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Correctional Career Pathways: A Reentry Program for Incarceration

A dissertation

presented to

the faculty of the Department of Community and Behavioral Health

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Doctor of Public Health with a concentration in Community Health

by

Taylor McKeehan Dula

December 2022

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ABSTRACT

Correctional Career Pathways: A Reentry Program for Incarceration

by

Taylor McKeehan Dula

For the past several decades, the United States led the world in incarceration rates. With nearly 2.3 million people being held in state or federal prisons or local jails in 2019, incarceration rates in the United States are over four times higher than in other developed countries. Disparities exist by gender, race, ethnicity, and other special populations. Males are 13 times more likely to be incarcerated than females. Additionally, black males are 5.7 times and Hispanic males are 2.8 times more likely to be incarcerated than white males. Individuals who experience incarceration have poorer mental and physical health outcomes. People with criminal records or history of incarceration encounter significant barriers to employment as well. Children of incarcerated parents are more likely to experience poor health outcomes and behavioral issues that increase the risk of future incarceration. One intervention that contributes to higher success of reintegration and can prevent rearrest, reconviction, and reincarceration is reentry programs, particularly those with a holistic approach combining employment during and after release, work skills training, mental health and substance use counseling, and support post-release to assist with housing and continued counseling services. Correctional Career Pathways (CCP) is one such program developed and expanded in five Tennessee counties. The first aim of this project was to explore the facilitators, barriers, and impact of the CCP program by analyzing the data collected by the CCP program and highlighting lessons learned in the process. The second aim was to identify opportunities for improvement and sustainability of the CCP by conducting interviews with key partners in CCP implementation across all counties. Information gathered

through this project was helpful in creating a roadmap to expand this program to other communities, providing ways to improve the program, and making it more sustainable.

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DEDICATION

To Mark, for always believing in me and standing by my side.

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Chapter 1. Statement of the Problem

Introduction

For the past several decades, the United States has been at the forefront of incarceration rates with nearly 1% of the U.S. population being held in state or federal prisons or local jails in 2009 at 980 per 100,000 (Minton, 2021a; Wildeman, 2017). During this peak of incarceration in the United States, other developed countries incarcerated less than 200 per 100,000 in 2009 (Wildeman, 2017). Following the all-time high in 2009, incarceration rates have been slowly declining each year, however, in 2019 there were still nearly 2.3 million people incarcerated in the U.S. (Minton, 2021a). Mass incarceration is prevalent at the federal, state, and county levels. Federal and state prisons both house inmates that are sentenced for generally more than one year, with the distinction that federal prisons are for crimes convicted across state lines (Riley, 2018). County jails house inmates that are serving less than one year time, however, states can send state inmates to county jails to serve time if the state prison is full or if the person serving time is from that county (Riley, 2018). Mass incarceration has become a crucial problem within the United States and affect not only those incarcerated, but their families and children, and the workforce and society at large.

Disparities, such as gender, race, ethnicity, sexual orientation, and disability, exist within mass incarceration increasing the likelihood of poor well-being. Mass incarceration also affects child health creating a higher likelihood of cyclical incarceration among families also. Males are thirteen times more likely to be incarcerated than females (Carson, 2020). Black males are 5.7 times and Hispanic males are 2.8 times more likely to be incarcerated than white males (Carson, 2020). In addition, black males ages 18-19 are 12 times more likely to be incarcerated than white males of the same age group exposing young black males to mental and physical issues,

difficulty in obtaining employment and housing, and social stigma at an earlier age creating higher chances for rearrest and reincarceration (Carson, 2020). Individuals from poorer communities are more likely to become incarcerated due to lack of resources for substance use treatment programs, mental health services, and other disadvantages which may contribute to the higher rates of black and Hispanic male incarceration rates.

Disparities also exist within special populations such as those identifying as lesbian, gay, and bisexual and those with a physical, mental, or emotional disability. Women identifying as lesbian or bisexual and men identifying as gay or bisexual are approximately three times more likely than those that do not identify as lesbian, gay, or bisexual to become incarcerated (Meyer, 2016). Incarcerated women were more likely than men to be a sexual minority, as approximately 42% of women in prison and 35% of women in jail identify as lesbian or bisexual adding to the stressors and social stigma of incarceration (Meyer, 2016). Approximately 41% of prisoners self-reported a disability and of those with a disability, 65% did not have a high school diploma and reported high rates of parental incarceration, ever living in foster care, and abusive caretakers during their youth (Gonzalez, 2016).

Epidemiological Data and Trends

Individuals who experience incarceration at any time in life have disproportionately poorer health outcomes, including physical and mental health, which is related to a higher mortality rate (Wildeman, 2017). Many incarcerated come from poor communities with lack of access to health care. Incarceration can actually have a positive effect on health care at the start of incarceration by providing health care professionals, access to medications, and regular appointments (Daza, 2020; Wildeman, 2017). Prison can also create a protective environment away from violence, accidents, and risky behaviors such as drug and alcohol use (Mortality...

2021) However, when inmates are released, they lose access to health care, medications, and follow up appointments and lose the protective environment (Wildeman, 2017).

Spread of communicable diseases such as Hepatitis C, HIV, and other sexually transmitted infections are abundant in prison populations due to close confines which are often overcrowded and understaffed which increases community spread upon release as well (Daza, 2020; Wildeman, 2017). Sexual minorities are more likely to experience sexual traumatization while incarcerated leading to psychological trauma (Meyer, 2016). Further, those incarcerated experience solitary confinement and other sanctions causing mental health issues such as depression and anxiety which have also been reported post-release (Meyer, 2016; Wildeman, 2017).

The physical and mental stress of incarceration can create toxic stress which is the body's constant stress reaction (Provencher, 2019; Shonoff, 2012). This toxic stress affects family members and children as well and can create a cyclical pattern of incarceration among families. Parental incarceration is more likely to lead to poor health outcomes in children such as poor overall health, developmental delays and other learning difficulties, asthma, obesity, and a host of mental health conditions like depression, anxiety, and ADD/ADHD (Wildeman, 2018). In addition, children of incarcerated parents are more likely to have behavioral problems in school, food insecurity, placed in foster care, physical, mental, and emotion abuse, and witness drug and alcohol use and physical and emotional abuse in the home (Provencher, 2019; Wildeman, 2018).

Potential Return on Investment

Mass incarceration costs billions of dollars each year in the United States from the operating of correctional facilities to health care costs for the inmates post-release, as well as

costs related to the increased likelihood of poor health outcomes for the families and children (Provencher, 2019). Focusing interventions and programmatic efforts on preventing reincarceration and supporting the family and children of those incarcerated could help lower future health care costs (Provencher, 2019). In addition, mass incarceration contributes to less members of society in the workforce during peak productive years causing national economic strain (Provencher, 2019).

As previously discussed, the effects of parental incarceration can lead to poor mental, physical, emotional, and social health among children. Furthermore, parental incarceration is classified as an Adverse Childhood Experience (ACE). In a 1998 study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser-Permanente, researchers discovered that childhood exposure to psychology, physical, and sexual abuse, and household dysfunction including substance use, mental illness, criminal behavior, and violent mistreatment of the mother led to a higher likelihood of adopting health-risk behaviors as an adult leading to early death (Felitti, 1998). Exposure to a category during childhood results in a score of one per category (Felitti, 1998). This initial study of ACEs reported that adults with ACE scores of 4 or more were more likely to have ischemic heart disease, cancer, stroke, chronic bronchitis or emphysema, or diabetes (Felitti, 1998). Following this adoption of the ACEs questionnaire and pyramid presented in Felitti et al.'s (1998) work has been used to further study the impact adverse childhood experiences have on adult health outcomes. The expansion of the ACEs questionnaire to include parental incarceration is described later in this paper.

Children exposed to parental incarceration have a higher number of ACEs as compared to children not exposed to parental incarceration (Turney, 2018). Children with incarcerated parents are more likely to be exposed to abuse in the home, experience abuse themselves, be placed into

foster care, and have a separated, divorced, or single parent home (CDC, 2022a; Staton, 2018; Turney, 2018). Children exposed to a high number of ACEs are more likely to develop chronic health conditions, mental health conditions, health risk behaviors, and negative social outcomes as an adult (CDC, 2022a). Decreasing incarceration rates could decrease the risk of ACEs and negative health outcomes in children with incarcerated parents.

Problem is Amenable to Change

One factor that contributes to a higher success of reintegration and can prevent rearrest, reconviction, and reincarceration is reentry programs, particularly those including employment as a component. Individuals with a criminal record or previous incarceration are less likely to be called back for an interview or hired (Hinton, 2020). Employers typically offer these individuals low paying or minimum wage positions even though they may possess specialized skills and training. These barriers to employment cause added stress to the family, and they are related to an increased likelihood of rearrest or reincarceration (Hinton, 2020). Employment immediately before, during, and after incarceration has been shown to have a positive outcome on rearrest and reincarceration. Furthermore, having employments helps inmates post-release reintegrate into society more quickly and helps to break down the social stigma of being incarcerated (Hinton, 2020). Programs that focus solely on workforce skills and employment post-release are still missing key elements to provide needed services and supports for prior incarcerated individuals and their families.

The research suggests that programs with a more holistic approach and that include multiple elements such as employment and job skills, mental health counseling, substance use counseling, and assistance obtaining housing could generate a better opportunity for inmates to become productive members of society again and could decrease the risk of reincarceration

(Burgeis, 2018; Newton, 2018). A holistic approach is the recommendation of the literature but holistic programming has not yielded results as of yet (Burgeis, 2018; Newton, 2018). In addition to a holistic approach, programs that focus on long-term needs, meaning more than one year of follow up post-release, may prove to be more successful (Newton, 2018). It is surmised that consistent employment and substance use and mental health counseling with a potential gradual decrease of services could drastically improve quality of life and success for released inmates. Unfortunately, there are not many programs that provide this holistic approach at using multiple elements with long-term support post-release. One such program that has made an effort to incorporate multiple community partners and elements is the Correctional Career Pathways program.

Population Health Impact

The concept and elements of the Correctional Career Pathways (CCP) program was an idea of an adult education specialist in Greene County, TN. Seeing the need in the community for reliable workforce and reentry support for those in incarceration, a pilot program began in Greene County in 2015 and is referred to as “The Greene County Model”. This program began in the Greene County Workhouse, separate section of the Greene County jail where inmates are housed in trustee status. The original CCP program first implemented in Greene County, focuses on providing employment training and opportunities, mental health counseling, substance use programming, and peer recovery specialists to individuals while they are incarcerated, and it continues to provide services and support post-release. It is the first of its kind and has gained state and national acclaim for its innovation and sustainability. The original Greene County Model provided professionalism training, workplace skills, and connected inmates with local industry partners for employment while incarcerated and post-release if wanted. The Tennessee

Institute of Public Health (TNIPH) has built upon the original Greene County Model and enhanced it to include mental health counseling, peer support specialists, and substance use counseling as well as expanded the program to four additional counties in Tennessee. County partners implementing the CCP program receive leadership training and technical assistance from TNIPH.

The CCP program works with local law enforcement, corrections administration, industry partners, population health partners, and adult education to create an interprofessional, interdisciplinary approach to reintegration and success post-release. Inmates participate in the “Makin’ It Work” program, a ten-lesson soft skills training developed by Dr. Steve Parese, specifically designed for individuals currently in incarceration or were formerly incarcerated (Parese, 2015). Once inmates have completed the full ten-lesson “Makin’ It Work” program they are eligible to become employed with one of the industry partners in the program. In this program, inmates earn full wages with part of the wages being held for fines, fees, restitution, and in some cases child support, with the rest placed in a savings account to be accessed upon release. The county receives fees and payments that may not have otherwise been collected and inmates are released with a surplus of money in the bank along with stable employment with a trusted, supportive employer. In addition, inmates have access to peer recovery specialists for substance use counseling and mental health counseling through a local health care system creating long-term support for inmates post-release. Some of the elements of the CCP program, such as the peer recovery specialists, were added as a result of an observed need to provide long-term support to help prevent inmates from falling into previous risky habits and groups that may have led to incarceration in the first place. A more detailed description of the CCP program is provided in Chapter 3 of this report.

The CCP program originated in Greene County and continues to enroll participants in the program. The TNIPH has worked with Greene County partners to expand the program in two separate phases referred to as replications. CCP replica 1 approached three counties in middle and east Tennessee to begin implementation of the program in 2018. Two counties implemented the program, Grundy and Scott counties, with one county dropping out of the implementation phase. CCP replica 2 approached another three counties in middle and east Tennessee to begin implementation of the program in 2021. Two counties implemented the program, Sullivan and Roane counties, with one county dropping out of implementation. All five counties that have implemented the CCP program are still in operation at the point of this study. The global COVID-19 pandemic caused a pause in the program due to safety concerns of the inmates and community, however, counties are progressing towards full scale again in 2022. The fact that these programs are still operating after the height of a global pandemic is testament to the sustainability and commitment these communities have in creating a successful program and the need for the program in the community.

Many elements of the CCP program do not rely on direct funding to be operational. The partnerships and commitment by local law enforcement, corrections administration, industry partners, and local health care systems make this program work. The CCP program has also seen a successful expansion twice into new counties which have garnered new lessons learned on implementing the CCP program. The lessons learned, assessing the components of the program which tailor it for each community, and the holistic approach to the program by including work-based skills, long-term substance use and mental health counseling during incarceration and post-release, and monetary and employment stability, create a formula for sustainable approaches to reducing reincarceration rates.

Project Aims

The aims of this project focused on assessing the current information already gathered by the Correctional Career Pathways program and gathering new information from program and community implementers on opportunities for improvement and sustainability.

Aim 1: Explore the facilitators, barriers, and impact of the Correctional Career Pathways program.

Process and impact evaluations were conducted. By focusing on process evaluation, this gives guidance for other communities on how to implement similar programs in their location. Process evaluation also highlighted the successes and lessons learned in developing community partnerships for reentry programs in rural areas. The partnerships and community buy-in needed to make the CCP program successful requires time and trust amongst all partners, especially between the jail administration and county government (mayor and sheriff). The TNIPH, known for its partnerships and collaborative programs across the state (Kidwell, 2019), and the lessons learned and advice for other communities from this project will be key to successful, widespread dissemination. The impact of the CCP program hinges on community partnerships and includes the importance of focusing on incarcerated individuals, offering support and services related to substance use, mental health, mentorship, and professional and job skills.

