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EVALUATION OF A JAIL REENTRY PROGRAM

By

Bailey Elisabeth Holland

B.A., Randolph-Macon College 2018

A Thesis

Submitted to the Faculty of the
College of Arts and Sciences of the University of Louisville
in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in Sociology

Department of Sociology

University of Louisville

Louisville, Kentucky

May 2020

EVALUATION OF A JAIL REENTRY PROGRAM

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A Thesis Approved on

April 14, 2020

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DEDICATION

This thesis is dedicated to my mama

Chastity Holland

for her loving support and guidance

and to my mentor

Dr. Sarah Cribbs

for encouraging me to go to graduate school.

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I would like to thank my committee chair, Dr. Patricia Gagne, for her incredible support and patience over the last year. Likewise, I would like to thank my other committee members, Dr. Dave Roelfs and Dr. Heather Ouellette, for their work and guidance. This would not have been possible without the contributions of each of you, and I am truly thankful. Also, I would like to thank my family for their love and encouragement, especially my grandparents, Doyle Graham and Anita Akers, and Mary and Jerry Washburn. I would also like to thank my friends Jordan Belz, Lucy Dyerle, Brandon Schmidt, Mackenzie Jenkins, and Erin Troy for their support. Finally, thank you to Taylor Tolles for introducing me to Benji and allowing me to adopt him. He has been an excellent writing companion.

ABSTRACT
EVALUATION OF A JAIL REENTRY PROGRAM

Bailey E. Holland

May 9, 2020

Previous research has focused on prison reentry programs and the impact the program has on reducing rates of recidivism, but there is a lack of research on jail reentry programs and the impact of programs' individual services have on recidivism. Secondary data was obtained from the Louisville Metro Jail Familiar Faces Action and Community Transition (F2ACT) reentry program, which included basic demographic data of the participants, a record of individual services received by each participant, and the number of times each participant was booked into Louisville Metro Corrections before and after participating in F2ACT. A multinomial logistic regression found that age, gender, and the provision of bus tickets had statistically significant relationships with rates of recidivism, while other variables, like receiving a supply of medication upon release, presented noticeable trends.

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INTRODUCTION

Reentry programs are designed to help incarcerated persons reintegrate into their communities after release from jail or prison. The goal is to lower rates of recidivism and reincarceration. The vast majority of what we know about reentry programs comes from prison programs. Reentry programs are most commonly found in state and federal correctional centers, not locally run facilities. A small number of jails, such as the Alleghany County Jail in Pennsylvania, have begun reentry programs. Few studies, however, have examined jail reentry programs, in part because there are not many such programs housed in U.S. jails. The structural differences between jails and prisons warrant the separate study and evaluation of jail reentry programs. Offenders spend more time in prisons than jails, which means those who participate in a prison-based reentry program have a greater opportunity to receive programming, treatment, and case management before their release. Additionally, jails are typically located in or near inmates' communities, annually encounter more people than prisons, and operate with fewer resources dedicated to reentry and rehabilitation than prisons (Miller and Miller 2010).

The purpose of this study is to examine the correlation between individual services offered by Louisville Metro Department of Corrections's reentry program and rates of recidivism among program participants. The program's goal is to reduce the number of times an individual is booked into the jail. Success of the program is measured by comparing the number of times a person was booked into jail before participating in

the program with the number of the number of times they were booked into the jail after the program. This study will contribute to the literature by examining the influence of individual services offered by the program.

TRENDS IN THE LITERATURE

Recidivism can be defined in several ways, but essentially, it refers to the reoffending of someone who has already been convicted of a crime (Alper, Durose and Markman 2018). Measures of recidivism include re-arrest, a conviction for a new offense, and reincarceration (Alper et. al. 2018). Recidivism is often measured between one to three years following an offender's release from incarceration, but this depends on how reentry programs, researchers, and others operationalize the term. Most of what we know about rates of recidivism come from studies of state prisons, not jail inmates, but rates of recidivism between those released from prison and jail do not appear to be significantly different. Both populations appear to have high rates of recidivism, particularly in the first one to three years following their release (Alper et. al. 2018; Braga, Piehl and Hureau 2009).

Prison and jail reentry programs utilize a variety of methods to reduce recidivism among those released from incarceration. The most common operationalization of recidivism is any return to jail or prison during a one-to-three-year period following an offender's release, but this depends on how reentry programs, researchers, and others operationalize the term. The goal of several reentry programs is to prevent prior offenders from returning to jail or prison by targeting criminogenic needs. Criminogenic needs refer to dynamic risk factors that, when unmet, contribute to criminal behavior (Holliday, Heilbrun, and Fretz 2012). The more criminogenic needs an offender has, the more at-

risk they are to reoffend. Criminogenic needs encompass eight categories: antisocial behavior, antisocial personality patterns, antisocial cognition, peer relationships, family/marital relations, education/employment, leisure/recreation, and substance abuse (Andrews and Bonta 2010).

