

## BUILDING SUPPORT SYSTEMS TO REDUCE RECIDIVISM

This bulletin is adapted from a transcript of a Manhattan Institute forum held in New York City on October 18, 2006

### MR. HOWARD HUSOCK:

I'm Vice President for Programs at the Manhattan Institute. Welcome to the third in a series of four events sponsored by the Institute's Center for Civic Innovation, designed to bring to public attention programs that have won an important award from Harvard University, called the Innovations in American Government Award. This series is made possible by a grant from the Fannie Mae Foundation. Previous winners have included the state of Iowa's Charter Agencies Program for Accountability and Results in Government; and the Los Angeles Systematic Housing Code Enforcement Program.

Our focus today is a program for metropolitan Pittsburgh. It's called the Allegheny County Forensic Support Services Program, but that unassuming name belies the importance of its work and the relevance to us here in New York and to cities across the country. It has been notably successful in dealing with one of the most pressing and vexing domestic and social problems that we face today: how to help newly released prisoners begin and continue to live healthy, law-abiding, and constructive lives.

Today in the United States, there are more than 3 million people serving time in prison. That is an all-time record. Each year, more than 600,000 prisoners will be released to return to their communities. The overwhelming majority of these former inmates will be men with very few skills to offer employers, and—if the past is any guide—many will suffer from drug or alcohol abuse or mental illness. Over 60 percent of them will likely commit new crimes, leading them back to prison. This situation is tragic for the potential victims of crime, for the released prisoners themselves, and for the communities—most often low-income minority

neighborhoods, where these criminals and their crimes tend to be concentrated.

It was with these problems in mind that the Manhattan Institute convened a conference titled “Moving Men into the Mainstream” to inaugurate what we envisioned as a major series of activities and research projects related to the problem of prisoner reentry. This included taking note of the success of those prisoner-reentry programs that are working and the obstacles that they have had to overcome to achieve that success, which is why we’re so pleased to draw attention to the Forensic Support Services Program, and its founder, Amy Kroll, our featured speaker today. Five years ago, Amy took on the task of successfully reintegrating some of the most challenging ex-offenders, those suffering from mental health problems, and designed a program that has led to a rearrest rate of less than one-sixth of the national average.

Amy began her career as one of the first female correctional officers in the state of Pennsylvania, during which time she earned a master’s degree in human services. Today, she serves as director of Forensic Services for the Allegheny County Office of Pennsylvania’s Department of Health and Human Services.

Manhattan Institute Senior Fellow John McWhorter will be our second panelist. John is the author of two bestselling books dealing with race relations in the United States and the changing socioeconomic conditions of lower-income African-American communities in U.S.: *Losing the Race and Winning the Race*. John is playing a central role in our “Moving Men into the Mainstream” project. He is currently researching the situation of ex-offenders in Newark, New Jersey.

Our third speaker will be Anne Piehl, an associate professor of economics and criminal justice at Rutgers University. She has done basic and applied research in correction, sentencing, and policing, and has served as the site evaluator of the Allegheny County Forensic Services Support Program for the Innovations in American Government Awards competition.

#### **MS. AMY KROLL:**

As a 23-year-old, I became one of the first female correctional officers in the state of Pennsylvania. When I look back at that time, one of the most haunting

memories I have was during a shift from 6 AM to 2 PM. At 6:00 in the morning, we received a call to tell a prisoner that it was time for him to go home. He had been in that jail for twenty years, but when we went down to his cell to tell him that it was time to go home, he didn’t shout or jump for joy; he began to pace. This man was schizophrenic and had been on the ward where I was a second officer, which was then called the “nut ward.” Everybody in that unit had some type of mental illness. In those days, everybody did the “Thorazine shuffles,” as we used to call it. Well, he continued to pace for three hours before we came and cracked his door and told him it was time to go home. Instead of coming out, he ripped a hole into the bars on his bed. Then we had to call what we referred to as the “goon squad”—six huge men—to come in and pull him off his bed, and they pulled finger by finger. As we went to carry him out through the cell door, he grabbed the cell door. I was then a young graduate student, and thought, this place is a hellhole. Why would anyone not want to leave it? Later, after many years of working there, I realized that these individuals came back two or three months after they left.