Aim 2: Identify opportunities for improvement and sustainability of the Correctional Career Pathways program.

The success of the CCP program, or others like it, hinges on the partnership between county government, jail administration, business leaders, public health professionals, and educators. While anecdotal reports and discussions have been crucial in perfecting the CCP

program at the pilot site and initial expansion sites, a full assessment of the program with opportunities for improvement has not been conducted. Focusing on opportunities for improvement will inform the CCP program and other groups aimed at implementing similar community-based programs. This aim also focused on identifying opportunities for sustainability. With a high level of community buy-in and support, the CCP program does not cost a lot of money to maintain, however interviews with implementers were conducted to dive deeper into current sustainability methods and needs.

Integrative Learning Experience (ILE) Competencies

The Integrative Learning Experience (ILE) Competencies that will be addressed, along with how they will be addressed, are outlined in Table 1.

Table 1

Integrative Learning Experience (ILE) Competencies

<i>Foundational Competencies</i>		
Content Area	Competency	ILE Integration
Data Analysis	Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue.	Aim 1: quantitative analysis of CCP data Aim 2: qualitative interviews of CCP implementers
Policies & Programs	Propose interprofessional team approaches to improving public health.	Aim 1: explanation of interprofessional design of CCP program
Education & Workforce Development	Deliver training or educational experiences that promote learning in academic, organizational and community settings.	Dissertation defense
Leadership, Management, & Governance	Integrate knowledge, approaches, methods, values, & potential contributions from multiple professions and systems in addressing public health problems.	Aim 2: qualitative interviews with CCP program implementers from multiple professions and disciplines

Leadership, Management, & Governance	Propose strategies to promote inclusion and equity within public health programs, policies, and systems.	Aim 1: description of CCP program Aim 2: qualitative assessment with CCP implementers
<i>Community Health Competencies</i>		
Community Health	Translate health behavior theoretical models into public health interventions.	Chapter 2: Literature Review
Community Health	Conduct qualitative research using well-designed data collection and data analysis strategies.	Aim 2: qualitative interviews with CCP program implementers Aim 2: IRB process
Community Health	Collaboratively develop capacity-building strategies at the individual, organizational, and community levels.	Aim 2: qualitative assessment of sustainability of CCP

Partner Engagement Plan

The Director of TNIPH had consistent engagement throughout the proposal through discussions of the program background and history, assisting with connecting implementers for interviews, and providing feedback on final products. In addition, the community implementers, and key funders of the CCP program, received project reports on results from the CCP program data and interviews conducted. Interviewees and TNIPH staff were also invited to the dissertation defense.

Chapter 2. Review of Literature

The Rise of Incarceration in the United States

The United States has led the world in incarceration rates since the mid-1970s. Prior to the 1970s, incarceration rates were relatively equal across most developed countries, however, the U.S. began an upward trajectory starting in the mid-1970s. The reasons behind this sudden trend can be attributed to the War on Drugs, the deinstitutionalization of people with mental illnesses, and sentencing policies, such as the three-strike rule and mandatory minimum sentences, as key factors in the rise and continuation of high incarceration rates in the U.S. (Wildeman, 2017).

The United States hit an all-time high of 980 per 100,000 adult U.S. residents held in state or federal prisons or local jails in 2009 (Minton, 2021a; Wildeman, 2017;). In a comparison with 20 other developed countries, all fell at or below 200 per 100,000 incarcerated individuals by 2009, a staggering comparison with the United States (Wildeman 2017). Furthermore, in another study which compared 160 countries' incarceration rates versus gross domestic product (GDP), Cuba, El Salvador, Russia, Rwanda, Thailand, and Turkmenistan were the closest to the United States incarceration rates at 400 per 100,000. (Bhuller, 2020).

Following the peak of 2009, incarceration rates in the United States have been steadily decreasing each year. By 2019, the United States has seen its lowest level of incarceration rates in the past 20 years with 810 per 100,000 in incarceration, however, it still far outpaces other developed countries, and more work needs to be done to continue to decrease incarceration rates (Minton, 2021a). In 2019, nearly 2.3 million people were incarcerated in state and federal prisons and local jails, which was a 1.7% decrease from 2018 (Minton, 2021a).

The most recent data available, data from 2020, saw a record low with a 15% decrease in incarceration rates as compared to 2019 (Carson, 2021d). However, the global COVID-19 pandemic had a large impact, with delays in trials and sentencing which showed a 40% decrease, number of releases declined, and number of prisoners that died under jurisdiction which was a 46% increase (Carson, 2021d). The COVID-19 pandemic caused unprecedented delays in trials and sentencing, and created outlying data on state, federal and local incarceration rates therefore, for the purposes of this dissertation, 2019 data will be used as this more correctly sets the trend of incarceration in the United States.

State prisons house people who have been convicted of crimes and sentenced to more than one year of punishment, while federal prisons house people who have been convicted of crimes that cross state lines, such as drug trafficking involving more than one state (Riley, 2018). Local jails often house people who are awaiting trials and for cases to be resolved but cannot afford bail to be released before the trial concludes. Individuals who have been sentenced and are in local jails tend to be sentenced for less than one year (Riley, 2018).

People convicted of crimes are housed in either state or federal facilities, jails which are run by local government and law enforcement, or privately operated facilities which receive funding from the state or federal government to house prisoners. Most states hold less than 20% of their prison population in privately operated facilities, however Tennessee is one of the five states with higher than 20% at 29% of their prison population housed in a privately operated facility in 2019 (Carson, 2020). There are also incidences of state prisoners being held in local jail facilities because of space available in the state prison or to house the prisoner closer to their home community. Tennessee also has one of the highest rates of holding state prisoners in local jail facilities at 27% (Carson, 2020).

In 2019, county jails around the country housed roughly 734,500 inmates which was only a slight decrease from 2018 at 738,400 inmates (Zeng, 2021). However, in comparison to the jail incarceration all-time high in 2008, there has been an overall decrease in jail incarceration rates by 13% in 2019. Most notable decreases in jail incarceration rates from 2008 to 2019 were among blacks which fell 27%, Asians which fell 32%, and Hispanics which fell 36%. Around 65% of local jail inmates were awaiting court proceedings and were not convicted of a crime (Zeng, 2021).

The state of Tennessee has had a steady increase of county jail populations from 2000 to 2019 as shown in Figure 1. Tennessee makes up roughly 2% of the population of the United States but accounts for approximately 4.2% of the county jail population (TN Dept of Correction Decision Support, 2019; US Census Bureau, 2022).

Figure 1

State of Tennessee Statewide Summary Jail Population 2000-2019

Statewide Summary															
Report Date	TDO C Backup	Local Felons	Other Convicted Felons	Federal & Others	Convicted Misdem.	Pre-trial Felons	Pre-trial Misdem.	Total Pre-trial Detainees	Total Jail Pop.	% TDOC Backup	% Local Felons	% Convicted Misdem.	% Pre-trial Felons	% Pre-trial Misdem.	% Total Pre-trial Detainees
CY 00 AVG	1729	3764	741	749	4636	5119	1839	6958	18577	9.3%	20.3%	25.0%	27.6%	9.9%	37.5%
CY 01 AVG	1851	3925	520	723	4830	5348	1979	7327	19389	9.5%	20.2%	24.9%	27.6%	10.2%	37.8%
CY 02 AVG	2449	4194	547	840	4927	5341	2289	7630	20587	11.9%	20.4%	23.9%	25.9%	11.1%	37.1%
CY 03 AVG	2009	4104	456	796	4719	6072	2269	8341	20425	9.8%	20.1%	23.1%	29.7%	11.1%	40.8%
CY 04 AVG	2108	4330	450	754	4926	6569	2594	9163	21730	9.7%	19.9%	22.7%	30.2%	11.9%	42.2%
CY 05 AVG	2296	4534	507	817	5396	7047	2953	10000	23549	9.7%	19.3%	22.9%	29.9%	12.5%	42.5%
CY 06 AVG	1815	4325	577	815	5253	7565	3177	10742	23527	7.7%	18.4%	22.3%	32.2%	13.5%	45.7%
CY 07 AVG	2006	5098	833	878	5274	7719	3343	11062	25152	8.0%	20.3%	21.0%	30.7%	13.3%	44.0%
CY 08 AVG	2244	5438	648	1004	5104	7932	3382	11314	25752	8.7%	21.1%	19.8%	30.8%	13.1%	43.9%
CY 09 AVG	2402	5359	711	962	5254	8125	3575	11700	26388	9.1%	20.3%	19.9%	30.8%	13.5%	44.3%
CY 10 AVG	2506	4622	829	959	5128	8446	3447	11893	25937	9.7%	17.8%	19.8%	32.6%	13.3%	45.9%
CY 11 AVG	3706	4518	798	941	5184	8590	3928	12518	27666	13.4%	16.3%	18.7%	31.1%	14.2%	45.2%
CY 12 AVG	4824	4634	755	886	4985	8911	3780	12691	28774	16.8%	16.1%	17.3%	31.0%	13.1%	44.1%
CY 13 AVG	4843	4391	669	845	4888	8658	3720	12377	28013	17.3%	15.7%	17.4%	30.9%	13.3%	44.2%
CY 14 AVG	4462	4160	578	805	4738	8652	3788	12441	27184	16.4%	15.3%	17.4%	31.8%	13.9%	45.8%
CY 15 AVG	4946	3891	612	882	4501	8990	3820	12810	27642	17.9%	14.1%	16.3%	32.5%	13.8%	46.3%
CY 16 AVG	4646	3728	619	852	4613	9737	4380	14117	28576	16.3%	13.0%	16.1%	34.1%	15.3%	49.4%
CY 17 AVG	4605	3426	766	820	5040	9877	4787	14664	29322	15.7%	11.7%	17.2%	33.7%	16.3%	50.0%
CY 18 AVG	4759	3380	835	957	5042	10567	5285	15852	30825	15.4%	11.0%	16.4%	34.3%	17.1%	51.4%
CY 19 AVG	5343	3384	825	1039	5020	10707	5031	15739	31350	17.0%	10.8%	16.0%	34.2%	16.0%	50.2%

Offenses

State Offenses

At the end of 2018, 55% of most serious offenses among all prisoners in state-run facilities nationwide were violent offenses with 58% being male prisoners sentenced for violent offenses. Most serious offenses are categorized as the primary charge during sentencing as some inmates may have multiple charges (Zeng, 2021). Violent offenses were also highest among black prisoners at 62% and Hispanic prisoners at 61.5%, representing both genders (Carson, 2020). About 25% of most serious offenses among females were property offenses, including burglary, larceny/left, and fraud, and an additional 25% were drug offenses with most being drug trafficking charges within state lines (Carson, 2020).

Federal Offenses

In 2019, among all prisoners in federal-run facilities, only 7.7% were incarcerated due to a violent offense (Carson, 2020). Most federal offenses were drug charges, at 46.3%, including drug trafficking, possession and other drug offenses, with more than 99% of federal drug offenders sentenced for trafficking (Carson, 2020). The reasoning behind such high drug trafficking charges at the federal level is due to drugs crossing state lines which establishes a federal offense as multiple states are involved. In 2019, about 59% of females were sentenced to federal prison for drug offenses as compared to 45% of males sentenced to federal prison (Carson, 2020). Furthermore, nearly 60% of Hispanics were sentenced to federal prison for drug charges as compared to 38% of whites and 43% of blacks (Carson, 2020).

Incarceration Rates Among Minorities

There have many studies conducted on the disparity among minority populations in incarceration, including gender, race and ethnicity, sexual orientation, and disability (Carson, 2020; Gonzalez, 2016; Meyer, 2016; Lee, 2015; Wildeman, 2009). Disparities in incarceration rates among minority populations coincide with the disparity of socioeconomic status, access to health care, and poverty rates among minority populations as well.

Gender

In the United States, the imprisonment rate of males in 2019 was 13 times the imprisonment rate of females with 789 per 100,000 of males and 61 per 100,000 of females incarcerated (Carson, 2020).

Race and Ethnicity

In the United States, black and Hispanic males have a much higher incarceration rate than white males. State and federal correctional authorities held more than 2% of black male U.S. residents at year-end 2019, at 2,203 per 100,000. Additionally, nearly 1% of Hispanic male U.S. residents were incarcerated in state and federal corrections facilities at 979 per 100,000 as compared to 385 per 100,000 white males (Carson, 2020). This does not include local jail systems which would increase these percentages. Further troubling, it has been reported that approximately 44% of black women have an imprisoned family member at any point in time (Lee, 2015) and a little over 25% of black children will experience paternal imprisonment (Wildeman, 2009).

In the United States, at the end of 2019, the imprisonment rate of black males had decreased by 3% as compared to 2018 and showed a 32% decline from 2009-2019. However,

even though rates have declined steadily over the years, the imprisonment rate of black males was 5.7 times the rate of white males. In addition, the imprisonment rate of Hispanic males had also decreased by 3% as compared to 2018 and showed a 6% decline from 2009-2019. However, there still exists a gap in incarceration rates among Hispanic males as compared to white males with an imprisonment rate of Hispanic males at 2.8 times the rate of white males (Carson, 2020).

Disparities exist in age groupings as well among black and white males. Black males ages 18 to 19 were 12 times as likely to be imprisoned as white males of the same age group. This was the greatest disparity in black males and white males of any age group (Carson, 2020). Once incarcerated, the risk of reincarceration increases. The social stigma of being incarcerated, the inability to find stable, well-paying jobs with a criminal record post-release, the physical and mental stress of incarceration, and risky behaviors that led to incarceration all contribute to reincarceration. Incarceration at a young age begins the cycle of reincarceration and post-release struggles earlier in life and creates difficulties for this population to overcome and break the cycle.

For female prisoners in the United States, the race and ethnicity gaps are not as wide as compared to male prisoners, but still exist, as the imprisonment rate of black females was 1.7 times the rate of white females in 2019. The imprisonment rate of Hispanic females was 1.3 times the rate of white females in 2019 and was higher in all age groups except white females ages 45 to 49 (Carson, 2020).