The literature does not propose one program model or service as more effective than others at reducing recidivism for various demographic groups. Previous studies identify several significant factors that influence rates of recidivism among those released from prison or jail. Although my study focuses on recidivism among those released from jail, most of these factors were identified in studies of people released from prison. However, factors correlated with recidivating after release from jail are similar to those correlated with recidivating after release from prison. Age, race, gender, education, familial relationships, employment status, criminal history, mental health and substance abuse history, and motivation have been identified as variables that affect rates of recidivism (Braga et. al. 2009; Cook, Kang, Braga, Ludwig, and O'Brien 2015; Crow and Smykla 2019; Holliday et. al. 2012; Miller and Miller 2012; Miller, Miller, and Barnes 2016; Severson, Bruns, Veeh, and Lee 2011; Solomon and Draine 1995; White, Saunders, Fisher, and Mellow 2012; Wikoff, Linhorst, and Morani 2012; Yamatani and Spiednes 2011). However, the effects of structural and cultural racism, sexism, and ageism, along with factors such as the economy and public policy cannot be measured. While scholars endeavor to measure all factors, it is difficult, if not impossible, to control for all sociological factors when evaluating re-entry programs. Below I summarize the literature by examining the effect of each of these variables individually.

Age

Older participants are more likely to avoid recidivating than younger participants (Cook et. al. 2015; Crow and Smykla 2019; Severson et. al. 2011). Miller and Miller's (2010) analysis found a similar relationship, but it was not statistically significant. The literature strongly suggests that most offenders eventually "age out" of criminal activity (Cook et. al. 2015; Crow and Smykla 2019; Miller and Miller 2010). The age-crime curve illustrates the relationship between age and the prevalence of criminal offenses (Hirschi and Gottfredson 1985; Farrington 1986). Criminal activity increases at the beginning of adolescence and peaks during the early-to-mid-twenties before slowly declining (Hirschi and Gottfredson 1985; Farrington 1986). Although Hirschi and Gottfredson (1985) proposed that age was invariant, Farrington (1986) provided evidence that the peak age for criminal offending varied based on gender and type of offense.

Race

Existing literature suggests that the high rate of recidivism for Black and Latino men is symptomatic of institutional racism and hyper-criminalization of low-income minority neighborhoods (Alexander 2011; Goffman 2011; Rios 2011). Some studies in the literature treat race as a dichotomous variable—coded as either Black/White (Cook et. al. 2015; Miller et. al. 2016) or White/Nonwhite (Crow and Smykla 2019; Miller and Miller 2010). The decision to exclude other races and ethnicities from the analysis or to group them into one racial classification was necessary for the authors (Cook et. al. 2015; Crow and Smykla 2019; Miller and Miller 2010; Miller et. al. 2016) to reach statistical significance. The majority of nonwhites were found to be more likely to recidivate compared to whites, even if they participated in a reentry program (Cook et. al. 2015; Crow and Smykla 2019; Miller et. al. 2016). However, other studies (Miller and Miller

2010) found no relationship between race and recidivism. The higher rates of nonwhite recidivism as compared to whites' rates of recidivism might be explained by the institutional racism and hyper-criminalization documented by Alexander (2011), Goffman (2011) and Rios (2011).

Gender

Women are more likely to avoid recidivating than men (Crow and Smykla 2019; Severson et. al. 2011). Miller and Miller (2010) did not find that gender was a statistically significant variable that influenced recidivism, but the nonsignificant relationship they found echoes other researchers' findings (Crow and Smykla 2019; Severson et. al. 2011). However, the rate of recidivism among women remains high (Huebner, DeJong and Cobbina 2010; Swavola, Riley and Subramanian 2016). The growing number of incarcerated women highlights the lack of jail and prison programs that address the specific needs of women (Huebner et. al. 2010; Swavole et. al. 2016).

Employment

Obtaining employment is an important step in reintegrating former inmates back into society following their release. According to economic theories of crime, people choose to engage in criminal activities based on the potential rewards of such activities compared with the potential costs (Becker 1968). High rates of crime and recidivism can be explained by limited legal opportunities to provide for oneself (Becker 1968). Employment is a legal opportunity for people to provide for themselves, but those released from prison often have difficulty finding employment due to their criminal history, level of education, substance abuse, and poor mental health (Cook et. al. 2015).

A meta-analysis of nine prison reentry programs in the United States found that participants in programs that offer assistance in finding employment had higher chances of having a job than offenders who did not participate in the reentry programs (Berghuis 2018). However, among the studies included in this meta-analysis the odds of participants in these programs being convicted of a new crime varied greatly. Two programs reported the odds of getting reconvicted for a new crime were reduced by 31% and 6%; three programs reported increases in participants' odds of reconviction by 12%, 32%, and even 163% (Berghuis 2018).