At the ripe old age of forty, I was offered a job in Allegheny County. We had been under a lawsuit; basically, our prison was overcrowded. I began the monumental job of trying to reintegrate people from our county jail, but after the second month of working that job, I received a call from a psychologist in a state prison saying, “I heard you have a new program and you’re reintegrating people. I’ve got this guy in my jail and we don’t know what to do with him.” Thus the state Forensic Support Services Program was born.

From there, we developed certain components of the program with the Department of Corrections. One component was that we needed to be informed six months in advance of anybody’s release. I’ll never forget the haunted eyes of the guy I referred to earlier, and how terrorized he was to leave that prison. So I decided that we should get in there and meet these individuals face-to-face. We began to meet everybody in their own institutions, all twenty-six in Pennsylvania, right outside their cells, usually in the common area. We started to find out what they remembered about Pittsburgh and what they didn’t remember. Of the 426 people whom we’ve reintegrated into the community, the average length of time that they spend in our institutions is thirteen years.

We were going back in to these institutions two or three times—the first time so that they knew our faces and to lower their anxiety level, because that anxiety level, as soon as they hit the streets, would exacerbate any type of mental illness that they had. Our second visit was to let them know that we would be there the minute they walked out the door. The third visit was the most important, because we tried to teach each person that he is somebody. Most of the people coming out of these institutions have low self-esteem. They have been told when to get up, what to wear, when to eat, when to go to bed, everything. If we were going to turn this system around, we had to give these people some self-esteem. So the minute they walk out, we take them to K-mart, Hills, or Value City, and we buy them \$200 worth of new clothing. We found that this was one of the most important things we could do for anybody, because we're not telling them that they have to go to St. Vincent DePaul or Goodwill. Most of the prisoners had never owned anything new.

These are people with mental illness who have maxed out, that is, they have reached their maximum sentence. We have no hook in them; they are not required to work with us. But we found that most people were hungry, that they didn't want to go back to prison, but that they didn't understand how to negotiate the system on the outside.

We learned a lot about the client, and the clients taught us a lot about themselves. We found that many clients have skills that enable them to come out of K-Mart with thirty-seven bags of clothes; other clients, because of their illness, need help choosing and buying their clothing.

Another important thing is the hierarchy of needs. We begin to pay people's rent, but we don't tell them where to live. We place them in transitional housing, and then help them get into their own apartments. We guarantee a security deposit and the first month's rent. My boss would put her head on her desk every time I came in with a new bright idea, but we found that if you're paying \$26,000–35,000 a year to keep somebody in prison, you can pay a little under \$3,000 to help him reintegrate into the community, and to do so, you first have to address his needs.

I used to give them a card that informed them where they would go to continue their mental health treatment.

Well, those cards were littered outside the doors of the prison, because if you don't have a roof over your head or food in your stomach or clothes on your back, why would you care about going to treatment? If they know our faces and know that they're not alone, and if we pick them up at the bus station or the prison doors and take them to their transitional housing, we found that they don't go back to prison as fast or as often. If you have somebody else's clothes on and you're living in somebody else's house, it's easy to go back; but when you have your own possessions and you are somebody, it's a lot harder to go back. So we tried to meet everybody's needs.

An important part of the program is hooking clients up with medical assistance so that they can get their medications and start their treatment. If they are very debilitated, we help them navigate the SSI system. For those individuals who wanted to work, we took them to a day labor center and helped them go through the system. If their mental illness allowed them to concentrate and work an eight-hour day, we began to help them get full-time employment. But it was a testing ground designed not to defeat them, because if we put them into a full-time job right away and they failed, it was self-defeating. Prisons are very good at helping them learn self-defeating behavior; our program is a quicker way to teach them to unlearn it. We used the day labor centers as a practical way of seeing who could concentrate and work eight hours a day and who couldn't.