Sexual Orientation

Meyer et al. (2016) analyzed data from the National Inmate Survey, 2011-2012 to determine sexual minority rates among incarcerated men and women. Sexual minority was

categorized as women who identify as lesbian or bisexual and men who identify as gay or bisexual prior to being incarcerated (Meyer, 2016). This study reported that approximately 9.3% of men in prison, 6.2% of men in jail, 42.1% of women in prison, and 35.7% of women in jail identified as a sexual minority (Meyer, 2016). The rate of incarceration of LGB persons is approximately 3 times higher than those that do not identify as lesbian, gay, or bisexual (Meyer, 2016).

It is speculated that the high rate of women sexual minorities incarcerated may be related to women sexual minorities being more likely to engage in sex work or commit sexual offenses which may lead to overpolicing and subsequent incarceration. In addition, the increased risk of incarceration among sexual minorities may be related to stressors such as family rejection, the use of illegal substances, and community-level marginalization related to stigmatization of lesbian, gay, bisexual, and transgender people (Meyer, 2016). In addition, sexual minorities were more likely to report experiencing sexual victimization as a child than non-sexual minorities in incarceration.

Not only are sexual minorities at an increased risk of being incarcerated, but while incarcerated, sexual minorities were more likely to have been sexually victimized while incarcerated, to have experienced solitary confinement and other sanctions, and to report current psychological distress (Meyer, 2016).

Disability

The CDC reported that 25% of adult are identified as having a disability in 2020 (CDC, 2022b) which is 1.64 times the rate of prisoners in a study conducted by Gonzalez et al. (2016). They reported that approximately 41% of prisoners self-reported a disability in at least one

domain: learning disability, taken special education classes, vision deficits, hearing problems, and self-identified as having a disability (Gonzalez, 2016). Education status and early home environment may have had an impact on the high rate of incarceration among those with disabilities. Of the prisoners that identified as having a disability, 65% did not have a high school diploma (Gonzalez, 2016). Among prisoners reporting a disability, 23% had parents that were ever incarcerated, 17% ever lived in foster care and 38% of having an abusive caretaker. Further, 43% reported that their caretaker received public assistance which speaks to the socio-economic status and income level of the household. Individuals coming from poorer neighborhoods have a higher likelihood of becoming incarcerated. In addition, 22% reported having been physically abused prior to incarceration (Gonzalez, 2016).

Many studies have shown that work-based programs and employment immediately prior, during, and after incarceration greatly reduce recidivism rates (Anazodo, 2019). Prisoners with disabilities were more likely to enroll in education programs than prisoners without disabilities, but less likely to participate in prison-based work assignments. Not participating in a work-based program while incarcerated has been shown to contribute to the 66% of prisoners with disabilities who had been arrested three times or more (Gonzalez, 2016). Post-release, those with a criminal history are less likely to be called back for an interview or hired (Anazodo, 2019). Multiple stigmas, such as incarceration history and disability, increases that likelihood even more. Organizations that offer second chance employment or having an employer with a receptive attitude are largely necessary to assist with employment re-entry and longer-term success of those incarcerated to reduce recidivism (Anazodo, 2019). This also could extend to employment while incarcerated and keeping employment post-release.

Rural versus Urban Incarceration

Local jail rates in urban areas have been steadily decreasing, similar to state and federal prison rates in the United States, however, local jail rates in rural areas have continued to increase. In 2000, local jail rates for rural and urban populations were identical, but by 2013 rural areas were 40% higher than those in urban metros (Riley, 2018). To explain the drivers behind increasing jail rates in rural areas as compared to urban areas, Riley et al. (2018) analyzed local jail rates in urban and rural areas. Each county in the U.S. was categorized using an “urban code” modified from the 2013 National Center for Health Statistics Urban-Rural Classification Scheme for Counties. Counties were then grouped into four different geographic categories (large metro (urban), large metro (suburban), medium and small metro, and rural areas) with large metros being those with more than 1 million residents and rural areas including all counties outside of metropolitan areas (Riley, 2018). Rural areas accounted for 15% of the overall U.S. population but made up 20% of the jail population (Riley, 2018).

Significant associations between percentage change of jail rates were examined using a generalized estimating equations (GEE) model. Results found that county-level poverty, proportion of non-Hispanic black residents in the county, and percent of jail inmates being held under federal authority had significant correlations with county-level poverty with the greatest strength of association (Riley, 2018). While rural communities did not show a higher prison admission rate, poor, minority communities revealed pockets of higher incarceration rates. Prison admissions were concentrated in communities characterized by concentrated disadvantage and the presence of racial minorities, particularly non-Hispanic black residents, even after controlling for crimes, drug arrest, and spatial autocorrelation (Simes, 2018).

These studies find that poverty accounts for much of the county and community disparity in jail rates and not necessarily a rural and urban difference. Places with higher poverty rates often struggle to provide government services which includes many functions necessary to process court cases making cases move slowly (Riley 2018). Additionally, a large proportion of people in local jails are awaiting trial and since poverty rates are high are more likely to not be able to afford bail, which as previously mentioned, accounts for more than 60% of local jail incarcerations (Carson, 2020; Riley, 2018).

Poorer counties also typically cannot afford jail diversion and drug treatment programs; therefore, incarceration is high among drug users in rural areas (Riley, 2018; Staton, 2018). Over the past several years, rural Appalachian counties have witnessed a tripling rate of drug overdoses as compared to the national average (Staton, 2018). This increase in drug use and drug overdoses in the Appalachian region has caught the attention of law enforcement, policymakers and researchers nationwide to look at prevention, causes, and consequences of this shift. A group of nearly 400 women who were active drug users were surveyed and interviewed in local jails in rural Appalachia (Staton, 2018). Survey data revealed that mental health, such as symptoms related to depression, anxiety, and PTSD, as well as past victimization experiences, were positive, significant correlates of incarceration history (Staton, 2018). While these findings will be further discussed in the public health implications section, a connection can be made in rural communities that the low availability of mental health resources and practitioners, and increased barriers for seeking victimization treatment may contribute to the higher drug use rates which correspond with higher jail incarceration rates in these poor, rural areas (Staton, 2018).

Public Health Implications

Physical and Mental Health

Individuals who experience incarceration at any point in their life are disproportionately in poorer health before, during, and after incarceration (Wildeman, 2017). Having been formerly incarcerated is also associated with poor physical and mental health and leads to a higher mortality risk (Wildeman, 2017).

Many incarcerated individuals come from poor, disadvantaged communities with lack of access to health care services and resources. Therefore, in some domains, physical health while incarcerated improves because access to care is abundant while incarcerated due to the U.S. Supreme Court ruling in 1976 that failure to provide basic health care in correctional facilities fell under cruel and unusual punishment (Wildeman, 2017). For many, correctional facilities provide the first access to care for chronic conditions and preventive medical care (Wildeman, 2017). However, upon release prisoners may not have the same access to treatment and prevention of physical and mental health conditions. They are often released without medications or follow-up appointments and are less likely to have a primary care physician (Daza, 2020).

The experience of incarceration may also increase the risk of contracting physical and mental illness (Daza, 2020). Prisoners are often kept in conditions which warrant the spread of communicable diseases such as HIV, Hepatitis C virus, and sexually transmitted infections (Daza, 2020). Incarcerated populations experience higher rates of these infectious diseases which also puts a strain on the community at large upon release (Daza, 2020; Wildeman, 2017). Furthermore, sexual minorities in prison are more likely to experience sexual victimization while

incarcerated, to have experienced solitary confinement and other sanctions, and to report current psychological distress (Meyer, 2016).

Even though incarceration is typically short term, there may be long term effects on physical and mental health due to the consequences of having no or limited housing, employment, family support, and experience discrimination when applying for housing and employment (Daza, 2020). The social stigma associated with these factors only amplifies the situation. Social stigma related to incarceration history can affect mental health, social relationships, and employment post-release. Individuals with a criminal record are less likely to be called back for an interview or hired post-release (Anazodo, 2019). In addition, those that have multiple social stigmas such as incarceration history and mental illness or intellectual disability, have an increased likelihood of not finding employment post-release (Anazodo, 2019). Employment post-release plays an important role in recidivism rates and future incarceration.

While there are benefits in sharing social stigmas, such as incarceration history, former inmates are typically prohibited from associating with those with criminal histories as set by their parole, therefore are prevented from seeking social support from others who share the same social stigma (Anazodo, 2019). This lack of social support from others could contribute to higher recidivism rates and causing inmates post-release to fall back into the same habits that led to incarceration in the first place.

While post-release health outcomes are dire, some studies report that incarceration creates a protective effect against mortality by creating an environment which decreases death by accident or violence, reduces access to drugs and alcohol, and improves health care access. This is further supported by the mortality rates in state and federal prisons where U.S. residents are twice as likely to die from drug or alcohol intoxication in 2019 as compared to those incarcerated

(Carson, 2021c). In addition, U.S. residents were more likely to die from heart disease, liver disease, respiratory disease, and accidents as compared to those incarcerated in 2019 which may contribute to the access of care while imprisoned (Carson, 2021c).

Societal Implications

The physical and mental stress among those currently and formerly incarcerated, their families, and their children are abundant. The constant activation of stress hormones in the body can lead to “toxic stress” and negative health outcomes (Provencher, 2019; Shonkoff, 2012). These negative health outcomes create billions of dollars’ worth of health care costs in the United States from not only those incarcerated, but the effects incarceration creates on the family and children. Preventing incarceration and lowering incarceration rates could help lower these future health care costs. In addition, not only focusing on the incarcerated individuals but also focusing on the care of families and children who are affected by those incarcerated will also help prevent future health care issues and costs (Provencher, 2019). Parental incarceration is also more likely to lead to incarceration and criminality creating a cyclical pattern of incarceration through generations that may be difficult to break.

Early mortality and infectious disease rates are also affected by mass incarceration. After controlling for all unobserved stable county characteristics and time-varying confounders, increases in local jail incarceration rates are associated with an increase in county mortality rates (Kajeepeeta, 2020). Time-varying confounders included county poverty, crime rates, county unemployment rate, state incarceration rate, and political party control of state legislature (Kajeepeeta, 2020). The previously mentioned increase in non-communicable diseases such as HIV, Hepatitis C virus, and sexually transmitted infections during incarceration, also creates

societal implications as upon release these rates may bleed into the community creating higher rates among the general population. (Daza, 2020; Wildeman, 2017).

In addition, those incarcerated or having a criminal record are less likely to be hired for jobs post-release. Employers do not want to hire those with a criminal record due to perceptions of trust, lack of work readiness skills, media reporting and reliability (Hinton, 2020). With understanding supervisors and second chance employment these productive members of society could contribute to the work force but with a criminal record and being formerly incarcerated, society is losing out on these productive members (Anazado, 2019). Employment immediately following incarceration has been shown to decrease rates of recidivism, rearrest, and reconviction which would keep former inmates in their current employment, helping with job growth and economic productivity.

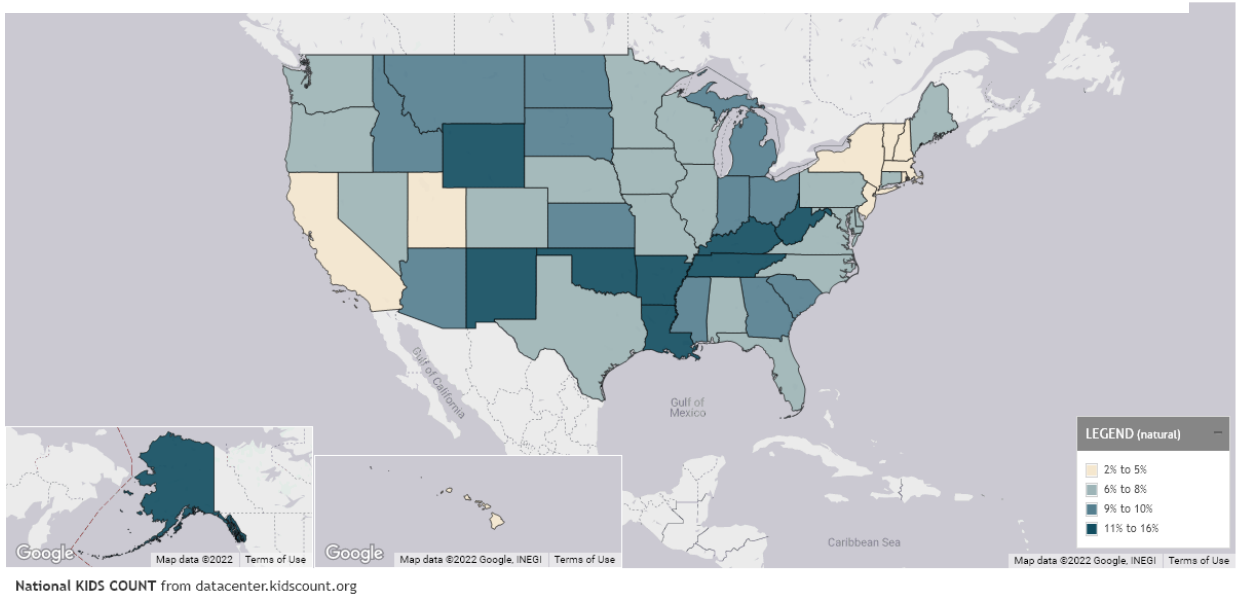
Effects of Parental Incarceration on Children and Families

The effects of parental incarceration on children are numerous and have been well documented (Wildeman, 2018). Children with an incarcerated parent are more likely to have fair or poor overall health, developmental delays, learning disabilities, speech or other language problems, asthma, obesity, and a host of mental health problems including depression, anxiety, ADD/ADHD, and behavioral or conduct problems (Wildeman, 2018). In a meta-analysis of studies focused on parental incarceration and effects on children, antisocial behavior was also prevalent among many studies (Murray, 2012). Murray et al. (2012) also noted that it is difficult to discern impacts of parental incarceration on children or whether or not the behaviors that led to incarceration are the true cause of poor health outcomes among children of incarcerated parents.