Education

The importance of education lies in its relationship to employment. Possessing a high school diploma or GED broadens one's opportunities for employment, and the more education or vocational skills one has, the more he or she is likely to earn (Cook et. al. 2015). Considering the importance of employment to remaining in the community, it makes sense that education would also be a significant indicator of recidivism. Miller et. al. (2016) found that those who have earned at least a high school diploma have lower odds of recidivating than those who do not have a high school diploma. Severson et. al. (2011) also found that higher levels of educational attainment are associated with a decreased likelihood of returning to prison.

Criminal History

Participants with criminal histories that include violent offenses, many arrests, and long periods of time incarcerated are at a higher risk of recidivating than participants with nonviolent histories, fewer arrests, and shorter periods of time incarcerated (Braga

et. al. 2009; Cook et. al. 2015; Miller et. al. 2016; White et. al. 2012; Wikoff et. al. 2012). Those convicted of a felony offense will likely find it more difficult to integrate back into society. A common question on job applications is whether or not a person has been convicted of a felony offense. Applicants who answer “yes” to this question are less likely to be hired than those who can answer “no” (White et. al. 2012; Wikoff et. al. 2012). Having a felony conviction can also disqualify a person from receiving social assistance in some states. For example, twenty-seven states impose restrictions, temporary or lifetime bans on felons seeking benefits from the Supplemental Nutrition Assistance Program (United States Department of Agriculture 2018). Limiting access to employment and social assistance programs contributes to higher rates of recidivism by restricting attainable legitimate, legal means of providing for oneself and integrating back into society.

Supportive Personal Relationships

Reentry programs can serve an important role in establishing and strengthening healthy, supportive relationships with family members, friends, service providers, and others in the community. Berghuis (2018) identified two prison reentry programs that measured the effects of the program on social support and social networks. Participants in both programs reported increases in social support and larger social networks than members of the control group (Berghuis 2018). Those who have close family relationships, particularly those who are married and/or have children, are less likely than those without such relationships to recidivate (Berg and Huebner 2010; Cook et. al. 2015; Crow and Smykla 2019). Severson et. al. (2011) found that being married was associated with a decreased likelihood of returning to prison compared to those who are not married.

Berg and Huebner (2010) also found that spouses, and other close family members and friends, provide the emotional support needed to successfully remain in the community. Having children was also associated with reduced odds of receiving a new charge or returning to prison (Severson et. al. 2011). Creating and maintaining strong social bonds helps reintegrate former offenders and helps them remain the community by fostering a sense of belonging and accountability (Berghuis 2018; Cook et. al. 2015; Crow and Smykla 2019; Severson et. al. 2011).

History of Mental Illness and Substance Abuse

Untreated mental illness and substance abuse can lead to difficulties in many areas of one's life, including personal relationships, employment, and remaining free from incarceration. Those with histories of substance abuse and/or mental illness are more likely to recidivate than those without drug and alcohol problems or a diagnosed mental health concern (Broner et. al. 2005; Crow and Smykla 2019; White et. al. 2012; Wikoff et. al. 2012). A relapse in sobriety or mental health can cause a person to become unstable and unreliable, making it difficult for him or her to maintain relationships with loved ones, hold down a job, or comply with conditions of his or her release, like passing a urinalysis and checking in with a probation officer (Broner et. al. 2005; Crow and Smykla 2019; White et. al. 2012; Wikoff et. al. 2012). The instability associated with mental illness and substance abuse can lead to recidivism through the acquisition of new charges or the revocation of probation.

Motivation

Several studies (Broner et. al. 2005; Crow and Smykla 2019; Holliday et. al. 2012; White et. al. 2012; Wikoff et. al. 2012; Yamatani and Spiednes 2011) acknowledge participants' motivation for participating in a reentry program as an often-overlooked factor in the discussion of reentry programs and recidivism. While many studies identify motivation as a possible latent variable, Broner et. al. (2005) explicitly measured the effect of motivation and coercion among reentry program participants with substance abuse and mental health disorders. The researchers found that participants who did not perceive themselves as being coerced into the program and acknowledged a need for assistance to change their behavior were more likely to remain in their communities and spend less time incarcerated (Broner et. al. 2005).

CRITIQUES

Reentry programs commonly offer multiple services to address the variety of offenders' needs. However, the literature primarily analyzes the overall efficacy of reentry programs, not the efficacy of individual services and treatments (Berghuis 2018; Broner et. al. 2005), which makes it difficult to discern what is most effective for reducing the likelihood of previous offenders returning to prison or jail. This research evaluates the effect of individual services offered by a jail-based reentry program on rates of recidivism. The Familiar Faces Action and Community Transition (F2ACT) program at Louisville Metro Department of Corrections is unique among the reentry programs found in the literature. F2ACT is a low-barrier referral service that prioritizes meeting the needs of as many offenders as possible. The program accepts clients on a rolling basis from a variety of sources, including lawyers, family members, social workers, and inmates themselves. It operates on a rolling basis, meaning there is no official or standard intake process or length of time between the inmate's referral and release date. F2ACT offers inmates backpacks with clothing and toiletries, assistance with Medicaid enrollment, bus passes, a 30-day supply of medication, temporary state IDs, and resource handbooks from the Louisville Coalition for the Homeless. The program also works on behalf of participants to find housing, mental health, and/or substance abuse programs in the community prior to their release.

