each week the program combines several hours of primarily small group 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 KLM program, they are provided with housing, food, clothing, 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. KLM and these resources are provided at *no cost to the taxpayer*.

Qualitative Data Analysis

The qualitative analysis and findings recorded in this report are included in order to reveal essential information to increase knowledge pertaining to the adult male population targeted by KLM. 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 these men’s lives, and at the same time, an understanding of how they describe their world.

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.

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

Theme	Finding 1	Finding 2	Finding 3
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 every 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/MIR that incorporate these factors, such as the McShin Foundation, all

programs, including state-funded and private, should integrate these elements that contribute to success, which is validated through this study.

Quantitative Analysis

Several measures were used to analyze the quantitative data through the statistical program JMP and SPSS. Each mode of analysis confirmed the effectiveness of KLM, thus supporting and confirming the hypotheses.

The men of the 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/MIR tier is significantly *lower* than the rate of the RCJ as a whole (44 percent) and even 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/MIR and Belief data), a true comparison between recidivism rates of the program and the jail cannot be made. Yet, we do know that KLM is at least 10 percent lower, but we cannot confirm exactly how much more than that.

The first hypothesis stated:

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.

This hypothesis is non-conclusive and therefore we cannot accept it. This is because it appears that the 52 percent recidivism rate of the control/comparison group, the Belief program, is higher than the 44 percent general population recidivism rate at the RCJ. However, this is likely due to the fact that the RCJ recidivism data *only* includes incarcerations to the RCJ, and the Belief rate includes data showing incarceration(s) *in any correctional facility* in Virginia. Consequently, this research cannot confirm this hypothesis.

The second hypothesis stated:

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. Further, arguably, this rate of 34 percent is *at least 10 percent lower* than the rate of the whole jail. Additionally, as determined by a mode of analysis called a '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. There was an average of 292 days between incarcerations before going through KLM – after KLM the average increased to 482 days. This reveals that KLM *significantly* reduces the rate of recidivism, therefore revealing that KLM is an effective program. The paired t-test on the Belief tier reveals the opposite and that the program is *not* as effective as KLM. This program does not work for more than it works for. The average number of days between incarcerations prior to going through Belief is 339.9 days – after Belief it is 364.5 days – 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.

In determining which variables correlate to recidivism, it was found that arrest record (number of times arrested), treatment type (either KLM or Belief), and crime committed were highly correlated to the likelihood of recidivating. Other significant predicting variables found were the amount of time out of jail, if subjects lived in KLM’s recovery houses, and if subjects were released on bond. This study found drug and/or alcohol use, race/ethnicity, and educational level were not factors in predicting recidivism (they were all found to be not statistically significant).

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 KLM recovery house contributed to a 5 percent less likely chance of recidivating.

A different mode of analysis, logistic regression, 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/MIR program, and (3) which crime the subject was incarcerated for while going through the program. 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. The chart below illustrates the variables’ prediction of recidivism:

IV: Number of times in Jail	IV: Crime Group Number	IV: Release Time	Odds Ratio: Likelihood of Recidivism
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%

It is through these analyses, that not only conclusions of the effectiveness of the KLM program could be drawn, but suggestions of areas that could be enhanced in order to further the successes are drawn. 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/MIR accepts violent offenders and Belief does not, and these men also get incarcerated at a higher rate. Yet, KLM/MIR 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 the program should focus on for an even greater success rate. 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 should be the third focal point of the program (a list of these crimes can be found in the appendix).

Associated Cost Savings

While this study looked at the effectiveness of the program as it relates to recidivism, the cost-savings associated with the successes of KLM/MIR cannot be ignored. It costs approximately \$25,000 annually to incarcerate an individual in Virginia. Through the increase in the amount of time between incarcerations among the men who go through the program, 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 over *\$7 million*. Furthermore, when inmates have to go to the emergency room (because of fighting), it costs the taxpayer approximately \$2,000 per visit. Prior to the beginning of KLM/MIR, 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 — \$240,000 a year. Since the beginning of the program, there have been three *minor* scuffles, *none* of which have lead to an emergency room visit. As such, this has saved the jail \$840,000 over the 3.5 year study period. Bear in mind, these savings of almost *\$8 million* 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 unimaginable.

Secondary Data Analysis

Upon reviewing data collected on various programs in Virginia, it is evident that the efforts and assistance provided by Virginia is not keeping pace with a considerable number of states that are currently experiencing greater 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. While great strides have been made by Governor McDonnell's administration and under the guidance of the Secretary of Public Safety, their main focuses are women, juveniles, and military. As such, the population that this study examines is underserved.

The majority of programs in Virginia lacks the ability (primarily due to funding) or simply does not conduct wide-scale evaluations on a regular basis. Additionally, the majority of non-state 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 produced by various programs 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 well-supported conclusions. Of Virginia's state-funded and non-state-funded programs, Kingdom Life Ministries (KLM) is one of the few organizations in the Commonwealth conducting in-depth, reliable, and statistically sound evaluations. Looking specifically at the two largest state run programs in the Commonwealth that are charged at addressing this issue, Community Service Boards (CSBs) and Drug Treatment Courts (DTC), it was also revealed that there are holes in comprehensive evaluations.

