Comparison of Minnesota's Community-Based Jail Reentry Programs

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**Statement of Project Significance and Purpose**

The purpose of this capstone project is to begin to compare and analyze explicitly what services each community-based reentry program in Minnesota provides. Through a presentation of the data collected and in a written report, the key findings of the project were presented to the CARE Program’s Coordinator and the Director of the South Central Human Relations Center of current practices throughout Minnesota in order to improve staff efficiency and increase the success rate of client outcomes.

**Overview of Methodology for Conducting Research**

- The Iowa Practice Improvement Collaborative (2003) recommends beginning research with a literature review of evidence-based practices; thus how the research began.
- Identification of key stakeholders in the community, including community-based mental health centers, substance abuse treatment providers, probation agencies, jail administration, health care staff providing services to the offender, and an addiction specialist (ATIC, 2010). Identification of challenges to effective program implementation (Bird & Albertson, 2011).
- Approval received from Minnesota State University’s Institutional Review Board and obtain informed consent from all 8 research participants. Research was done between April 15–June 15, 2012.
- Three basic questions were asked: Who is being served by the program? What barriers are there to effective service implementation? and What is being done to address the various barriers?
- Subsets of data collected from 8 reentry programs in 12 Minnesota counties. An intention of the project is to inform South Central Human Relations Center of current practices throughout Minnesota in order to improve staff efficiency and increase the success rate of client outcomes.
- This project was a cross-sectional survey using an interview questionnaire conducted over the telephone. The data collected and the content analysis were mixed methods of qualitative and quantitative data collected in order to provide a thorough and rich analysis of the data collected.

**Summary of Relevant Literature**

- 10% of inmates are chemically dependent.
- 99% of inmates are male; 81% of women have a history of sexual abuse.
- 15% of inmates are serving for nonviolent crimes, like possession, drug-related offenses, & travel (Singer, 2009).
- The national average recidivism rate is 82% in 8 years (Rossman et al., 2001).
- Median incarceration rate is 11% for treatment (Travis et al., 2001).
- Nationally, the median age of ex-offenders is 34 years old.

### Table 1: Who is Being Served By the Programs?

<table>
<thead>
<tr>
<th>What were is served?</th>
<th>Renville/Shelburne</th>
<th>Bottineau</th>
<th>Clay County</th>
<th>Dickey County</th>
<th>Drew County</th>
<th>Green Lake County</th>
<th>Iron County</th>
<th>Marathon County</th>
<th>Marathon County</th>
</tr>
</thead>
</table>

**Table 2: What Barriers Are There to Effective Implementation?**

<table>
<thead>
<tr>
<th>What barriers do you encounter?</th>
</tr>
</thead>
</table>

**Table 3: What is Being Done to Address the Barriers?**

**Discussion & Recommendations**

Closer examination of the individual community-based reentry programs has produced a variety of options for increasing the efficiency of CARE Program staff and resources. Each geographic area has adapted the basic concept of reintegration to meet the needs of the unique populations identified.

- Further expand on successful program components by using a humanistic, person-in-environment approach to address reintegration needs, including multicultural, spiritual, and recreational supports at CARE Team meetings.
- Continue to reach out to other counties by providing education and training on the social and fiscal advantages of community-based reentry programs.
- Develop safe and permanent housing for persons with a felony-level conviction, chemical dependency, and mental illness, as these are the most serious barriers to effective reintegration. Identify a representative for felon-friendly housing advocacy, such as a case manager from Transitional Housing, to regularly attend CARE Team and stakeholder committee meetings. When possible, access specialists in mental health, chemical dependency, and co-occurring disorders to provide service coordination.
- Address barriers by utilizing social capital and the creative community spirit found in rural areas. Access community service organizations, treasure hunter resources, and local charitable agencies to provide volunteers and expertise to address unmet needs.

**References**

References are available from the author upon request.