Although programs vary in the type of services they offer, level of treatment intensity, and number of dedicated personnel, most programs require participants to undergo an application or intake process before they are accepted to receive services. By contrast, F2ACT only requires that an individual be willing to participate. Very few low-barrier programs like F2ACT have been evaluated in the literature. Understanding the efficacy of individual services contributes to the scarce literature that currently exists. The findings from this research can also be used in an applied setting. Information about the efficacy of various services can inform decisions on implementing jail-based reentry programs. Considering that jails have fewer resources than prisons when it comes to reentry programming, exploring the efficacy of a low-barrier program that can operate in a setting with limited financial and personnel support makes a valuable contribution to current scholarship, with practical applications for the administration of jails.

PROGRAMS

Some programs (Broner et. al. 2005; Crow and Smykla 2019; Holliday et. al. 2012; Miller et. al. 2016; Severson et. al. 2011; White et. al. 2012; Wikoff et. al. 2012) assess participants' criminal, substance abuse, and mental health histories to calculate their level of risk of reoffending. Programs assess offenders' risks by using one of many instruments. Some instruments have been developed by federal or state agencies, like the Post Conviction Risk Assessment or the New York Department of Corrections evaluation form (Broner et. al. 2005; Crow and Smykla 2019; Miller et. al. 2016; Wikoff et. al. 2012). Others are standardized psychological assessments, like the Level of Service/Case Management Inventory or the Texas Christian University Criminal Thinking Scales, which are used in a variety of institutional and noninstitutional settings (Holliday et. al. 2012; Severson et. al. 2011). Risk scores are incorporated into individual participants' case management and treatment plans with the purpose of matching the intensity of the program's services and treatments to the participant's level of risk (Broner et. al. 2005; Crow and Smykla 2019; Holliday et. al. 2012; White et. al. 2012). In other words, participants with a history of criminal activity and greater needs will generate higher risk scores and receive more intense levels of treatment and a greater number of services. Upon release from incarceration, risk assessments are used as a tool for program participants and case managers to identify and discuss potential difficulties during the participant's reentry and his or her treatment plan (Holliday et. al. 2012; Severson et. al. 2011).

METHODOLOGY

This study analyzed data from the F2ACT program at Louisville Metro Department of Corrections (LMDC) F2ACT. The LMDC collects information on inmates' race, gender, education, employment, and history of admissions to Louisville Metro Jail. The F2ACT program collects the inmate numbers of program participants, services they received, referrals made on their behalf, and dates of contact between F2ACT administrators and program participants. For this study, recidivism is defined as any return to Louisville Metro Jail during a two-year period following an inmate's release. My independent variables are type of service(s) received and the age, race, gender of program participants. My dependent variable is the number of participants' bookings into Louisville Metro Jail before and after participating in F2ACT. The services offered by the F2ACT program include provision of seasonally-appropriate clothing and footwear, medication, toiletries, temporary state ID, bus tickets, assistance with Medicaid enrollment, coordination of post-release housing and substance abuse treatment, and transportation from the jail to another facility, program, or residence of a friend or family member. The impact of each of these services will be analyzed individually to determine if they correlate with decreased or increased rates of recidivism.

Geographic Location and Facility Information

Louisville is the most populous city in the mid-southeastern state of Kentucky, with a population of 620,118 (U.S. Census Bureau). The city is located in northwestern

Kentucky near the southern border of Indiana, along the Ohio River. The Louisville Metro Department of Corrections serves the residents of Louisville and Jefferson County. Located downtown, the Louisville Metro Jail had 32,708 bookings in 2018 with an average of 2,726 bookings a month (Louisville Metro Department of Corrections). The population of the jail averages 2,032 people who remain incarcerated for an average of 23 days (Louisville Metro Department of Corrections 2018). The facility's population exceeds its capacity of 1,793 despite the existence of a home incarceration program and a day reporting center, which offer supervised sentencing alternatives to incarceration (Louisville Metro Department of Corrections 2018).

Outcome Measures

Program success is measured by comparing each participant's number of Louisville Metro Jail bookings from before they participated in F2ACT to after. A successful outcome is defined as any reduction in the number of bookings into the jail following program participation. F2ACT classifies participants into one of four categories based on the difference between the number of bookings they had before participating in F2ACT and the number of bookings they have after. Individuals who do not return to Louisville Metro after F2ACT are termed "complete successes" by the program. Those with the same number of bookings before and after the program are placed in the "equal number of bookings" category. Participants who are booked into jail after the program, but fewer times than before are categorized as "fewer bookings". Likewise, participants who return to jail at a greater frequency than before F2ACT are placed into the "greater number of bookings" category. The "complete success" category serves as the reference outcome for the multinomial logistic regression. These measures

were created by F2ACT to provide the program with a more granular understanding of recidivism. Rates of recidivism are generally high and utilizing a measure with different “levels” of recidivating (fewer returns, equal number of returns, or more returns) is helpful for the program to analyze its effectiveness in an environment where complete success, no new returns, is difficult for participants to achieve.