Parental incarceration is associated with elevated risks of drug use and abuse, criminality, and delinquent behavior among adolescents, which greatly increases the risk of incarceration (Wildeman, 2018). In a study on the health effects of family member incarceration, adults who had experienced family member incarceration during childhood were more likely to be diagnosed with a physical health problem in adulthood (Provencher, 2019). There was not an association between incarcerated family members and children being more or less likely to experience physical health problems, however, one study also revealed that children with incarcerated parents are less likely to receive the medical attention needed and families from low-income neighborhoods are less likely to have health insurance (Provencher, 2019). This lack of medical care and available health insurance could mean that physical health problems among children with incarcerated parents are often left undiagnosed. Figure 2 provides a map of the percentage of children in the United States that have ever had a parent in incarceration from 2018-2019 (Annie E. Casey Foundation, 2022).

Figure 2

Children Who Had a Parent Who Was Ever Incarcerated (Percent) – 2018-2019



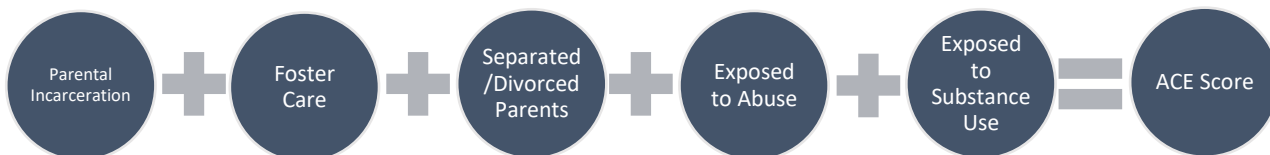
ACEs and Incarceration

As previously described, parental incarceration is classified as an ACE and children exposed to parental incarceration are at a higher risk of ACEs than children without parents in incarceration (Turney, 2018). On the Adverse Childhood Experiences (ACEs) scale, parental incarceration is one of the experiences that could lead to physical, behavioral, mental, and social struggles among children (Turney, 2018; Wildeman, 2018). Children exposed to parental incarceration also have a greater number of ACEs than children not exposed to parental incarceration (Turney, 2018). Children of incarcerated parents are also 12 times more likely to end up in foster care with an incarcerated mother and twice as likely with an incarcerated father, another factor on the ACEs scale (Wildeman, 2018). In a study conducted with rural, Appalachian women who were in jail facilities, 87% of women had children and 48% reported they had lost custody at one point (Staton, 2018). In addition, only 32% of women reported being

married, making the connection that parental separation or divorce may be a high likelihood among incarcerated females, another ACE factor (CDC, 2022a; Staton, 2018). Federal prisoner statistics in 2019 also reported a low percentage of marriage among prisoners at 21% but with nearly 50% reporting having minor children at the time (Carson, 2021a). Figure 3 illustrates the number of ACEs that are possible among children with incarcerated parents that was developed based on the research provided above.

Figure 3

ACEs and Parental Incarceration



Theoretical Frameworks

The literature search derived two theoretical frameworks selected for further review. The Well-Being Development Model (WBDM) focuses on enhancing the well-being of those in incarceration to impart positive behaviors and interactions to create a more positive reintegration into society (Pettus, 2021). The Sequential Intercept Model (SIM) was designed to provide points of interception for individuals with mental illness from entering the criminal justice system (Munetz, 2006). The WBDM most closely aligns with the Correctional Career Pathways constructs, whereas the SIM provides context as to the appropriate points in the justice system interventions should take place.

Well-Being Developmental Model (WBDM)

Interventions designed to target well-being differ from interventions targeted at mitigating deficits (Pettus, 2021). Interventions focused on mitigating deficits often approach negative attributes such as avoidance behaviors and criminal cognitions without recognizing the adversity those in incarceration may have previously faced (Pettus, 2021). Well-being interventions are effective for people with individual-level and structural-level barriers and have difficulties engaging with the community because of these barriers (Pettus, 2021). Well-being interventions do not require the use of clinical personnel, therefore have great potential for scalability and can be implemented in a relatively short time frame (Pettus, 2021).

The development of the WBDM was informed by the well-being constructs for four additional models, the Psychological Well-Being Model, Seligman’s PERMA Model, the Leisure and Well-Being Model, and the Good Lives Model (GLM) which focused on well-being in corrections (Pettus, 2021). Pettus et al. (2021) mapped the WBDM onto the existing theoretical constructs of each of the four models focused on well-being to identify and define the well-being constructs for the WBDM (2021). Descriptions and explanations of each of the WBDM constructs is highlighted in Table 2 recreated from Pettus.

Table 2

The Five Key Facilitators of Well-Being Development

The Five Key Facilitators of Well-Being Development	
Construct	Definition
Healthy thinking patterns	Adaptive mental actions or processes, the presence of empathy, and the acceptance or internalization of values and norms that promote prosocial behavior.

	<ul style="list-style-type: none"> · Prosocial behavior is defined as actions that are intended to benefit another individual, groups of individuals, or society as a whole.
Meaningful work trajectories	<p>Sustainable compatibility between an individual's goals and abilities and the demands of that individual's occupation.</p> <ul style="list-style-type: none"> · Compatibility is defined as a state in which two things are able to exist or occur together without problems or conflict. · Occupation is defined as obligation(s)/job, paid or unpaid. · Sustainable is defined as being able to be maintained or kept going, as an action or process.
Effective coping strategies	<p>Adaptive behavioral and psychological efforts taken to manage and reduce internal/ external stressors in ways that are not harmful in the short or long term.</p> <ul style="list-style-type: none"> · Effort is defined as work done by the mind or body. · Stressor is defined as demands that cause mental tension.
Positive social engagement	<p>When an individual is engaged in social experiences organized for beneficial social purposes that directly or indirectly involve others, engaged in during discretionary time, and experienced as enjoyable.</p> <ul style="list-style-type: none"> · Beneficial social purpose means the intention of an activity is to promote greater societal good. · Discretionary time is defined as time free from obligations, work, and daily living tasks (e.g., housework). · Indirectly involving others is defined as individuals co-located in a common physical space.
Positive interpersonal relationships	<p>An association between two people that occurs in person and can range in duration from brief to enduring within formal or informal social contexts. The relationship is reliable, mutually beneficial, and enhances psychological well-being.</p> <ul style="list-style-type: none"> · Formal social context is defined as paid or unpaid work settings, health care/ treatment settings, and social service settings. · Informal social context is defined as all settings outside of paid or unpaid work, health care/treatment, and social services. · Reliable is defined as a relationship that promotes honesty and trust.

	· Mutually beneficial is defined as a relationship that supplies the needed level of honesty and trust for all people involved.
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The WBDM was developed to guide the next generation of reentry services to focus more on positive behaviors and protective factors to help those in incarceration return home with interpersonal relationships, healthy thinking skills, and workforce opportunities (Pettus, 2021). The authors are hopeful that this model will break the cycle of reincarceration and help those in incarceration thrive in their communities upon release (Pettus, 2021).

Sequential Intercept Model

A secondary model emerged from the literature review to provide a framework for people in incarceration due to mental health challenges. The purpose of the Sequential Intercept Model (SIM) is to intercept at different points within the criminal justice system to prevent reincarceration or additional charges while still incarcerated (Munetz, 2006). The SIM was developed in Akron, Ohio to combat the rising overrepresentation of people with mental illness in the local criminal justice system (Munetz, 2006). The SIM model stresses the importance of having access to comprehensive mental health services in the community to impact the largest number of people at the first intercept point to prevent incarceration (Munetz, 2006). For communities with a lack of mental health services, the SIM identifies five intercept points to incorporate interventions and planned collaboration between the criminal justice system and mental health system (Munetz, 2006). The five intercept points are illustrated in Figure 4 below.

Intercept 1: law enforcement and emergency services

Prearrest diversion programs. Law enforcement is often called when someone with a mental illness is experiencing a mental crisis. Having law enforcement consult with mental

health professionals prior to arrest can help determine if arrest is necessary or other supports can be offered instead. Since law enforcement is on the front lines of working with people with a mental illness, planned collaboration, cross training, and joint planning with mental health professionals is ideal. Examples of ways to incorporate mental health professionals into law enforcement efforts are to include mental health professionals as part of the crisis team or have them on site or available by telephone consult. These efforts could prevent arrest and provide mental health support instead.

Intercept 2: initial hearings and initial detention

Postarrest diversion program. If someone is arrested after a mental health crisis, the next step in interception is to offer a postarrest diversion program instead of incarceration. In the absence of intercept 1, people arrested for minor crimes would be good candidates for diversion alternatives or treatment as a condition of probation.

Intercept 3: jail and courts

Mental health courts. Intercept 3 focuses on having access to high quality treatment while in local jail system. The most considerable program available, called mental health courts, which focuses on problem-solving strategies for gaining treatment instead of prosecution.

Intercept 4: reentry from jails, prisons, and hospitals

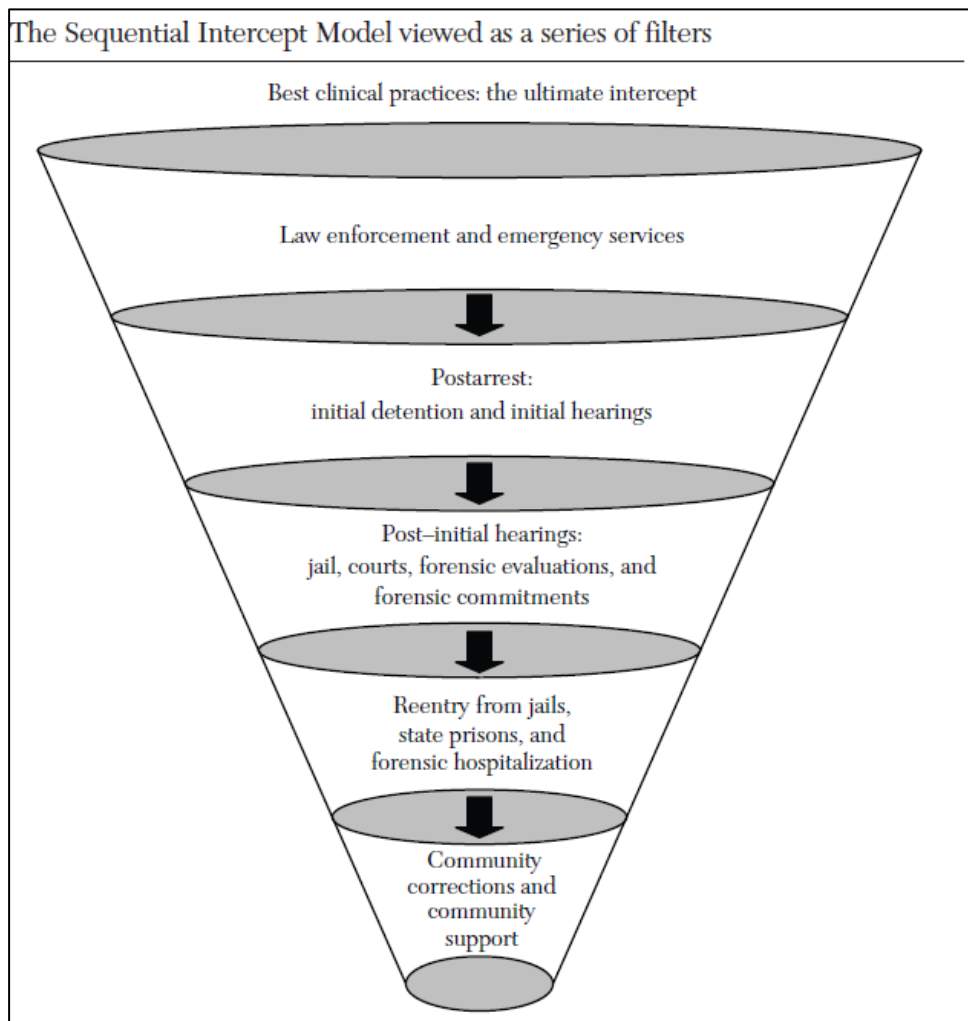
Reentry programs and support. Mental health professionals frequently are unaware that clients may have been incarcerated and do not follow up upon release to assist with reintegration back into society. Programs that provide transitional services from providing mental health services while incarcerated and post-release are recommended to stop the cycle of reincarceration among those with mental illness.

Intercept 5: community corrections and community support services

Mental health treatment post-release. Those under probation or parole may not be keeping mental health treatment plans in place. Working with probation and parole officers to encourage and mandate maintaining mental health treatment appointments and plans in place could prevent future incarceration due to mental crisis.

Figure 4

The SIM Illustrated as Filters



The SIM was designed to assist in developing collaborative efforts between law enforcement and mental health services (Munetz, 2006). Because this model focuses more on collaboration, understanding which points in the criminal justice system are ideal for interception, and what mental health populations are prevalent at each stage, communities with low mental health services can still incorporate interceptions within this model (Munetz, 2006).

Work and Reentry Programs

As previously mentioned, employment during and immediately after correctional release greatly influences recidivism, rearrest, and reconviction rates among those incarcerated. Many offenders possess proper skills, training, and credentials to work in high paying jobs, cutting down on training and onboarding for the employer. Some offenders may have obtained licensures but have lost the ability to obtain a job in their previously licensed field due to the nature of their crime (Hinton, 2020). Even though many offenders have previous skilled job training, most employers only hire offenders for low wage or minimum wage positions, causing an economic strain on the offender and their family which increases the risk of incarceration and rearrest (Hinton, 2020). Therefore, jail to work programs are crucial in creating a more successful environment for those with a criminal background to obtain employment during or immediately following release to decrease the likelihood of reincarceration.

Recidivism is a common measure for researchers to compare rehabilitation programming and interventions, such as work-based programs, substance use programs, educational programs, and others, to assess effectiveness. Recidivism is “measured by criminal acts that resulted in rearrest, reconviction, or return to prison with or without new sentencing during a three-year period following the person’s release” (NIJ, 2022, para. 1). Some researchers question whether or not recidivism rates are appropriate to measure given the complexity of causes and reasons

behind incarceration and reincarceration and variability in state court systems in sentencing reoffenders (Berguis, 2018; Newton 2018). In two meta-analyses conducted on reentry programs, while a few programs saw a decrease in recidivism rates, researchers did not find a significant correlation between reentry programs and recidivism rates when aggregating findings from individual reentry programs (Berguis, 2018; Hinton, 2020). However, recidivism rates aside, researchers still found value in reentry programs as they may decrease the likelihood of rearrest, as seen in a reentry program conducted in Middle Tennessee, where employment both before and after incarceration release significantly reduced the likelihood of rearrest by 44% (Miller, 2016). In addition, reentry programs still need to be funded and supported as they increase quality of life post-release and provide other services and supports that may be needed such as housing, employment, and substance use treatment (Berguis, 2018; Hinton, 2020; Newton, 2018).