DTCs operate on a \$2.9 million annual budget. While they do reveal about a 50 percent success rate, a cost-benefit analysis or cost per client has not been established. 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. However, it is important to know that Virginia's success rates are not equal to the national averages. The "typical" model of drug courts 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 contributes to the highest successes. Yet, Virginia DTCs do not guarantee housing; individuals at some DTCs receive housing, while others do not. As such, comparing national statistics to those of Virginia DTCs is difficult. While they do seem to be effective, further studies should be conducted to validate this.

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. Only \$136 million of this is spent on substance abuse (\$86 million state and federal and the other \$50 is local government and grants). The remainder goes towards mental health and other disabilities. 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. Findings of satisfaction surveys that were given to a small percentage of clients were discussed. However, the 32-page document failed to report any information regarding evaluations or statistics about the programs in Virginia. After speaking with executives from one CSB in Virginia and through examining other CSBs in Virginia, it appears their services are successful, but this cannot be backed statistically. 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. It should be *mandatory* for any entity receiving state funding to develop evaluation measures to assess effectiveness, including employment and educational attainment, recidivism, and relapse.

Through secondary data analysis, it was found that the cost for Virginia non-profit organizations to provide substance abuse, recovery, addiction, re-entry services, and/or housing services ranged from \$4,500–\$7,200. Yet, 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 through my research, 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, but strive to rehabilitate. Therefore, these programs are able to stop the revolving door into the jail. As such, it is clear that the state option is much more expensive and less effective. This further emphasizes the importance of developing a better system of treatment and partnership among state and private run programs for individuals who suffer from substance abuse disorders.

Through analysis of over 50 other programs in Virginia, the McShin Foundation and the Healing Place, both located in Richmond, had the most comprehensive evaluations revealing the most successful results. Privately run organizations, such as KLM, McShin, and the Healing Place, can contribute significantly in our communities' efforts to lower recidivism rates. However, cooperation and funding from local jails, prisons, and state government is vital in developing programs capable of sustaining the highest possible levels of success and effectiveness.

Best Practice Model

Through the extensive research that this study encompassed, including qualitative and quantitative analysis, and secondary data analysis of many programs in Virginia and also across the nation, a best practice evidence-based model was established. This model incorporates the factors that are vital to the utmost success of programs. While programs are tailored to their specific population, these are key factors that should be incorporated. It is essential that programs are available for offenders immediately upon incarceration, continue through their confinement, and continue after they are released. While there are effective programs that offer one or the other, the most successful programs are available during and after incarceration. A needs assessment should be conducted at intake, in order to develop an individualized action plan and skills assessment. About six months prior to release, a transition plan should be established to determine needs and services that will be required, as well as how to integrate into society and function as a law-abiding citizen. The entire incarceration should include structure from a program, in order to ensure it is not a “breeding ground for criminals” or an “opportunity to meet more drug contacts for the street.” These programs in and outside of incarceration should also provide substance abuse treatment, education, employment services, spiritual principles/enrichment, NA/AA, and behavioral modification programs.

The majority of individuals getting out of jail are given a bus ticket and \$25 — hardly enough to survive through a day. They have burned so many bridges that typically the only people that will accept them are the same people on the same street corner where they were before being locked up. Therefore, upon release, it is vital to pick up the person from the jail and provide housing that is surrounded with love and has strong structure and supervision. Additionally, continued transportation is important, as well as assisting clients in obtaining an identification card and other important documents (i.e. birth certificate), developing payment plans for debt (i.e. driving fees, court fines, child support), healthcare/Medicaid, food stamps, and other essential services to move them in the direction of success.

Employment services are critical as well. It is extremely difficult to secure a job as a convicted felon, however, after securing a job, many are placed in a position of not being able to maintain a job. Describing this, one of the men in the program told me: “My probation officer 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, so he fired me.” As such, there are several areas that must be addressed, in addition to simply providing guidance and services as it relates to employment attainment.

Programs should also follow a peer-based model. While it is important to incorporate services from practitioners and trained professionals (i.e. doctors, social workers, psychologists, etc.), having someone who has “walked in their shoes” is extremely important. The statement that stood out most and put this in perspective was: “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.” People in recovery and in programs are much more comfortable when surrounded and led by others in recovery. A strong difficulty is seen in developing a connection and relationship with someone who does not suffer the disease of addiction.

While programs in various locations are formed to best serve the population they represent, the areas discussed above are essential to the greatest level of success and

effectiveness. As discussed in the secondary data section, Virginia has many programs providing extraordinary services to thousands of individuals and saving lives everyday. However, many of these programs can be significantly enhanced if they followed the evidence-based model developed from this research. Programs such as KLM, the McShin Foundation, and the Healing Place should be looked at through a microscope and should be a model followed by many, as they already are incorporating these factors.

Conclusion/Recommendations

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 their business, so how can these committees decide how to run their programs if they haven't "walked in their shoes." 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 Virginia and in other states. KLM/MIR, as well as other programs, such as the Healing Place and the McShin Foundation, is in Virginia's lawmakers and policymakers' backyard, and proven to work.

It is not until policymakers understand these factors 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.

Despite years of complications related to recidivism rates, states such as Oregon, Missouri, Michigan, have revealed that through implementing innovative approaches, that are evidence-based, rates can and will decline. 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.

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.

Appendix:

A. List of Crimes: 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
- Violation of a protective order
- Waiting on court
- 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

B. Testimony:

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.”

Commentary regarding the influence KLM had on one man’s life is:

“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."

Other quotes regarding accomplishments after KLM 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."¹

"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"

¹ "Been off paper" refers to not being under any type of court ordered supervision (i.e., probation or parole).