Analytic Strategy

The data were analyzed in a multinomial logistic regression that used the program’s measure of recidivism as the dependent variable. Although this is an ordinal level variable, I chose to use a multinomial logistic regression instead of an ordered logistic regression. An ordered logistic regression uses the dependent variable’s categories to create a series of thresholds. The regression generates one odds ratio per independent variable, but there are multiple odds ratios for each independent variable, one for each dependent variable threshold, which makes the resulting odds ratio an average of all odds ratios for that independent variable. Ordered logistic regressions measure for trends in the independent variable, but it cannot identify complex nonlinear trends. Identifying these trends would require an examination of all underlying regression models.

A multinomial logistic regression keeps each category of the dependent variable distinct and individually compares each outcome category to the reference outcome. This also generates multiple odds ratios, but each can be seen in the results, which eliminates the need to examine any underlying model. However, this does require careful evaluation of each independent variable and outcome to determine whether or not any trends exist.

The data for this analysis constitute a population of F2ACT participants over a two-year period. This is important to note when using p-values to interpret findings. In research that utilizes a sample, p-values are used to provide guidance on generalizing findings to a population. The findings do not need to be generalized when the data is for the population, because the findings reflect observations, not inferences. This changes the meaning of p-values. Instead of using p-values to determine what relationships are real and not real as one would do to generalize from a sample, p-values for a population are used to determine the importance of a relationship.

The F2ACT program's measure of recidivism was the dependent variable for the multinomial logistic regression. Program participants were classified into one of four recidivism categories that compared their number of jail admissions before receiving services and after receiving services. Participants spent somewhere between four years and four months to two years and four months in the community following their release. This difference in the amount of time since their release reflects a difference in individuals' opportunity to reoffend and return to jail. I chose to use a multinomial logistic regression to analyze the data because of the multinomial dependent variable.

FINDINGS

Population

Seven-hundred and sixteen (M= 716) individuals participated in F2ACT from August 2015 through August 2017 (see Table 1). Participants' returns to Louisville Metro Jail were tracked until December 1, 2019. Their ages range from 18 to 78 years old, with a mean of 37 and a standard deviation of 10.756 years. Roughly two-thirds (66.67%; N = 472) of participants are men and one-third (33.33%; N = 236) are women. Black inmates make up over one-quarter (28.53%; N = 202) of participants and Whites make up nearly three-quarters (71.47% N = 506). Eight participants were excluded from the population because there were not enough people with the same racial or ethnic identification (Asian, Hispanic, and Unknown) to conduct an analysis of their group. Those eight exclusions reduced the population from 716 to 708. The age, gender, and racial composition of the population reflects trends that have been established in the literature (younger, predominately men, and overrepresented by Blacks). The race and gender of F2ACT participants can be compared to that of the jail's general population through information provided by the 2016 and 2017 Louisville Metro Department of Corrections's fact sheets. During 2016 and 2017, 53% of the jail inmates were White and 45% were Black (Louisville Metro Department of Corrections 2016, 2017). Roughly 82% of inmates were men and 16% were women (Louisville Metro Department of

Corrections 2016, 2017). Compared to the general inmate population, women and whites are overrepresented in the F2ACT program.

One possible explanation for the overrepresentation of women in the program is that men are less likely to seek help from the program because it shows vulnerability and goes against traditional masculine gender roles. Violating the traditional roles of masculinity often has social, mental, and even physical consequences for men, regardless of whether or not they are incarcerated. Whites may be overrepresented in the program due to minorities' mistrust of the criminal justice system, which is a byproduct of the system's prevalence of institutional racism. Although the program seeks to help participants, it may not be trusted by black inmates because the program is administered by the jail and therefore part of the racist criminal justice system. Another factor that may influence the overrepresentation of whites and women is the race and gender of F2ACT's coordinator and sole employee. The coordinator is a white woman and there is a possibility that her race and gender influences inmates' decisions to participate in the program.

Table 1: Demographics of F2ACT Participants vs. Louisville Metro Jail

	F2ACT	Louisville Metro Jail
Median Age	37	N/A
Black	28.53%	45%
White	71.47%	53%
Male	66.67%	82%
Female	33.33%	16%

F2ACT Services

Less than 20% (18.79% ; N = 133) of participants received a backpack containing toiletries, information about shelters and housing assistance, and clothes upon their release while 81.21% (N = 575) did not. Roughly seventeen-percent (N = 123) received a 30-day supply of medication upon their release from jail while 82.63% (N = 585) did not. Less than ten-percent (7.77%; N = 55) received assistance submitting an application for Medicaid or Medicare while 92.23% (N = 653) did not. Roughly three-percent (N = 22) received a temporary state ID while 96.89% (N = 686) did not. Finally, less than three-percent (N = 20) received bus tickets and 97.18% (N = 688) did not.