Everybody knows that there is not enough housing in the mental health system, so we decided to put the mental health system behind us. We went to individual landlords and asked if they would be willing to work with us. We found that putting somebody on a waiting list to get into residential housing, where they would be with three other people after they've lived their life with cellmates they didn't like, was just not what they wanted. The way to help a client is to get him his own apartment.

We began to work with a few landlords, guaranteeing rent, guaranteeing a 24-hour-a-day hotline that they could call if somebody broke a window, and assuring them that we would come and replace that window. I did not want to go into the real-estate business, but we have done so: we have eleven independent landlords

who call us when they have empty apartments. We take our clients to choose their apartments, and they say, "This is where I want to live."

Of the 426 individuals out of our prisons, a third of them are off the Social Security rolls and are now employed full-time. The other individuals, most of whom are on SSI or on a reduced SSI check, are trying to work part-time to gain independence. We found that this population won't go back; only 10 percent of this population returns to jail, primarily because of drug use. We, in turn, go back into the county jail and help them by providing service plans and everything else to the judge to get them back out again. To this date, we've only sent one out of the 426 back to the Department of Corrections.

What we're trying to do now in Pennsylvania is get the funding to replicate this program in every county. We found that if people from prison have one person whom they've already seen on the inside, and they meet that person on the outside, their chances of not returning are far greater. They feel anxiety about coming out into the unknown, of what awaits them after having been in state prison. They think, "The world has gone on without me, and where do I fit in?" So we look at it as helping a person recover his life. We are now working with the National Alliance for the Mentally Ill to help people with mental illness recover their lives. We say to our clients on the inside, "You had a life before you entered this prison. Let's try to get it back. Not with the same details as before, because you can't rob your neighbor, but let's see what else you can do out there."

Some of the most incredible things have happened. A very angry ex-inmate came into my office and said, "You told me that a full-time job and all this was going to work, but look at these taxes and everything else they're taking out!" We're excited, and say, "Congratulations, you're doing what all the rest of us are doing!"

Another wonderful thing is when you see somebody who has been out since the very beginning, the whole six years, and he gets so excited when he sees you, and he says, "Look at me, I'm still doing good, I'm still out." As people slowly tell us that they don't need our help anymore, we just tell them, "Look, our carpets aren't rolled up. We're in that stone building downtown. If you

get a bill you don't understand, if something is going wrong, we're here for you, we're not going away," and we have had people come back to us.

We're now looking for a grant to replicate our services in all sixty-seven counties in Pennsylvania so that, even in our smaller rural counties, at least there's one person there to help these individuals negotiate the return into their community.

#### **DR. JOHN MCWHORTER:**

There is a magnificent TV show on HBO right now called *The Wire*. I highly recommend that all of you watch it. It's about policing in Baltimore, and the show has vividly depicted the challenges that people face when they come from prison and try to reintegrate into society. They face temptations of various kinds that we're all familiar with, which almost certainly will land them back in jail.

I bought the book on the making of *The Wire* not long ago, and found out that the creator of the show intends the message to be that men without a college education—because certain kinds of jobs are not as easy to get nowadays—will almost inevitably wind up selling drugs and going to prison. That message doesn't come through the show, but reading 300 pages of sermonizing by this creator, who is an intelligent and compassionate person, made me realize that there's a certain orthodoxy among many people that there's nothing that we can do about this problem. Luckily, I think we're seeing that there is something we can do.

There are many efforts around the country now to combat recidivism, and I am hoping that this can become a cultural phenomenon as much as welfare reform was. One interesting thing about welfare reform and the plummeting welfare rolls was that the welfare rolls declined, even in places where there wasn't that much enforcement of the new laws. It wasn't only a matter of people being made to have different kinds of lives, but it became part of what was in the air or what was in the water, and so it became a cultural factor that the old welfare as we knew it was not a life that should be lived.