Most reentry programs address only one aspect, such as employment, and focus on short-term needs because studies have shown that recidivism rates are most influenced one year post-release (Berguis, 2018; Newton, 2018). Many published studies were also missing process evaluations and design and methods making it difficult to understand all the aspects of reentry programs (Hinton, 2020). Focusing on offender employability, such as vocational and work assistance initiatives that attempt to develop marketable skills or trades, can increase the success of work and reentry programs among prison populations (Miller, 2016). Along with employability, reentry programs need to offer a holistic approach to reentry by focusing on additional services and supports that also impact an offender's reintegration such as drug and substance use counseling, housing assistance, and remedial education (Newton, 2018). Long-term programs with a gradual decrease in services and support through a holistic program may prove to be more successful than short-term programs (Burgeis, 2018; Newton, 2018). Work

force and reintegration programs should be implemented as soon as the individual is incarcerated instead of at release from prison to increase success and keep the individual connected to society and the community (Hinton, 2020). One such program that will be of focus is the Correctional Career Pathways (CCP) program coordinated by the Tennessee Institute of Public Health (TNIPH).

Correctional Career Pathways (CCP) Program

The aim of the CCP program is to provide an opportunity for inmates in the county jail system to learn valuable soft-skills, work while still incarcerated, and offer job stability upon release as well as fill a need in workforce in local economy. The CCP program hinges on community partnerships. The first step in implementing the CCP program is to gather community partners from jail administration including the sheriff, county mayor, local employers, adult education specialist or educator trained in the “Makin’ It Work” education program, and mental health and substance use counseling partners. The CCP program cannot be sustained or implemented without these key partners. In addition, having a champion of the program to establish new relationships, review processes and protocols, and collect data on program participants, will help to inform other key stakeholders in the community such as judges, district attorneys, and public defenders on the success and progress of the program.

The TNIPH gathered applications from counties interested in implementing the CCP program in their county. Counties that were selected as good candidates to implement a CCP program in their county were invited to a two-day workshop to meet the TNIPH team and learn about the history of the CCP program, how to implement it in their county, barriers and challenges they may face and how to alleviate those challenges. County members who will be teaching the “Makin’ It Work” curriculum within the county jail also attend a three-day

workshop conducted by the creator, Dr. Steve Parese. A detailed description of the “Makin’ It Work” program is provided further in this section.

TNIPH supports the CCP program in each county by providing mentorship, oversight, technical assistance, and in some cases funding support. Based on discussions from the original CCP program in Greene County, TNIPH and Greene County have developed a set of guidelines and protocols to help counties begin their CCP program. A list of these guidelines and protocols include:

- Counties will deduct \$100 each week from inmates wages in order to pay for fines, fees, and court costs. An additional \$25 can be used for administrative costs to operate the program.
- There is a one strike rule. If an inmate fails a drug test or requires disciplinary action, they are not allowed to continue in the program.
- Only inmates that have received trustee status will be eligible for the program. Trustee status is granted to inmates that do not have violent or sexual offenses and are not awaiting pretrial or sentencing.

While the CCP program has some guidelines and guidance in place in order to help counties begin their program it is very important that the county recognizes what is going to work for their community. There is a lot of flexibility within the CCP program to adapt it to specific community needs. The support that TNIPH provides new CCP programs are ways to communicate with key partners and ways to alleviate barriers based on prior experience in working with other counties that have implemented and sustained the CCP program.

Implementers of the CCP program will assist inmates in obtaining proper identification paperwork such as a driver's license or ID, Social Security card, and birth certificate as these are

required to be hired. Implementers will also assist inmates with opening a bank account if needed for inmates to receive direct deposit of their paychecks. Transportation to and from the job site will be provided. Work clothes or other needed items to begin working may also need to be provided by the implementers of the CCP program.

An important component of the CCP program that was included as part of the replication programs was the incorporation of mental health and substance use counseling while incarcerated. As such, mental health and substance use counseling specialists are included as key partners in the CCP program. Additionally, the CCP program has partnered with a local health care system to provide peer recovery support post release for up to one year after release from county jail. However, not all counties have the opportunity to utilize this service in areas outside of the local health system network therefore they are encouraged to find partners within their community to offer these services. Some counties have partnered with anti-drug coalitions or other clinical facilities to provide these services.

Makin' It Work

The “Makin’ It Work” program is a cognitive-behavior soft skills program aimed at men and women who are currently or formerly incarcerated. First developed in 2009 and revised in 2015 by Dr. Steve Parese, this ten-lesson program helps individuals understand negative thinking and employer expectations in the workplace. It also teaches soft skills and professional approaches to handling difficult workplace situations. The “Makin’ It Work” curriculum includes 40 hours of required class time to administer. Those teaching the “Makin’ It Work” program are required to attend a three day instructor training workshop performed in real time by Dr. Parese.

Table 3

Makin' It Work Program Curriculum

<i>Table of Contents</i>	
Module I: Thinking Straight	
	Lesson 1: Challenges of Change
	Lesson 2: Thinking Traps
	Lesson 3: Hidden Code of Work
Module II: Keeping Self-Control	
	Lesson 4: Warning Signs
	Lesson 5: Stop and Think
Module III: Solving Problems Logically	
	Lesson 6: Identifying Problem and Goal
	Lesson 7: Gaining Information and Insight
	Lesson 8: Considering Choices and Consequences
Module IV: Handling Difficult Situations	
	Lesson 9: Expressing Complaints
	Lesson 10: Dealing With Criticism

The CCP program was not originally developed based on a theoretical model but rather developed based on a need in the community witnessed by a member of the community. Even though the CCP program was not developed on a model, the Well-Being Development Model (WBDM) is the most appropriate to overlay based on the concepts of the CCP program.

Table 4

The Five Key Facilitators of WBDM Mapped onto CCP Program Elements

<i>Construct</i>	<i>CCP Program Elements</i>
Healthy thinking patterns	“Makin’ It Work” curriculum
Meaningful work trajectories	Working while incarcerated
Effective coping strategies	“Makin’ It Work” curriculum Peer recovery support specialists
Positive social engagement	Interacting with work colleagues and engaging with society

	Assisting family with bills, child support, and other costs with wages Peer recovery support specialists
Positive interpersonal relationships	“Makin’ It Work” curriculum Engagement with classmates and instructor Relationship with employment site, employer, and work colleagues

The first of its kind in Tennessee, and possibly nationally, the Correctional Career Pathways (CCP) program which began in Greene County, Tennessee has gained state and national acclaim for its innovation and sustainability. TNIPH, multiple state agencies and local and regional organizations, including the County Health Rankings & Roadmaps team at the University of Wisconsin Population Health Institute, have highlighted the CCP model in presentations and publications since its inception.

The Greene County model project led by a local multi-sector leadership team, including the local sheriff’s office, city school’s adult basic education, employee temp agency, and a local manufacturer of anti-vibration auto parts, gives criminal offenders the opportunity to break the cycle of arrest and incarceration and the training and experience to transition into the workforce. The CCP program offers classes, job placement, mental health and substance use counseling, and transportation to qualified inmates. After instruction in life skills and special training, trustee inmates go to work at a local employment opportunity, such as a manufacturing plant, automotive shop, or other industry partner. Not only are inmates learning new job skills in manufacturing and trade, but inmates are also serving a need for reliable employees within the industry.

Inmates receive a working wage while in the program. With difficulties in collecting court-ordered costs, fines, and restitution for the county, \$100 of the inmate’s earnings is set

aside to pay these costs each week as mentioned above. This ensures the county will receive payment for costs that are often difficult for individuals to pay post-release and may result in additional fines or jail time if not paid in a timely manner. In some cases, child support is also paid from the inmate's earning also putting less burden on payments owed post-release. The other percentage of wage's earned is placed in a savings account for him/her to use upon release creating a money reserve while also having the opportunity to remain employed at their placement post-release.

As previously described, the CCP program originated in Greene County, TN. The TNIPH took the original Greene County model and partnered with key stakeholders in Greene County to fund and support replications in four additional counties in Tennessee. The TNIPH guided additional counties that were interested in implementing the CCP program in their county on how to begin implementation and provided start-up funds ranging from \$30,000-50,000. The first replication occurred in 2018 in Grundy County, TN and Scott County, TN, herein referred to as CCP replica 1. The second wave of replications occurred in 2021 in Roane County, TN and Sullivan County, TN and are herein referred to as CCP replica 2. The start-up funds and in-kind support were provided by the Appalachian Regional Commission, the Niswonger Foundation, the East Tennessee Foundation, the ETSU College of Public Health, the Center for Rural Health Research housed in the College of Public Health at ETSU, and Ballad Health, a healthcare system serving Northeast Tennessee and Southwest Virginia.

Chapter 3. Methods

Aim 1: Explore the facilitators, barriers, and impact of the Correctional Career Pathways program.

The first part of this study involved quantitative data analysis of data collected by the CCP program from all five county sites. Data included number of inmates enrolled in the “Makin’ It Work” program, completed all 10 lessons of the “Makin’ It Work” program, placed in a work site, wages earned, fees, fines, and restitution paid, and employment post-release. These variables were collected in aggregate from the pilot county in Greene County. These variables were collected from the four replication counties during the time of funding from TNIPH. Data points were reported quarterly to TNIPH during their respective funding cycles. A review of the progress reports, final funding reports, and other relevant reports and documents was conducted to locate missing quantitative variables and gather facilitators and barriers of the CCP program that were not mentioned as part of the implementer interviews (Aim 2).

All data used for Aim 1 had already been collected and the CCP replica 2 sites continue to be collected by TNIPH. A Form 129, presurvey, was submitted to the East Tennessee State University Institutional Review Board for approval to use secondary data retroactively collected for this purpose. Data had been collected in aggregate each quarter from each site and cannot be linked to individual participants. ETSU IRB conferred that Aim 1 was not deemed human subjects research.

Data were collected and housed in two different ways. Data from Greene County were collected sporadically and in aggregate over the course of several years of implementation. This data were not able to be separated into quarters like the other county data, therefore was not

included in the main table of county data. The CCP replica 1 counties reported data through emailed quarterly written progress reports to TNIPH. Data was collected from June 1, 2018-March 31, 2019 for these two counties. The CCP replica 2 counties reported data through completing REDCap surveys housed on the ETSU REDCap server. These counties reported data from May 1, 2021-June 30, 2022 and will continue reporting data on a quarterly basis until the funding contract ends in March 2023.

Data were compiled and summarized. However, due to incomplete and inconsistent reporting of the data amongst all counties, analysis was unable to be completed. Facilitators, barriers, and impact of the CCP program are described through Aim 2 with the completion of the implementers' interviews.

Aim 2: Identify opportunities for improvement and sustainability of the Correctional Career Pathways program.

The second part of this study was to complete qualitative implementer interviews to evaluate opportunities for improvement and sustainability of the CCP program. At least one implementer from each program site was interviewed as well as representatives from TNIPH and Ballad Health.

A total of ten interviews were conducted with key implementers and coordinators of the CCP programs. Six interviews were conducted with representatives from each of the five counties currently implementing the CCP program. Two separate interviews were conducted with representatives from one county, a reentry coordinator and former sheriff. One interview had two representatives present, a jail program coordinator and anti-drug coalition coordinator who served as the fiscal agent. Other representatives from the counties interviewed included a

jail administrator, a chief deputy, and an executive director of an anti-drug coalition. Two interviews were conducted with representatives from TNIPH and two with Ballad Health's PEERHelp Recovery Program.

One informal interview was conducted at the conclusion of the study with the creator of the Correctional Career Pathways program in Greene County, TN to discuss the idea and history behind the creation of the CCP program. This interview was not recorded, and the interview guide was not used. No information from the informal interview is included among the results section.

Qualitative Study Design

An interview guide was developed to conduct semi-structured interviews with implementers of the CCP program. A copy of the interview guide is provided in Appendix A. The rationale for using these questions for the interview guide is they answer the "what" and "how" of implementing the CCP program, both in the past and future. These questions are intentional to identify what has worked, what has been a barrier, and what could be altered to make CCP program more efficient and effective for new partners interested in starting the program. While all interview participants receive a standard set of questions, those who had financial support from TNIPH have branching questions to help identify how specific funding for the program has impacted their approach. This approach allows for learning about success and challenges, and finding can be shared with CCP program implementers and TNIPH to inform training, grant research, and outcomes in future iterations. Furthermore, representatives from TNIPH received additional questions related to choosing counties that would be ideal for implementing the CCP program in those counties. While the CCP program is still new and

navigating ups and downs of the program, this information can best inform new replication sites to continue to improve the program before reaching mass upscaling of the program.

One question was removed from the interview guide after the first four interviews were completed because of the confusing nature of the question and the interviewees inability to conceptualize what was being asked. The question “How much money, time, and resources do you use for the CCP program that is not provided by the TN Institute of Public Health?” was removed from the remaining interviews. Three out of the five counties interviewed were not currently receiving funding support from TNIPH and none of the counties were receiving outside funding support for the CCP program specifically. Some counties had received grant monies that were able to overlap with the CCP program but not directly. Since all counties had incorporated the CCP program into regular programming and support it was difficult to respond to this question as it was intended.

After development of the interview guide, ETSU Institutional Review Board approval was obtained. The interviews were determined not to be human subjects research.

Qualitative Study Analysis

All interviews were conducted via Zoom virtual meeting and were recorded with permission from the interviewees. Audio recordings were transcribed using Zoom’s automatic closed captioning transcriptions. Transcription texts were converted to Microsoft Excel to be reviewed for accuracy, deidentified, and cleaned for coding. Two coders, the author and a secondary coder, assigned codes to each line of text to be reviewed and discussed to determine common codes. Prior to the first interview being transcribed and coded, the two coders met to discuss the methods for cleaning, coding, identifying themes, and results comparison. The

method of coding and generating subthemes and themes were adopted from Tolley et al.'s (2016) *Qualitative Methods in Public Health: A Field Guide for Applied Research* text.