Table 2: Services Received by F2ACT Participants

Services	Participants Receiving Service
Backpack with Basic Essential Items	18.79%
30-Day Supply of Medication	17.37%
Help Applying for Medicaid or Medicare	7.77%
Temporary State Identification Card	3.11%
Tickets for Local Public Transit (Bus)	2.82%

Regression Results

Table 3: Multinomial Logistic Regression for F2ACT Booking Outcomes

Group	Variable	<i>B</i>	<i>SE</i>	<i>P</i>	95% <i>CI</i>
Greater Number of Bookings	Constant	20.12	10.86	0.000	
	Age	0.94	0.01	0.000	[0.92, 0.96]
	Gender	0.41	0.11	0.001	[0.25, 0.70]
	Race	0.63	0.17	0.092	[0.37, 1.08]
	ID	0.88	0.64	0.862	[0.21, 3.63]
	Insurance	0.51	0.22	0.110	[0.22, 1.16]
	Backpack	1.11	0.35	0.737	[0.60, 2.07]
	Meds	0.76	0.23	0.361	[0.42, 1.37]

	Bus	0.11	0.12	0.041	[0.10, 0.92]
Equal Number of Bookings	Constant	9.71	6.11	0.000	
	Age	0.95	0.01	0.000	[0.92, 0.97]
	Gender	0.56	0.17	0.062	[0.31, 1.03]
	Race	0.55	0.17	0.056	[0.29, 1.02]
	ID	0.00	0.00	0.974	[0.00]
	Insurance	0.26	0.17	0.041	[0.07, 0.95]
	Backpack	1.34	0.50	0.429	[0.65, 2.79]
	Meds	0.64	0.24	0.226	[0.31, 1.32]
	Bus	0.22	0.24	0.166	[0.03, 1.87]
Fewer Number of Bookings	Constant	14.00	6.49	0.000	
	Age	0.96	0.01	0.000	[0.95, 0.98]
	Gender	0.64	0.14	0.039	[0.42, 0.98]
	Race	0.77	0.18	0.270	[0.48, 1.23]
	ID	1.48	0.84	0.489	[0.49, 4.50]
	Insurance	0.54	0.19	0.073	[0.27, 1.06]
	Backpack	1.03	0.27	0.912	[0.61, 1.74]
	Meds	0.60	0.15	0.047	[0.36, 0.99]
	Bus	0.43	0.22	0.103	[0.16, 1.19]
No New Bookings (Reference)	—	—	—	—	—

Age was the only variable that was associated with fewer returns to prison at the level of statistical significance for all recidivism categories. The odds of returning to jail more times after F2ACT participation instead of not returning at all is 5.79% lower (p=.000) for each one-year increase in age. The odds of returning to jail fewer times than before F2ACT instead of not returning at all is 3.86% lower (p=.000) for each one-year increase in age. The odds of returning the same number of times before and after the program instead of not returning at all is 5.35% lower (p=.000) for each one-year increase in age.

Other factors were found to be statistically significant for only one outcome, but a general trend is present in the results. Overall, women had lower rates of recidivism than men. The odds of returning to jail more times after F2ACT instead of not returning at all is 56.53% less ($p=.002$) for women than it is for men. Women are also 44% less likely than men to have an equal number of bookings instead of having no returns, and 36% less likely than men to have fewer bookings after the program instead of no new bookings. Receiving bus tickets upon release was another significant factor that showed a trend of reducing recidivism. The odds of returning to jail more times after F2ACT instead of having no new returns is 89.01% less ($p=.041$) for participants who received bus tickets than those who did not. Those who received bus tickets were also 78% less likely than those without bus tickets to return to jail at the same frequency from before F2ACT and 57% less likely to return less often.

The effect of being provided with medication upon release has a polarizing effect on rates of recidivism. Participants who are released with a 30-day supply of medication appear to either have very few, if any, returns to jail or a greater number of returns. The

odds of returning to jail fewer times instead of not returning at all is 41.52% less ($p=.037$) for participants who were released with medication than it is for those who were not. F2ACT also offers assistance applying for Medicaid and Medicare. The odds of returning to jail the same amount of times before and after F2ACT instead of not returning at all is 73.89% less ($p=.040$) for those who received assistance with a Medicaid or Medicare application than it is for those who did not.

Nonsignificant Findings

Although the literature establishes a statistically significant relationship between race and recidivism, it was not a significant factor for F2ACT participants. However, the trend of lower rates of recidivism for whites when compared to blacks was reflected in the data. White participants were 23% less likely to return to jail a fewer number of times instead of not returning than black participants. White participants were also 45% less likely than black participants to return an equal number of times instead of not at all, and 37% less likely than black participants to return a greater number of times.

Receiving a temporary state identification card was associated with lower rates of recidivism, but there does not appear to be a discernable trend. Those who were released with temporary identification were 46% less likely to return to jail fewer times, 74% less likely to return an equal number of times, and 12% less likely to return a greater number of times instead of not returning at all.