In the same way, I hope that we can see a cultural change in our own minds in terms of how we—the powers that write, the powers that speak—understand

how important the issue of recidivism is. It's kind of like that TV show *The Wire*. The title of it puts you straight to sleep. You have to see the show to realize that it's something wonderful. In the same way, I think reducing recidivism can often seem like it is one of about fifty things that are important in terms of combating poverty and dealing with the racial aspect of it. It's quite crucial, however. To the extent that crumbling communities are always beset by a certain population of people returning from incarceration, and consequently doing the same sorts of things, teaching their siblings and younger cousins and younger friends that this is normal, then an awful lot of the good things that we do for inner-city communities are reversed or eroded.

I was recently on a radio show for which I was the con and someone else was the pro. So I was the "bad" one, and the "good" person was somebody who has been on the stump as a person of influence and has been serving the public. This person is a Democrat with a certain kind of view, and when the issue of what to do about inner-city poverty came up, this person's answer was jobs creation. I understand where the person was coming from, but that paradigm hasn't really helped. Sometimes jobs can be created, but that's not really what the problem is. I very politely said, "But we've been saying that for forty years; we need to work on other issues." But this person didn't understand. This culture won't change under people of that kind of politics and generation. I wish that person could realize that recidivism, dealing with how people are treated in prisons, and what kind of training they get are the most crucial aspects of combating poverty and its effects today.

I just slogged through a biography of Timothy B. Leary. In the 1940s, he was going to prisons and making the prisoners use LSD, because that was supposed to reveal something. But the main thing that he learned was about recidivism. All these men were going to be back in prison after their sentences, so it's an age-old problem. For the sake of the country as a whole, I think the time has come when we can combat that.

**DR. ANNE PIEHL:**

I had the privilege of spending a couple of days in Pittsburgh, touring with Amy, her staff, and her clients. It was eye-opening and inspiring. What Amy is talking about makes sense, but until you really see

the population that she is dealing with, you don't fully appreciate it.

The population Amy started to work with is people who leave state prison with major mental-illness diagnoses—access-one diagnoses—who were not paroled. They maxed out, or finished their sentences. No other prisoner-reentry initiative was directed at this population. The parole system wasn't working with this population, and most of the programs that have been funded under recent federal initiatives might have ruled out this population because it didn't have a high probability of success. It's important to commend Amy for even taking this on to begin with and to recognize the program's accomplishments in light of those facts. Many programs end up cream-skimming, some on purpose, because it's easier to do that work, but many not intentionally. We have many laws, regulations, and restrictions that prevent even well-meaning, well-funded prisoner-reentry programs from reaching more than 15 percent of the released population.

The federal government put about \$100 million into the Serious and Violent Offender Reentry Initiative (SVORI), which funds very small programs—100, 200, or 300 people. Many of the programs have a hard time scaling up, even at those relatively modest goals. We need to ensure that we think about the easy cases, the hard cases, and the majority of the cases as well. So my first point is that this is a very tough population.

My second point is about the goal of the program. The goal is stability. There is no particular outcome measure involved for any given person. It's very individualized. It's intensive case management. Stability looks different for different people. For this population, it's important to have that kind of practical goal.

I saw some of the individuals in the program. One person is receiving a \$25-a-week check from some kind of public assistance. He gets his check in the office. He goes in to pick it up, or maybe they cash it for him, but he was having trouble keeping his money because his family would take it. We often think about needing to reach out to family, and it's important that we build on whatever support systems we can. But for a lot of people, the family is not helpful. We also heard stories about Amy or her staff protecting people

from their family on the night they're released from prison. The family often wants to celebrate somebody's release from prison, but it might not be in the best interest of the client, long-term, to be subject to those temptations. So instead, Amy will take them shopping or to dinner, or she might even help them leave a party celebrating their release. So for each person, it might be different. Also, for this population, we might need different kinds of support from what we might need for other populations.