The first interview conducted was transcribed, cleaned, and coded by each of the coders. The thematic analysis of this first interview included the following steps: 1) Read and review of interview transcript; 2) Preliminary codes generated; 3) Subthemes identified; 4) Overarching themes identified; 5) Compared codes, subthemes, and themes; 6) Codes, subthemes, and themes defined and described. Once both parties agreed to the codes, subthemes, and themes from the initial interview, each coder continued to generate codes, subthemes, and themes for the other nine interviews. Once all codes, subthemes, and themes were generated from all interviews, the two coders compared codes, subthemes, and themes, discussed definitions and significant quotes, and added any new codes identified in the other nine interviews to the initial list.

Recruitment of Interview Participants

Key partners in the implementation of the CCP program in the five counties were provided by TNIPH Executive Director. Eleven key partners were included on the list of implementers and all eleven were contacted to participate in an interview. Partners were contacted by email to participate in a voluntary interview anticipating last approximately 30-45 minutes for county and Ballard Health representatives and 45 minutes for TNIPH representatives. All partners agreed to participate in an interview and Zoom links were sent to ten interviewees. One interview was conducted in-person at a restaurant and was not included in the analysis of interviews as described previously.

Chapter 4. Results

Overview

Two different data collection methods were used as part of this project. Quantitative data were used from retroactive data collected as part of reporting requirements for the CCP program. Qualitative interviews were conducted, and four themes emerged from the interviews: barriers, sustainability, path to success, and impact.

Results from Quantitative Data

TNIPH provided data that had been collected from each of the counties during reporting periods and to assist with future funding proposals. The original county to implement the CCP program, Greene County, did not receive direct funding from TNIPH for implementation of the program. Therefore, only periodic reports of data were provided to TNIPH. Counties that were receiving direct funding from TNIPH for CCP program implementation provided quarterly reports of data, however, two counties (CCP replica 1) were no longer receiving money at the time of this project and did not have recent data. The two counties in the CCP replica 2 program were receiving funding at the time of this project and had provided current data on the program.

Quantitative data collected as part of the CCP program reporting to TNIPH included the following:

- Number of inmates enrolled in the “Makin’ It Work” education program
- Number of inmates that did not complete the “Makin' It Work” education program
- Number of inmates currently working while incarcerated
- Number of inmates that were released from jail that were in the CCP program
- Number of post-released CCP program participants that were hired post-release

- Number of post-released CCP program participants
- Amount of wages earned by inmates
- Amount of fines, fees, restitution, and court costs paid by inmates
- Optional data included amount of child support paid by inmates

Data that was available has been summarized in Table 5 below. The quarterly data represent a snapshot of time on how many inmates are in each stage of the program. As such, the data could not be combined to represent the total number of inmates that have moved through each stage of completing the “Makin’ It Work” curriculum, working, and being released from jail.

Based on the quarterly data provided in Table 5, counties were able to start offering “Makin’ It Work” education classes within the first four months of beginning the program. Each county had at least one person working at a job site within the next quarter. This pattern indicates that it takes approximately eight months to identify eligible inmates, complete the “Makin’ It Work” 10 lesson program, and begin working.

Table 5*CCP County Quarterly Report Data*

County	Date Range	Year	# in Makin' It Work	# working while still incarcerated	# Released from CCP	# Released from Jail	# Hired Post Release	Wages Earned	Fines, Fees, Paid	Notes
Grundy	June 1-Sept 30	2018	N/A	0	0	0	0	0	0	2 classes of Makin' It Work mentioned but no number
Grundy	Oct 1-Dec 30	2018	26	5	0	0	0	0	0	Job Fair during this time frame - 5 employers
Grundy	Jan 1-Mar 31	2019	20	4		3	2	N/A	\$ 12,985.00	
Scott	June 1-Sept 30	2018	3					0	0	
Scott	Oct 1-Dec 30	2018	4	2				\$ 3,976.00	\$ 480.00	Additional \$280 in child support
Scott	Jan 1-Mar 31	2019	N/A	7		1	1	\$ 26,738.13	\$ 3,840.00	Additional \$1,500 in child support
Roane	May 1-Aug 31	2021	26	0				0	0	
Roane	Sept 1-Nov 30	2021	20	4				\$ 8,027.67	\$ 2,075.75	
Roane	Dec 1-Feb 28	2021-2022	18	5				\$ 9,846.00	\$ 2,804.00	
Roane	Mar 1-June 30	2022	10	7				\$ 18,000.00	\$ 3,106.00	
Sullivan	May 1-Aug 31	2021	0	0						
Sullivan	Sept 1-Nov 30	2021	16	4	4			\$ 13,130.56	\$ 1,878.00	
Sullivan	Dec 1-Feb 28	2021-2022	8	1				\$ 17,006.03	\$ 3,129.00	
Sullivan	Mar 1-June 30	2022	9	9				\$ 7,164.70	\$ 484.00	

The amount of fines, fees, and court costs paid varied by county even based on the amount of wages earned. Notes from funding reports and as mentioned in one of the implementer interviews, some counties waive fines, fees, and court costs for some low-income counties resulting in less to be owed in aggregate by inmates within that county. A lack of complete and consistent data resulted in no further analysis or observations to be reported based on the quantitative data collected by the CCP program. This issue of incomplete and inconsistent data is further explored in the limitations section of this paper.

Greene County data was not included in Table 5 as it was reported based on aggregate data from May 2016-May 2019. For reference Greene County had the following results from the CCP program during this time frame as shown in Table 6. The number of inmates during this time period that were eligible for the CCP program was not available.

Table 6

Greene County Aggregate Data 2015-2019

Number of inmates enrolled in the “Makin’ It Work” education program	150
Number of inmates that did not complete the “Makin’ It Work” education program	17
Number of inmates currently working while incarcerated	88
Number of inmates that were released from jail that were in the CCP program	46
Number of post-released CCP program participants that were hired post-release	18
Amount of wages earned by inmates	\$ 1,621,175.00
Amount of fines, fees, restitution, and court costs paid by inmates	\$ 71,357.50

Themes from Qualitative Interviews

Four themes emerged from coding and thematic analysis of the ten interviews conducted. Each theme includes subthemes and explanations of each subtheme based on interview responses.

Barriers

The interviewees reported several barriers, some large and some small, that caused some difficulties at the onset of the program. Interviewees were asked a series of questions related to barriers to implementing the program at each step of the process, from enrolling inmates into the Makin' It Work education program, connecting with job sites, mental health and substance use counseling elements, and inmates maintaining jobs post-release. Interviewees were also asked of any barriers in implementing the program overall. Transportation and resources were consistently seen as barriers to implementation. Stigma, trauma response and adversity, logistics, identification paperwork, and the nuances of a small, rural community were minor barriers that were mentioned throughout most interviews.

Transportation. Transportation was found to be the biggest barrier to implementation of the CCP program and was referenced during each interview several times. Establishing and maintaining transportation to and from the job site was and remains a challenge in each county. Each county has determined the best method available for transporting inmates to and from the job sites. While one county hired a part time worker to serve as transport, the rest of the counties use jail staff to transport inmates. As one participant noted, with staffing constraints within the jail and spending three to four hours per day transporting, it creates a burden on the county and

the jail. One county representative tried to use volunteer drivers but found them to be unreliable, resorting back to using jail staff.

County representatives expressed frustration in the limited use of grant funding to assist with transportation struggles. One explained that state funding will “pay the transportation, but they won't pay for fuel, a driver, or a van”. The funding received by TNIPH was able to be used on what counties needed most which was fuel and paying drivers, however, even TNIPH had constraints on funding use. County representatives were discouraged from purchasing vehicles or vans as they would be considered property of the grant funder, creating only temporary solutions to the overarching transportation problem.

Identification Paperwork. One setback to preparing inmates to work was the discovery of missing identification paperwork. Many inmates are without valid driver’s licenses or IDs, social security cards, and birth certificates. Each of these are required for employment and opening bank accounts which were used for direct deposits from the job sites. For inmates who were born in Tennessee, birth certificates are obtained from the health department. However, those born in other states are more difficult to obtain, sometimes taking months of waiting and trips to neighboring larger cities.

The impact of missing identification, as was mentioned in several interviews, goes beyond inmates in the CCP program. As one interviewee noted, trying to navigate the process of filling out forms, visiting offices, and paying for documents is difficult when there is not someone on the outside of the jail system to assist. In addition, one interviewee cited the cyclical nature missing identification can play in success after incarceration. To apply for a job a person must have a driver’s license or ID. To receive a driver’s license or ID one must have an address and money to pay the fee. To rent an apartment requires proof of a job and rent for the first

month at least. These obstacles make it difficult to obtain stable employment and do not take into account the willingness or ability for employers to hire people with a criminal background.

Interviewees found the discovery of missing identification paperwork as less of a barrier and more of a point of contention that everyone should have proper identification. One county was able to secure funding to not only support obtaining proper identification for those incarcerated but for anyone in the community as well.

Logistics. While not considered a barrier by interviewees, it became apparent through discussing the processes and protocols in place at each facility, that logistics could pose as barriers for other counties considering implementing the CCP program. Interviewees stressed the importance of having strict protocols and processes in place and following the guide of the CCP program.

Each county had protocols in place for selecting inmates for the CCP program that were set by the state of Tennessee as to who is eligible for a work release program. Inmates were not eligible for work release if they had violent charges or sex offenses. Some counties had additional eligibility requirements that were not necessarily the same across all programs. One county requested that each inmate have a high school diploma or GED. One county requested that inmates have at least six months remaining on their sentence to complete the Makin' It Work program, get identification paperwork in order, and build trust and rapport among the CCP program implementers.

Another logistical hurdle was the eligibility requirement that inmates had to be sentenced prior to being enrolled in the CCP program. Inmates were required to be sentenced in order to be considered for a work release program which is set by the state of Tennessee. As described in the

literature review portion, as well as reiterated by the interviewees, approximately two thirds of inmates in county jail systems are in pretrial, either awaiting sentencing or awaiting a trial. Post-COVID-19 caused an increase in the number of pretrial inmates in county jails which has created additional struggles in finding eligible inmates for the CCP program. Counties have circumvented this delay in allowing inmates for work release by enrolling them in the Makin' It Work education program and preparing identification paperwork, if needed, while awaiting trial. Speeding up this process allows inmates to start working immediately upon being sentenced.

Stigma. In some cases, when beginning conversations with potential employers and other partners, some interviewees described language used related to stigma, such as “I don’t want inmates working every day... I don’t want them here”. Some employers did not want inmates in their facilities to work. Interviewees did not approach this as a barrier to recruiting employers who were willing to give inmates a chance, especially due to staffing shortages and scarce workforce across all communities. Being able to approach employers and discuss the benefits of hiring inmates to work was a key factor in gaining employers.

Stigma was also mentioned when approaching other counties to participate in the CCP replication program and peer recovery program. Some interviewees did not feel that rehabilitation and work release was appropriate for those in incarceration. Mental health counseling was also stigmatized in some county jails among inmates. Approaching inmates with mental health counseling transitioned to discussions around coping techniques and strategies to increase participation and reduce stigma.

Trauma Response and Adversity. As described in Chapter 2, the literature has suggested that individuals in incarceration are more likely to have had childhood and adult traumas (Turney, 2018; Wildeman, 2018). Many people in incarceration have experienced deep

struggles and challenges which many times result in incarceration. Trauma response was mentioned by one interviewee as being a constant struggle for those in recovery and can lead to difficulties in handling stressful situations. While the “Makin’ It Work” curriculum focuses on communication and responding appropriately to workplace stressors, this interviewee recommended additional training in trauma response and understanding and responding to triggers. Educating and communicating with employers what it means to be a person in recovery is also discussed in the communication and understanding subtheme.

Small/Rural Community. Part of the funding requirements of the CCP replication programs was to fund Appalachian, distressed counties, therefore the topic of small and rural communities came up numerous times in the interviews. Small, rural communities have less access to health care services such as mental health counseling and substance use counseling. This not only plays a role in availability of services for those in incarceration but is also a factor in access to services post-release.

As one interviewee noted, navigating local politics in small, rural communities can be challenging. Key partners in the CCP program are the county sheriff and mayor which are elected officials and could change frequently. Promoting and advocating for the CCP program with changeover in county government and jail administration is an important aspect of the success and sustainability of the program. Keeping the sheriff, mayor, employers, and other key partners continuously informed was described as a must for the success of the CCP program.

Sustainability

Interviewees reported no barriers to sustainability of the program. While some referenced funding as a barrier, when probed further, it was discovered that the program was either

sustainable through internal budgeting or by inmates paying a small portion of wages towards the program. Additional funding support would be helpful but was not a requirement to continue running the program. It was also noted when asked about advice for other counties interested in implementing the program, several interviewees stated that funding was not an issue, and the program was doable. The program hinges on community support and partnerships to be sustained.

Responses from interviewees regarding sustainability of the CCP program focused more on the sustainability of inmates remaining employed and out of jail post-release. Transportation was again a major barrier to remaining employed post-release. Recovery support, resources, and personal responsibility were also factors to employment sustainability among inmates post-release. Employers were not a barrier to sustained employment post-release as all employers wanted to retain their employees as they were valued workers.

Transportation. As previously described, transportation is a major barrier to remaining employed. Once released former inmates continue to struggle with transportation to and from their jobs. Public transportation is often not available in small, rural communities and inmates rely upon work colleagues, family, or friends to transport them to and from work. This creates added struggles in retaining employment by relying on others. When discussing success stories with interviewees about individual CCP participants, many stated that CCP participants purchased vehicles to be used post-release. However, in some cases, inmates may still be ineligible to receive their driver's license until up to one year post release as described by one interviewee.

Recovery. Many inmates that are incarcerated are in recovery or need substance use counseling. Partnerships with anti-drug coalitions and peer recovery specialists were prominent

in each county of the program to help fill this need. Recovery was an important aspect when discussing maintaining employment and remaining out of jail post-release. Lack of resources for substance use counseling and peer recovery support was notable even among the Ballad Health PEERHelp interviewees. There are not enough resources and peer recovery specialists available in small, rural communities to provide the needed support post-release. Research has shown that former inmates are most vulnerable immediately post-release up to one year after release for relapse and reincarceration (Newton, 2018; Burgeis, 2018). This was confirmed in speaking interviewees about the need for post-release follow up and support as many do not have family and friend support once released. The CCP program creates a protective, supportive environment. It can be difficult once released from incarceration to navigate resources and remain in recovery without that support from the inside.