Receiving a backpack with toiletries, clothing, and information about resources for the homeless was not statistically significant, but it showed a trend of increasing rates of recidivism. Those who received a backpack were 11% more likely to return a greater

number of times, 34% more likely to return to jail an equal number of times, and 3% more likely to return a fewer number of times instead of not returning at all.

DISCUSSION

Criminology has established that people “age out” of crime and that individuals’ criminal activities begin declining in their twenties (Farrington 1986; Hirschi and Gottfredson 1985). The median age of F2ACT participants is 37, well beyond the age people begin “aging out” of crime. It is unlikely that F2ACT can account for the relationship between older age and reduced recidivism. However, it is interesting to note that there is not a significant decrease in recidivism as one would expect. As Farrington (1986) noted, the effect of age on crime may not be explained by age itself, but by one or more underlying constructs that age represents, such as physical deterioration, better reasoning, or changing social environment. The lack of a significant decrease in rates of recidivism as people age may be explained by one or more of these underlying constructs, particularly social environment. After their release, program participants are likely returning to places with the same social conditions that influenced their decision to engage in criminal activity in the first place. Further intervention is needed to either change the social environments to which participants return or equip participants with skills to mitigate the influence of social forces in their community.

Women generally have lower rates of recidivism than men, but their rates remain high. The literature on incarcerated women and reentry shows a gap between women’s needs and programming and services that address those needs (Huebner et. al. 2010; Swavole et. al. 2016). F2ACT’s flexibility and list of community partners may provide an

explanation for the program's lower recidivism rate for women. The number of housing placements F2ACT has a relationship with are plentiful. Several placements only offer housing and programming to women, which could reasonably be assumed to better meet women's needs than housing and programs that serve both men and women.

Providing bus tickets upon release could help reduce recidivism by providing people with access to reliable transportation. The local public transportation system, Transit Authority of River City (TARC), has forty-three routes across five counties in Kentucky and Indiana (Transit Authority of River City). Not having transportation prevents people from finding and maintaining employment, receiving medical or mental health care, and visiting friends and family, all of which increase the likelihood that a person will remain in the community instead of returning to jail or prison (Becker 1968; Berghuis 2018; Broner et. al. 2005; Cook et. al. 2015; Crow and Smykla 2019; White et. al. 2012; Wikoff et. al. 2012).

The relationship between providing participants with a supply of medication upon their release and rates of recidivism could be explained through access to healthcare after release. Participants released with medication received healthcare from the jail during their incarceration and needed to find healthcare in the community to refill their medication and continue care. This is crucial for people with mental illness and substance abuse disorders. Both are prevalent in jails and those with mental illness are more likely to recidivate than those without (Broner et. al. 2005; Crow and Smykla 2019; White et. al. 2012). Further investigation into the medical histories of participants is needed to support this claim, but the polarized outcomes of receiving medication could be an illustration of those who are able to access healthcare after release and those who are not.

F2ACT does not have the social workers it needs to provide aftercare and case management to program participants after they are released from the jail. If participants cannot coordinate their own medical care or do not have someone that can coordinate care on their behalf, they may stop taking their medication once the supply from the jail runs out. Mental illness and substance abuse, especially if untreated, are correlated with higher rates of recidivism (Broner et. al. 2005; Crow and Smykla 2019; White et. al. 2012).

Although the findings for race reflect the findings of other researchers, the relationship between race and rates of recidivism was not statistically significant. This could mean that the factors driving higher rates of recidivism for blacks, institutional racism and hyper-criminalization, may not be as dominant in determining likelihood of incarceration in Louisville. More research is needed on this topic.

Participants who received backpacks upon release were generally more likely to recidivate than those who did not. This trend may be explained by the demographic of the participants who receive backpacks. Many, if not all, participants receive these backpacks because they are homeless or housing insecure. The backpacks attempt to meet some of the needs of homeless people: a clean set of clothes, toiletries, a booklet of resources available to homeless people in Louisville. These things meet the needs of basic human hygiene and the resource booklet may provide a link to temporary shelter, but they do not address the long-term needs of the homeless that may reduce their likelihood of committing a new criminal offense. Employment, medical care, treatment of substance abuse and mental illness, developing and sustaining relationships with family, friends, and the community are all associated with reduced rates of recidivism (Berg and Huebner

2010; Broner et. al. 2005; Cook et. al. 2015; Crow and Smykla 2019; Severson et. al. 2011; White et. al. 2012; Wikoff et. al. 2012). Homelessness is a barrier to accessing all of these things. If the backpacks are primarily given to the homeless and they do not provide a long-term solution to homelessness, it is then unsurprising that receiving a backpack is associated with increased odds of recidivating.