Throughout my site visit, I was struck by the pragmatism of the program. I think you get that sense from Amy and from these other stories. One man whom we met had a head injury and such short-term memory trouble that he couldn't stick with any plan. The staff found housing for him in a group facility, similar to a private nursing home, where he would get his meals and be cared for, and he was fine. His real problem in the criminal justice system was that he had an alcohol problem and tended to get violent when he drank, and he couldn't remember how to stick with his treatment program. So they found him a place to live that was pretty far from any bars. The place was off the bus line, and it wasn't a pretty sight. But realistically, what was going to happen with this man otherwise? He had recidivated several times. It's not better for him to be incarcerated in a state facility; he's essentially incapacitated. He's in this nursing home and has a life; he doesn't have family support to provide anything else for him, so it is a solution. It is totally driven by pragmatism.

My last point is about commitment. This whole effort was administered from health and human services, the county health department. It's not a correctional program. They're lucky to have somebody starting this up who understood the correctional system, or it might not have happened. But this is a real commitment by the health department, which is saying, "This is our population, this is our responsibility, and we have the ability to work with this population." The health department is better at working with this population than the corrections department, but what we've observed over the last twenty or more years is a drift of mission and drift in terms of resources; a drift toward corrections and away from other parts of human services. I don't know where to apportion responsibility for some of this, but a program that's coming out of the health department looks different from a program that's

starting from inside a correctional department. That's an important point to keep in mind when assessing this or thinking about replication and broader lessons.

**MR. HOWARD HUSOCK:**

I'd like to push us toward some general principles that we might think about in this field—not necessarily confined to the special population that you're dealing with, Amy.

This is a voluntary program. If you had the resources, would it be a good idea for it to be a mandatory program? That is, upon release, ex-prisoners would have to work with the kind of help that you're providing.

**MS. AMY KROLL:**

We actually offered the program to one or two people who said no. After we introduced the program, some people said, "Yeah, I want to try it." That, more than anything else, drove the program. They volunteered for this program. They wanted it, instead of being told that they had to take it; that's always what they were told in jail: "You have to do this to get parole, you have to do that." So we thought, why not offer it? We found that asking people to volunteer for this program worked far better.

**DR. ANNE PIEHL:**

I would like to add one thing about it being voluntary, which is that there is no end date. It's endogenous when people get off their rules. Their goal is stability, and when they feel stability is achieved with a client, their case is closed. The parole department or some other entity might not provide the same kind of flexibility that we do.

**MR. HOWARD HUSOCK:**

Amy, what do you think is the key turning point? Is it getting the job? Is it keeping the job for six months? When do you have some signal that these individuals might not be going back to prison?

**MS. AMY KROLL:**

They themselves are our signal. They tell us, depending on how they're living their life, what choices they're making. We know if they are making good choices. If they start to make bad choices, we need to say to them, "Was that a good choice? That's going to lead you one step closer to going back, and I thought that

was not what you wanted to do. So if you think about the choice you made before, how could you make it different?" Many times, it's their choices that are showing us that they're ready.

**MR. HOWARD HUSOCK:**

What types of bad choices are they being tempted by?

**MS. AMY KROLL:**

Unfortunately, many times, it's family and friends. It's people, places, and things; 80 percent or more of them have drug and alcohol problems. Many times, we see that they start to make bad choices, going back to people they use crack with and other things. We can see by their behavior that they are starting to slide back again. We then take them out someplace for coffee and say, "Stop for a second. Take a look at what you're doing. I know you're in a hurry to get this or that, but you're making some bad choices."

When I told my boss that I wanted to do this, she asked me why. I said, "Because these people are coming back to our neighborhoods no matter what. They're going to live beside you, me, and everybody else. One way or another, they're coming back, so we can either help them or not help them, but if we tell them what to do, we're going to force a round peg into a square peg again." The greatest compliment that clients have given us is that we treated them like our neighbor. It's sitting down with somebody as a friend. We're not the instructor telling them that they are making poor choices. We're saying, "Hey, dude, what are you doing? You're going back the same road you came from, and I thought, when you were on the inside, you made all those promises. You started on the right road, but your choices are bad again. I'm not here to be your mom; I'm here as your neighbor. Think about what you're doing." No one tells them what to do; we just give them a choice.