Personal Responsibility. As previously mentioned, the employers wanted to retain all employees post-release. When asked about barriers to remaining employed post-release, interviewees often said that the desire to stay employed was the responsibility of the person. The opportunity to stay employed remained if the individual wanted to continue working. Reasons behind not remaining employed ranged from negative to positive outcomes. Some quit their jobs as soon as they were released and reverted to behaviors that caused incarceration to begin with. Some may have been from outside the region and returned home for other opportunities. Some were able to save enough money to start their own business or obtain better jobs post-release. Anecdotally the majority of those released were reported by interviewees to have remained at the employment they had while in the CCP program.

Path to Success

A major outcome of this dissertation was to create a pathway for success for further replication of the CCP program. In discussing the challenges to implement the program as well as asking interviewees on advice for another county considering implementation, several key points came away. Communication and understanding, community partnerships, and having shared common goals were crucial in development, implementation, and sustainability of the CCP program among all counties interviewed. These points were also stated by the TNIPH and Ballad Health PEERHelp representatives. Additional points made were the importance of having a tailored program to fit the community need and capacity, focusing on education and gaining new skills, and having acceptance and trust among community partners, in particular employers.

Communication and Understanding. Communication and understanding were at the forefront of a successful CCP program. Communication was crucial in creating and maintaining community partnerships with the employers, jail administration, county government, trainers of the Makin' It Work curriculum, and fiscal entities. When asked about barriers to connecting with job sites, interviewees all responded that talking with employers, explaining the program, and having examples of how the program worked in other communities was key. As new employers were brought into the program after initial implementation, current employers offered to speak with those on the fence to explain the benefits and their experiences with the inmates.

Communication continued to play into the success of the CCP program. Interviewees mentioned keeping the employers, administration, and inmates informed of policies, procedures, and changes to the program up front helped to dispel rumors during government changeover. Similarly, as inmates were interested in the program but were ineligible due to sentencing constraints, being transparent on the timeline was helpful in giving inmates realistic expectations

for participation. Situations at the jail such as lockdowns or situations with inmates not being able to work that day, were important to communicate to the employers as well by the inmates and by a jail staff member or reentry coordinator. This level of communication assisted employers in workforce needs for that day.

Communication between the employer and the jail administration was also an important consideration. Several interviewees said inmates were allowed, and willing, to work overtime. However, this caused some transportation constraints when not informing jail administration in a timely manner or having only some inmates working overtime at one location. One interviewee explained that a new policy was implemented to alleviate these situations whereas the employer must notify the jail administration by that afternoon if an inmate would be working overtime that day and all inmates at that location must also work overtime so transportation from the facility was not split.

Understanding, or situational awareness, was another aspect that was recurring in interviews. Many descriptions of processes or protocols were met with phrases like “once we figured that out” or “once I knew” indicating that a level of understanding or situational awareness was needed for a successful program. With the development and implementation of any new program to a community there are going to be growing pains to see what works for that community. Some instances that were described by the interviewees, however, were related to those working outside of the justice system, such as peer support specialists or reentry coordinators. Not having a prior working relationship with the justice system was met with some surprising hurdles, most notably with identification paperwork as described previously, but also with basic clothing available to work in such as bras, underwear, and socks. Many inmates

selected for the CCP program did not have these basic needs but were provided by the CCP program before work release.

Recovery and a healthy, safe workplace environment were discussed within a few of the interviews. CCP program implementers expressed frustrations when employment sites did not have strict drug policing and the potential effects it could have on someone in recovery. Due to the lack of these policies, one county is exploring alternative job opportunities for inmates to maintain a safe and protective work environment for inmates. The importance of communicating the possibility of having inmates in recovery to employers may help in establishing understanding or awareness of triggers or difficulties a person in recovery may have given a stressful situation. As described by one interviewee, “there’s people that have had some of the most horrible circumstances that have come out... It’s really important, I think, for the community just that awareness of you know who we are.”

Community Partnerships. One of the most common ingredients to success mentioned by interviewees was having community partners. A program cannot run without the support of the sheriff and county mayor, but other community partners are also crucial. Employers willing to participate in the program are also necessary. Additional entities such as a trainer for the Makin’ It Work curriculum, peer recovery support, and other administrative or fiscal support are also needed. Funding was not a barrier but as one interviewee stated, he was lucky that he had all those support partners already employed otherwise, he would not be able to continue the program. The interviewees noted that having to hire key partners in the program would create too much pressure on funding support and the program may become unsustainable.

Shared Common Goals. In one county, the CCP program is organized by a non-profit, anti-drug coalition. As the interviewee for that county stated, this program fell within their

overall missions to break the cycle of poverty and drug addiction in the community. The interviewee went on to explain that a program such as this must fit within shared goals and objectives for all parties involved to be successful. Having like-minded people and common goals and objectives to impact the lives of those incarcerated are needed to implement the CCP program and maintain momentum. Another interviewee described it as having “heart” to want to do the program and work with changing the lives of inmates and benefiting the community.

Tailored Program. As previously described, implementing the CCP program in small, rural communities requires understanding of the community culture and navigating through barriers of a small, rural community such as transportation, local politics, and lack of resources. Tailoring the program to fit the community falls within the nuances of working within a small, rural community. One interviewee stated it best by saying, “You have to be unique in your community. Evidence-based practices are great. You have to be able to adapt those evidence-based practices to meet with community that’s unique. We do it all the time with ethnic communities and disparate communities. And in rural communities you have to do the same thing.”

Each county was unique in how they ran the program, the employers they used, and the additional partners they had based on the community in which they live. The original Greene County Model recommended one employer be used for the program to cut down on transportation and inmate oversight concerns on the job site. However, as noted in one interview, that didn’t work in their county, so they have partnered with several employers to match inmates’ skills with job sites. This has created additional burden on the logistics of the program, but the county felt the benefits of the program far outweighed the added time and effort to manage the program.

Education and Skills. Each county made a point to mention the importance of education and learning new skills in incarceration. All counties have educational opportunities within the facilities such as GED (General Educational Development) or HiSET (High School Equivalency Test) testing, both exams used to test high school equivalency for those without a high school diploma, substance use counseling or twelve step programs, health education, professional development skills, and others. One county was already teaching the Makin' It Work curriculum prior to be selected as a CCP replica program. All interviewees saw education and skills training as essential for all inmates to give them better opportunities post-release. Several counties also praised the Makin' It Work curriculum and encouraged inmates ineligible for work release to take the course to learn those skills.

Acceptance and Trust. Participating in a work release program can introduce temptations to the inmate that are not present while in jail. Many inmates are in recovery and some job sites may not conduct regular drug testing of employees, creating a risky environment for inmates to slip in recovery. Inmates are also met with other temptations related to forming romantic or physical relationships with other employees while at the job site. The CCP program has a one strike rule whereas one failed drug test, one act of inappropriate behavior and the inmate is no longer allowed to participate. As the interviewees noted, there have been some incidences that have happened while on the job site. All partners in the CCP program must be accepting of the situation inmates may be in with the risk of reoffending, but also trust that the program is geared towards rehabilitation and giving second chances.

Impact

There were numerous success stories that were shared through the interviews. Making a positive impact on one individual and breaking the cycle of incarceration and poverty was

considered a huge success in the eyes of the interviewees. CCP participants were able to pay all fines, fees, and restitution, child support, purchase vehicles, and in some cases obtain housing from the wages earned while in the program. The impact of the CCP program extended beyond the individuals in the program. Family, community, and the jail community saw positive impacts as well. Interviewees also anecdotally mentioned lower recidivism rates among CCP participants, but this data were not captured and confirmed quantitatively.

Family and Community Impact. In discussing success stories of individual CCP participants, many stories were related to positive impacts on the family. Inmates can send money home to family to help pay for electric bills, rent, school supplies, or Christmas presents. Child support payments were also encouraged while incarcerated and many inmates were able to pay child support that was owed. One interviewee anecdotally recalled an inmate paying \$8,000-9,000 towards child support payments that had lapsed. The ability for inmates to help support the family unit while still incarcerated has strengthened the family support in some cases and created a better support system post-release. Inmates that help support the family while incarcerated are also more likely to remain employed post-release because they see the benefits of being able to provide that support.

The benefits of the CCP program extend beyond the family unit as well and have seen an impact on the community. One interviewee recounted that some of the inmates in the CCP program approached him with the idea to make a Christmas donation. They decided to donate to the local food bank to benefit the community and give back. A smoother transition of reintegrating inmates back into society was also noted by interviewees through the CCP program.

Jail Community Impact. A couple of interviewees described benefits to the jail population overall. Inmates that were interested in participating in the CCP program behaved more favorably in hopes of being selected to participate. The COVID-19 pandemic caused all programs to shut down temporarily. Some programs are still in flux to get started again and inmates are on best behavior in anticipation of the programs starting again.

Since participants in the CCP program have one strike only for disciplinary action while in the program, inmates do not want to danger the chances of participating. Further, fellow inmates not participating in the CCP program were affected by the behavior shifts of the CCP participants which has caused an overall decrease in behavior issues in a couple of the county jails as noted by interviewees.

Anecdotal Recidivism Rates. Recidivism rates are the rate in which an inmate reoffends and is reconvicted within three years of release (National Institute of Justice, 2022). Recidivism rates were not captured consistently as part of the CCP program reporting, however, anecdotally some counties reported having recidivism rates ranging from 11-20% overall. One county reported 0% among CCP participants out of the 27 that have been released. All interviewees recounted that recidivism rates had improved with the implementation of the CCP program. Table 7 illustrates the themes, subthemes, and codes used during the course of the interviews.

Table 7

Themes, Subthemes, and Codes for Qualitative Interviews

<i>Themes</i>	<i>Subthemes</i>	<i>Codes</i>	
Barriers			
	Transportation	<ul style="list-style-type: none"> • Lack of Resources 	
	Identification Paperwork	<ul style="list-style-type: none"> • ID Paperwork 	
	Logistics	<ul style="list-style-type: none"> • Administrative Barriers • Administrative Support • Fines/Fees • Public Defender 	<ul style="list-style-type: none"> • COVID Impact • Scarce Workforce • Staffing Constraints
	Stigma	<ul style="list-style-type: none"> • Assumption • Bias 	<ul style="list-style-type: none"> • Media Portrayal • Prejudice
	Trauma Response and Adversity	<ul style="list-style-type: none"> • Struggle 	<ul style="list-style-type: none"> • Discouragement
	Small/Rural Community	<ul style="list-style-type: none"> • Lack of Resources • Health Needs (mental, medical, behavioral, treatment) 	<ul style="list-style-type: none"> • Community Need • Uniqueness • Community Culture • Employment
Sustainability			
	Transportation	<ul style="list-style-type: none"> • Lack of Resources 	
	Recovery	<ul style="list-style-type: none"> • Holistic • Lived Experience • Prevention • Readiness 	<ul style="list-style-type: none"> • Relapse • Vulnerable • Peer Support
	Personal Responsibility	<ul style="list-style-type: none"> • Personal Barriers • Confidence • Empowerment • Encouragement 	<ul style="list-style-type: none"> • Perseverance • Personal Growth • Personal Strength • Personal Sustainability
Path to Success			
	Communication and Understanding	<ul style="list-style-type: none"> • Situation Awareness • Trust 	<ul style="list-style-type: none"> • Understanding • Peer Support • Companionship
	Community Partnerships	<ul style="list-style-type: none"> • Community Partners • Employer Connections 	<ul style="list-style-type: none"> • Personal Connection • Consortium

			<ul style="list-style-type: none"> • Connections
	Shared Common Goals	<ul style="list-style-type: none"> • Community Support • Continuum of Care • Like-Minded Initiative • Multiple Engagement 	<ul style="list-style-type: none"> • Promote Success • Support (long-term, monetary) • Monitoring Post-Release • Peer Support
	Tailored Program	<ul style="list-style-type: none"> • Community Support 	<ul style="list-style-type: none"> • Uniqueness • Community Need
	Education and Skills		
	Acceptance and Trust	<ul style="list-style-type: none"> • Community Trust 	<ul style="list-style-type: none"> • Companionship
Impact			
	Family and Community Impact	<ul style="list-style-type: none"> • Child impact 	<ul style="list-style-type: none"> • School impact
	Jail Community Impact	<ul style="list-style-type: none"> • Recidivism • Personal Growth 	<ul style="list-style-type: none"> • Promote Success
	Anecdotal Recidivism Rates	<ul style="list-style-type: none"> • Recidivism 	<ul style="list-style-type: none"> • Success Examples

Chapter 5. Discussion and Conclusion

Introduction

The purpose of this study was to explore the facilitators, barriers, and impact of the CCP program as well as to identify opportunities for improvement and sustainability. Prior to this study, the methodology of CCP program had not been evaluated and data regarding sustainability feasibility had not been collected. As found in the results of this study, quantitative data are lacking to determine a quantifiable impact for inmates participating in the CCP program. However, emergent themes from the qualitative approach to this study revealed barriers, sustainability, a path for implementation, and anecdotal impacts.

Aim 1 Discussion

When this study was first conceptualized, it was anticipated that longitudinal, consistent data had been collected tracking participants in the CCP program. Once the data were given to the researcher, this was found not to be the case. While this quantitative data were not available to explore facilitators, barriers, and impact of the CCP program, the qualitative interviews conducted addressed these areas. This discovery falls in line with other researchers that have noted smaller communities lack the capacity to engage in large data collection initiatives as compared to larger cities and communities (Humphries, 2014; Yoon, 2020). In addition, community-based organizations have difficulty in conceptualizing and designing appropriate evaluations to assess programming (Kegeles, 2005).

An important factor that was mentioned in one of the interviews was that each partner needed to understand their role and the expectations of participating in the implementation of the CCP program. It was clear from the interviews with county representatives that this was true.