Overall, F2ACT does not appear to succeed in reducing rates of recidivism for its participants. There is a general lack of association between elements of the program and rates of recidivism. This may be because the services offered by F2ACT provide temporary assistance and not long-term solutions to the needs of those being released. Backpacks do not replace the need for stable, accessible, safe shelter. Assistance with Medicare and Medicaid applications do not solve the problems of affording healthcare or having the capability to navigate the complex healthcare system itself. A limited number of bus tickets may not fully address people's transportation needs and it does not provide them with an avenue to solve the problem. The needs of people being released from jail often require more time, more resources, and a kind of structural change that jails either do not have or are incapable of making. Expecting one reentry program to address every need of every participant is unreasonable. However, encouraging programs to seek out existing networks of social services outside of the jail may help address these shortcomings. Reentry programs may be able to increase their success by relying on existing community resources and finding ways to align their program with the mission and goals of outside resources.

LIMITATIONS

Data on individuals' number of bookings into jail and were limited to a single facility. It is possible that individuals were booked and spent time in other facilities but obtaining records from jails in other areas was not feasible. This logistical limitation restricts findings to persons and activities in Louisville, Kentucky and Jefferson County. Additionally, this analysis is limited by the data available to the researcher. Data for F2ACT is collected and maintained by the program director, not by the jail. The jail's inmate database has additional information on F2ACT participants that would have provided a richer analysis.

Women and whites are overrepresented in the program, which likely has an effect on the results. Both of these demographics have lower rates of recidivism when compared to men and racial minorities, respectively. Their overrepresentation in the program and their lower rates of recidivism may make elements of the program look more successful than it would be if the program was more representative of Louisville Metro Jail.

A possible underlying factor that is not captured in the data and analyzed is motivation to complete the program. F2ACT is entirely voluntary, which means participating in the program is unrelated to a person's criminal case, probation, or release from jail. Motivation to participate in a reentry program is associated with lower rates of recidivism (Broner et. al. 2005; Crow and Smykla 2019; Holliday et. al. 2012; White et. al. 2012; Wikoff et. al. 2012; Yamatani and Spiednes 2011). By virtue of their inclusion

in the data, it is reasonable to assume that some level of motivation is present in all participants. However, there was no formal evaluation of participants' level of motivation as there was in previous studies (Crow and Smykla 2019; Holliday et. al. 2012; White et. al. 2012; Wikoff et. al. 2012; Yamatani and Spiednes 2011). As such, motivation remains a latent variable in this analysis.

Lastly, the absence of a control group limits the scope and generalizability of this research. Obtaining data for Louisville Metro Jail inmates incarcerated from August 2015 – August 2017 who chose not to participate in F2ACT would have allowed the researcher to compare both groups' rates of recidivism and draw conclusions about the efficacy of the program.

PROGRAM RECOMMENDATIONS

The Familiar Faces and Community Transition Program is a good start for a program with limited resources. Creating a jail reentry program that successfully meets the needs of a diverse inmate population and accomplishes the difficult goal of reducing recidivism requires ongoing research and evaluation of the program. The following is a recommended list of changes that the program may consider implementing in the future.

1. Continue quantitative research and use findings to inform future decisions about the program and its services.
2. Conduct qualitative interviews with past participants to discuss what worked and what did not work.
3. Recruit more men and people of color into F2ACT to address their underrepresentation in the program. Consider the barriers of race and gender when recruiting participants and develop recruiting strategies that address those barriers.
4. Hire additional staff for the program and create a role for a staff member to follow-up with participants after they are released. Establishing a post-release connection between the program and its participants provides an additional resource
5. Hire staff who are men and/or people of color to diversify the gender and race of program staff. Having program representatives who are members of those two

6. demographic groups may help recruit more participants who are men and people of color, which would help with the program's overrepresentation of women and whites.
7. Incorporate jail programming into F2ACT. Existing programs within the jail could coordinate with F2ACT and/or F2ACT could create their own programs. One program that could be added is one that teaches "soft skills" to job seekers. Soft skills include dressing for an interview, professional communication, building a resume, etc.
8. Expand community partnerships to include additional long-term and follow-up services for participants. Currently, the only long-term service offered by the program is assistance finding housing. Several housing placements are in facilities or with groups that offer programming on substance abuse, mental health, or religious study. Seeking out partnerships with nonresidential programs and services would get resources to those in the program who are not in need of housing.
9. After establishing relationships in the community, align F2ACT's services with the mission and goals of community programs. Narrowing the focus of the program would allow the director to better utilize limited resources. It would also create a continuum of care from incarceration to post-release, which may further reduce rates of recidivism.

MOVING FORWARD

Future research should continue analyzing the effects of individual services offered by jail and prison reentry programs. Assistance in finding employment, individual and group therapy, and support for battling addiction are some examples of common services provided by reentry programs that would be of importance to the field. Additionally, more comparative studies of reentry programs are needed to fully understand their impact on measurable outcomes like recidivism, post-release employment, continuance of medical, mental health, and substance abuse treatment, etc. Lastly, specific study of jail reentry programs is needed in order to better understand the structure of these programs and the effect they have on recidivism and other measurable outcomes. Studies of prison reentry programs cannot replace the further study of jails because of fundamental differences between the two types of facilities.

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