**MR. HOWARD HUSOCK:**

So your approach is an approach of personal intervention as much as anything else.

**MS. AMY KROLL:**

We are neighbors.

**MS. KATHLEEN COUGHLIN:**

Is there any element of peer support among the clients,

where they bond with one another, in the same way that the staff helps them individually?

**MS. AMY KROLL:**

In the very beginning, many of our clients were trying to get their children back, so we were creating activities where their caseworker would come with them to reunite them with their child. They were only allowed to see their child during certain hours. So we created activities where several of the clients would get together and have that interaction.

Just recently, we applied for a grant to start a peer support team that would go into the prisons with the caseworker from the very beginning and say, "I went through this program three years ago, and this is what I'm doing today." We're hoping that if that grant comes through, we'll start a peer support team.

**MR. HOWARD HUSOCK:**

Kathleen, I have a sense that you're doing that kind of thing in New York. Is that true?

**MS. KATHLEEN COUGHLIN:**

I was talking about the providers who work with the New York City Department of Corrections. People who have gone through the process themselves staff many of those programs. It's one thing for me to say, "You can do this," but it's another thing for somebody who actually felt those things, and experienced day by day what these clients are feeling, to say, "I felt like that, and this is how I got through it."

**MR. GARY MACDONALD:**

In Florida, we're having a big problem because ex-offenders are now without their Social Security cards. There's a problem using prison ID to get a Social Security card. We talked about SSI and that your people are participating in that. Could you comment on that? After that first month's rent, presumably, they've got a job, so they can pay their rent. What kinds of jobs are they getting? How are you doing that? Also, if we're to take your ideas to Florida and so forth, I'd like to know what the cost is per non-recidivated person.

**MS. AMY KROLL:**

Let me start with the jobs. At the day labor centers, they're mostly construction jobs. We have a lot of florist jobs that they pick up there, for which they water plants

in office buildings. Two cleaning companies and three restaurants hire, so they usually choose from any of those. We take the individuals down and try to talk to them beforehand about what they are interested in. Then they sign a log based on how early they got there, and they are chosen to go on these jobs. In our county jail, we have a job fair, which has eleven companies with which we are familiar. If one of our clients seems to be doing well—for example, he goes down five days a week and gets a job every day—we introduce him to the businesses, depending on what they're doing. The jobs that we're getting are mainly cleaning jobs, construction jobs, floral jobs, and restaurant jobs.

In Pennsylvania, we can do an SSI application ninety days before a client is due to be released. We get the prison to give us the paperwork and the green sheet that gives his max-out date, and we go behind the walls and complete the application. From the psychologists, we get all the necessary paperwork—the most recent psych evaluation and papers declaring that he has a documented mental illness. We also get the paperwork for welfare, for employability, and the health-sustaining medication forms, and we complete those applications. Because we have, unfortunately, browbeaten our public welfare system so badly that they know us, we have identified SSI workers with whom we drop that paperwork off. We have identified medical-assistance application takers, so we drop that paperwork off with them, and then we set up the appointment so that during the week that the client is released, everything is planned.

We have worked very closely with our Department of Corrections, so it has a memorandum of understanding with the Department of Transportation and our bureau of vital statistics. Now everybody comes out of prison with his state ID, so that he doesn't have to show an employer his prison ID. The inmate has to pay the \$10, but we have arranged with the Department of Corrections for those inmates who don't have money on the books to pay the \$10 to get their birth certificate and state ID. We knew that we had to be proactive, not reactive, with their birth certificates. We got the Department of Corrections to send for birth certificates that are out of state. The day that they walk out, they are handed their state ID and their birth certificate.

The cost per client is a little under \$3,000. From 1999 to 2002, it was only myself, along with my blessed

husband, working with everybody who came out. We hired a wonderful woman named Karen Dickman, who has been doing this job since 2002, and we recently hired a supervisor for the program.

If you take Karen's cost per year and divide that by the number of individuals coming out per year, then add the \$200 for clothing, the one-month security deposit and two months' rent, plus any food vouchers or other incidentals that we need, it comes out to about \$2,860 per individual.

**MR. HOWARD HUSOCK:**

As John McWhorter implied, we have a sense that these guys aren't going to get jobs, structural unemployment, and all that. Peter Cove and Lee Bowes run a for-profit organization called America Works, which places ex-welfare recipients and, more recently, ex-prisoners, into employment. Peter, I know you were surprised that the workforce wanted some of these guys--and that the guys were able to stick with it.

**MR. PETER COVE:**

Not only were we surprised; we were very encouraged by the fact that the jobs are out there. A little secret of America Works is that the ex-offenders are probably doing a bit better than the welfare recipients in holding those jobs right now. We're very excited about that.

Before David Osborne wrote *Reinventing Government*, he wrote *Laboratories of Democracy*, which discussed experiments that were going on in states around the country. This was prior to welfare reform. He spoke about a number of programs that were dealing with welfare at the time, and most of them were jobs programs that were getting people jobs and keeping them in jobs. At that time, if you will remember, people said that companies wouldn't hire welfare recipients. And look what has happened over the last ten years.

What is happening now in prison-to-work is the kind of laboratory of democracy that is occurring in Pennsylvania and other states. That is where we'll see what's going to happen in our country over the next five to ten years. I think that prison-to-work is going to be quicker to happen than welfare reform.

Amy, what, if anything, has been the improvement of the men with their children? Has there been any

reconciliation? Have they been coming home and paying child support? We've seen a bit anecdotally, but we haven't done any studies on this big issue.

**MS. AMY KROLL:**

Many guys who were reentering had totally lost connection with their families. Four guys who I can think of have gone home and through the whole reconnection process. I don't know if you do it in New York, but in order to get custody—or partial custody—of your children in Pennsylvania, you have to attend various classes, start paying child support, and pay arrears. We had one client, diagnosed with bipolar disorder, working two and a half jobs to try to catch up his arrears, just to be able to get an hour a week with his children. He worked hard, and because of his goal—to reunite with his children—he was kept from going back into the crowd that he had been in (he had been a gang member). We found that you can get many of these guys to avoid going back to their old ways as long as you get them employed.

**MALE VOICE:**

While the person is in jail, his payments for child support continue to rack up. When he leaves jail, he can have \$50 or even \$100,000 or more that he has to pay back. This is a disincentive to go to work.

**MS. AMY KROLL:**

It's nothing to see \$24,000 that they owe. That's an average, but a lot of them are higher.

**MR. MICHAEL MYERS:**

There has been a culture of lock-them-up-and-throw-away-the-key. Three strikes, you're in forever, so the age question comes to mind. You said that these are inmates who have maxed out in terms of their sentence; I'm wondering if the aging of the inmate, not just the programs, has an effect on recidivism. After ten, fifteen, or twenty years, you're no longer a teenager, and you have a different attitude toward life and toward yourself. Depending on your answer to the question of age, does the success of your program with an older population give any clues. Do you have suggestions for how to start earlier with the inmate?

**DR. ANNE PIEHL:**

You're right that age is highly correlated with recidivism and that older people who are ex-offenders

are much less likely to recidivate, so that's part of what makes it possible for Amy to work with her population. At the same time, being gone that long leads to a lot of decay and, in addition, understanding of the technological world that they are coming out into. Some of the approaches that she has developed could work with the younger population but might need to be modified.

**MS. AMY KROLL:**

People ask why our recidivism rate is so low. I always answer that the guy can't mug his neighbor and run down the block as fast anymore! But they do come back to worlds that have changed. One man was released after thirty-three years, and I continually had to pull him away from walking into telephone poles, because he would be just staring at people talking on cell phones. He was just so amazed. He kept on saying to me, everybody is on the phone all day. We have been working with our Board of Probation and Parole because we are tired of the mentally ill maxing out. Their fear of mental illness does not mean that they should turn down somebody's parole plan. We are learning what an appropriate home plan looks like that will work with all twenty-six institutions, the internal parole officers. Then we'll write home plans for people coming back for Allegheny County.

**MR. HOWARD HUSOCK:**

If they have maxed out, the state has nothing on them anymore, right?

**MS. AMY KROLL:**

Right, they just walk out the door.

**DR. LAWRENCE MEAD:**

It is an outstanding program, and I congratulate you on it. At the same time, it does seem to be peripheral to the main reentry problem. Most of the people who leave prison, as I understand it, are less impaired, younger, and come out under parole authority, so the structure of their readjustment is subject to supervision. Also, there's usually greater focus on employment than there is in your program, though it's an aspect of your program. Looking at that mainstream population, what do you think is useful to them? That's the main challenge that society faces.

**MS. AMY KROLL:**

I met with all fifty supervisors in Allegheny County as

well as a large number of parole officers last week. I told them that they hold some of the responsibility to decide whether these people come in or come out. Everybody has to report to the parole officer within forty-eight hours out of prison. We told the parole officer that we are tired of them wanting to lock people up and throw away the key. We said that they hold a responsibility to their neighborhoods and their safety. Some important questions that we need to ask our clients who are coming out are: When is your intake appointment for your mental health? Have you gone to the welfare office? Do you have the appropriate paperwork? We pointed fingers at one another about who is responsible for what. There are certain questions that the parole officers are willing to ask, and if those questions don't get answered correctly, they're willing to contact our office to start that ball rolling.

By the same token, the parole officers know nothing about jobs or where to get them. When these people come back to our neighborhoods and fail, it's our cars that are getting stolen. We are having a job fair with employers and the parole officers, so that our clients have cards, names, and numbers. We thought the only way to reduce recidivism, especially with young guys coming out, is to start arming the parole officers. They told us that they were not going to become social workers. We insisted that they at least learn to ask the right questions and do their job. They think their job is: if this guy gets out of line, I'm just going to throw him back in jail. But we explained to them that when that guy gets out of line, somebody from the public gets hurt. If parole officers consider themselves public safety officers, they must start performing the necessary safety measures.

The meeting became rowdy, but when they agreed to start exchanging ideas and information, what came out was an agreement that they're going to ask certain questions, but we're coming up with the important questions. When they get information, they'll call our office. Also, we're going to give parole officers better ways to help clients find the employment they need that first week they're out. That first week is such a critical time.

**MR. HOWARD HUSOCK:**

So it's similar to police officers reunderstanding their role: not just to catch the bad guys but also to prevent crime.

**MALE VOICE:**

I would assume that many of the people who are released from prison with severe mental illness are on medications. How do you ensure that they continue to take their medications? What kind of legal authority do you have to ensure it? And who pays for these medications once they leave? If they stop taking these drugs, the problems escalate dramatically, so I would think that drug therapy would be fundamental to any kind of comprehensive solution to the problem.

**MS. AMY KROLL:**

Basically, there's no comprehensive policy. People ask us what they have to do to get into this program, and we reply that they just have to stay in their mental health treatment and stay on their medications. Many times, clients go off their medications. We take them back to the mental health clinic and tell them, "If you want to go off your meds, or you want to start to titrate them down, you need to get permission from your psychiatrist." But most of them know that in order to receive our services and to work with us, they have to follow their service plan, which means that they have to stay on their medications. We have no power over them; all we have is the ability to try to help them recover their lives, which includes figuring out their medication. We're not doctors or nurses. We just say to them, "In order to receive our services, you've got to stay on your meds and go to your treatment."

**DR. ANNE PIEHL:**

One of the most important things that their program has done is eliminate any gap from the moment of release to provision of services. All of this in-reach and preparing beforehand means there isn't a forty-eight-hour gap, which could be devastating with regard to medical therapy. Tightening up those time frames is one of the most important things they've done, and I think other agencies could benefit from that, too.



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