Each partner within the program, jail administration, county officials, adult education specialists, peer recovery specialists, and employers all had a role to play in the implementation and continued support of the CCP program. Once there was buy-in from these key partners, the program did not encounter many barriers. The only barrier that was explicitly mentioned by the interviewees was the challenge in securing and maintaining transportation to and from the job sites. In rural areas, transportation is a common barrier as public transportation is scarce in rural areas and little funding is available to address transportation issues in rural areas (Charlton, 2015; Dize, 2019). With the lack of public transportation available in these areas, transportation continues to be a challenge. Other challenges that were mentioned were quickly resolved or adopted as part of the process in implementing the CCP program and were not seen as true barriers in preventing the CCP program from initially starting. The lack of stated barriers during the interviews was a surprise to the researcher as the researcher thought there would be more challenges to a program that has received limited funding to start and sustain. Community-based organizations often lack adequate funding to implement programs and evaluate the effectiveness of those programs (Kregeles, 2005). Furthermore, sustainability of complex programs with multiple elements and community partners, like the CCP program, are difficult to maintain without discontinuing pieces of the program due to competing priorities or time constraints (Moucheraud, 2020).

Mentions of stigma and failures were present in the interviews, however, the implementers felt these were minor road bumps in the overall success of the program. Quantitative impact was not able to be measured by the data that was received, as previously mentioned, however the impact of the program was anecdotally shared repeatedly by each of the interviewees. As one interviewee recounted meeting a former CCP participant in public who was

still employed and doing well, their statement of “to me that one, if nothing else, was well worth it” speaks volumes to the impact of the program. The interviews revealed that those who work with people in incarceration and in recovery know that it may take multiple efforts to break the cycle of reincarceration and relapse but any one person that can be helped and given that second chance is worth every effort. Research also supports the need for continued support of those in incarceration and follow up post-release to prevent reincarceration (Wickliffe, 2019).

The collection of quantitative data as part of the CCP program needs to be a higher focal point to assess the success of the CCP program in each county. Data were missing or inconsistently collected over time which prevented the researcher from assessing retention rates at each stage of the CCP program, from enrollment into the Makin’ It Work program to employment post-release. Retention rates could be helpful in understanding points in the program where the most participants drop out of the CCP program or if most focus needs to be made on maintaining employment post-release. In addition, data regarding number of inmates eligible for the CCP program compared to the number of inmates that participated was not collected. Since county jails house approximately 66% pretrial and presentencing inmates, it would be important to know the number of eligible participants and how many participated for further understanding of the success of the program. County jail population, including number awaiting pretrial and sentencing and inmate offenses are already collected daily and reported to the state of Tennessee. This data could be easily collected and used for the CCP program to understand the county jail population further.

Recidivism rates are typically used to measure success and impact of a program for incarceration. Research has shown that most programs show a reduction in recidivism rates, but in a systematic review of programs for those in incarceration, none have been shown to be

statistically significant (Burgeis, 2018; Newton, 2018). An evaluation of the Greene County, TN CCP program has been conducted with a control group compared to the CCP program participants and a reduction in recidivism rates were found but also were not statistically significant (Gass, 2021). Of the treatment group (CCP program participants), 37.6% did not recidivate, meaning was not rearrested within three years of release, as compared to the control group with 28.1% that did not recidivate ($p=0.60$) (Gass, 2021). In 2018, Tennessee reported a recidivism rate of 48.74% among county jails, a slight decrease from 2017 at 50.80% (Booker, 2022). County level recidivism rates in Tennessee are not publicly available therefore could not be compared with CCP program counties and non-CCP program counties. It would be important in future research to request recidivism rates from the state of Tennessee for further comparison and analysis.

Reincarceration prevention must focus on rehabilitation while incarcerated and offering programs such as CCP that give inmates an opportunity to have a clean start once released. However, there are many outside factors that influence reincarceration. Many of these factors were mentioned in the interviews. Family and friend influences and support, safe housing, stable transportation, consistent peer recovery support, mental health services, and reiterating coping problem-solving and strategies are all factors in whether someone will remain out of incarceration post-release. Some examples of failures of the CCP program mentioned by the interviewees were in relation to incidences that happened post-release. While the CCP program has made some changes to the program to provide peer recovery support post-release, there are additional factors that need to be considered and additional community partners in order to create a supportive environment post-release as well. It is the hope that with this study, the CCP program can begin to expand services to not only other counties, but to start to address barriers to

success by the inmates post-release. As other researchers have noted, programs focused on holistic approaches and long term follow up of more than one year post release have higher likelihood of preventing reincarceration (Burgeis, 2018; Newton, 2018; Wickliffe, 2019). There are competing priorities among those that are newly released from incarceration including securing safe housing, maintaining employment, and sustaining recovery support post release (Wickliffe, 2019). Having community partners available to assist with this transition and provide continued support and resources give those released from incarceration the best chance to remain out of jail (Wickliffe, 2019).

Aim 2 Discussion

The interview guide focused on barriers to implementation and sustainability to capture the purpose of Aim 2 which was to identify opportunities for improvement and sustainability of the CCP program. The interview guide broke down each element of the CCP program to determine areas of improvement at each stage of the program. Interviewees noted very few barriers to implementation aside from issues with transportation. Even though recommendations from the interviewees were not related to barriers they encountered during the implementation of the CCP program, much of the advice that was given could help to inform future counties interested in the CCP program how to navigate communication among partners, establish protocols and processes in place early, and how to avoid some of the setbacks and hurdles encountered by the initial five counties.

Communication and keeping all key stakeholders, including judges, county officials, district attorneys, and public defenders, in the loop on progress, complications, failures, and successes of the program was recommended by several interviewees. Maintaining communication with key stakeholders that were not directly involved in the implementation of

the program could assist with a smooth transition during changeover in elected officials or other positions of authority. Transparency and communication with the employers were also noted as a must to keep trust and understanding maintained. A pertinent example of this was when an interviewee recounted that the jail had a lockdown, and no inmates were allowed to work that day, but the employer was not notified. This minor incident could have been mitigated with protocols already in place for someone in the jail to be responsible for notifying employers of such instances.

The result of the sustainability questions during the interviews were unexpected by the researcher. The researcher expected funding support to be a key factor in sustainability of the CCP program. The interviewees did not report any major barriers to sustainability and did not cite funding as a concern in sustaining the program. Funding support was mentioned in regards to transportation struggles but it was not a deterrent as to discontinue the program or cause setbacks in sending inmates to work. There were also no concerns in sustaining the program when there was changeover in county government, jail administration, and other key partners, which has happened in several counties since the start of the CCP program. This was a surprising finding to the researcher considering the importance of having buy-in from jail administration and elected officials to implement the program. Programs can struggle in maintaining continuity and fidelity of the program when personnel changeover happens (Simmavong, 2019). As one interviewee noted, a new person is not going to take away a program that the community is in favor of and the CCP program has had a lot of success. While some new county officials had not been directly involved with the sustainability of the program while taking office, they did not prevent the program from continuing, either which is promising for informing future counties.

The researcher surmises that the strong community partnerships in continuing the program through changeover in personnel has kept the program going in these counties.

A condensed step by step guide was created to assist counties in implementing the CCP program based on feedback from the interviews. The implementation guide can be found in Appendix B. The implementation guide does not provide detailed instructions but rather a reminder of the basic steps of the program as well as helpful tips to help navigate setbacks or challenges as described by the interviewees. The implementation guide will be provided to TNIPH to use with future programs and will be offered to the five counties currently participating in the CCP program as a summary of the information provided during the interviews.

The Well-Being Development Model (WBDM) focuses on positive social engagement and social behavior to improve the well-being of those in incarceration. The CCP program, while a jail to work program, includes many aspects of the WBDM through the Makin' It Work education program and employer relationships and support. The Makin' It Work program covers building positive relationships, engaging in effective coping strategies, and positive interpersonal relationships. In addition, the relationship with fellow inmates in the CCP program, employers, and work colleagues build positive social engagement and positive interpersonal relationships as well. It is important for the future of the CCP program to make more targeted efforts at incorporating the WBDM into the CCP program and reinforcing the five key facilitators of the WBDM and ensuring the CCP program continues to focus on those well-being elements. Incorporating more targeted engagement with the peer recovery support specialists, fellow inmates in the CCP program, and work colleagues can enhance the CCP program and ensure the constructs from the WBDM are maintained throughout the program.

Future Recommendations

There are several recommendations the researcher would like to make for this study for future research. First, establishing consistent data collection of all five counties currently implementing the CCP program as well as establishing consistent data collection for any future counties would allow TNIPH to measure impact of the program quantifiably. Having quantitative impacts of the program will also assist TNIPH in securing funding to expand the CCP program into more counties. Counties could also benefit from having more consistent data related to the program to inform county officials, courts, and outside funders of the impacts of the program to continue gaining buy-in from the criminal justice system.

Expansion of the program to more counties and consistent data from those counties would bolster the amount of data available to assess the quantifiable impacts of the CCP program. Data needs to be collected in a consistent reporting mechanism, such as a survey tool with regular prompts to report quarterly data, as well as more follow up among TNIPH staff to ensure there are not missing data. In addition, more data related to number of eligible participants and recidivism rates post release will be useful in measuring the success of the program. Also, focusing expansion on non-Appalachian and non-rural counties could add more factors to barriers, challenges, and sustainability concerns within these counties. The current data lacks this perspective which could be different and garner new approaches.

Expansion and focus on the CCP program outside of incarceration would also be ideal. The current model primarily provides support while in incarceration. Some support is given from the peer recovery support partners but bringing additional partners to assist inmates post-release could help those inmates maintain employment. A support program to pick up where the CCP program leaves off including additional educational training and work skills, consistent access to

mental health services and substance use counseling, services to provide safe housing and transportation were all mentioned by interviewees as needs outside the corrections system.

The CCP program is considered a model for developing a community partner heavy program for incarceration. This model of using multiple community partners to tackle a public health, economic development, and educational problem in the community should be tested with other populations. Sustainability of community-based programs, especially ones that rely heavily on outside funding support, are difficult when the responsibility falls on one organization or one entity to maintain. With the integration of multiple community partners to spread resources, expertise, and time, communities can provide more holistic programming and might find it easier to maintain based on feedback from the interviews and literature. More research needs to be done in this area to test this theory and encourage more guides on developing multiple community partner programs.

Limitations

There were several limitations related to this project. The first limitation was the collection of the quantitative data from counties participating in the CCP program. Data from this section were incomplete and inconsistently measured therefore were unable to be used for analysis to determine the impact of the program. It is recommended for the future of the CCP program to establish sustainable data collection methods in order to capture CCP program data to be used for analysis of impact of the program, recidivism rates, and success of the program. Impact and success of the program could only be measured anecdotally through qualitative interviews with the implementers of the CCP program. While interviewees all felt the program was successful in their counties there was no quantitative data to affirm this belief. In order to

present this program as having quantifiable results and being successful for future funders and future implementers quantitative data needs to be captured to quantify these results.

Another limitation to this project was the sample size of the counties that have implemented the CCP program. Even though saturation of information was achieved through the interviews with implementers, there may be additional barriers and challenges to sustainability that were not experienced within this group that could be problematic for other counties. In addition, the county representatives that were chosen to be interviewed were key partners in the implementation of the program and oversaw the program on a day to day basis, however, employers, support staff, and other jail personnel could have added more insights into the logistics and challenges of implementing and sustaining the program that was not identified on the scale of the overarching project. These potential interviewees may have identified challenges that pertained to small details of the project that were not identified by the chosen interviewees. Additionally, all of the county representatives interviewed are in the Appalachian region of Tennessee therefore there may be barriers and challenges to sustainability within counties outside of the Appalachian region that would not have been captured through this project. It is recommended that this program be implemented in more counties across the state of Tennessee and to include counties that are not considered distressed or in the Appalachian region in order to get a larger sample size from less rural, higher income counties.

Another limitation from the present research study was the absence of feedback from counties that were approached to participate in the CCP program and counties that were unable to implement the CCP program after completing the initial workshop hosted by TNIPH and “Makin’ It Work” training program. Questions regarding the reasons why these counties were not interested or could not implement the program were asked by the TNIPH representatives,

however, more information gathered from the county representatives would be helpful in informing TNIPH and other counties what is required to implement a program successfully. Furthermore, the information provided by counties that were not interested in participating could inform TNIPH how best to approach those counties in the future to encourage participation.

The COVID-19 pandemic did not limit the completion of this project; however, the COVID-19 pandemic had an impact on the continuation of the programs. While data during the COVID-19 lockdown were not expected from the CCP replica 1 counties, data collection and program momentum halted during this time. TNIPH did not feel it was appropriate to collect data during this time knowing the CCP program was not operational, however, data may still have been collected after funding for these counties had the lockdown not occurred.

During the planning of this research, it was decided to only focus on qualitative data collection from implementers of the CCP program and not past participants or current inmate participants. The challenges and time to obtain IRB approval for current inmates and people formerly in incarceration exceeded the time frame this study could be conducted. Further, finding contact information or reaching people who were previous participants in the CCP program could prove difficult and cause a time-intensive recruitment process that was not possible under the time constraints with this current study. It is recommended that future studies target current and former CCP program participants to incorporate feedback regarding barriers to participation and challenges to maintaining employment post-release.

Conclusion

The purpose of this study was to explore the facilitators, barriers, and impact of the CCP program in the five counties currently implementing the program. This study was also to identify

areas of improvement and sustainability of the CCP program. The qualitative interviews conducted resulted in the richest data available to assess these factors. Four themes emerged from the interviews which were barriers, sustainability, path to success, and impact. Interviewees discussed few barriers to implementation, mainly transportation, and had no concerns in sustaining the program long-term even without outside funding support. Overall, the CCP program appears to require less monetary support but is reliant upon community partnerships in jail administration, county officials, adult education, peer recovery support, and employers.

Chapter 6. Summary

Integrative Learning Experience Competencies

The Integrative Learning Experience (ILE) Competencies that were addressed, along with how they were addressed, are outlined in Table 8.

Table 8

Integrative Learning Experience (ILE) Competencies Results and Implications

<i>Foundational Competencies</i>					
Content Area	Competency	ILE Integration	Design	Results	Implication(s)
Data Analysis	Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue.	<p>Aim 1: Quantitative analysis of CCP data</p> <p>Aim 2: Qualitative interviews of CCP implementers</p>	<p>Aim 1: Gathered retroactively collected CCP data</p> <p>Aim 2: Submitted IRB preliminary proposal and developed interview guide</p>	<p>Aim 1: Incomplete data and missing time frames made analysis unfeasible for analysis</p> <p>Aim 2: Conducted and analyzed 10 interviews with implementers of the CCP program</p>	<p>Aim 1: Provided explanation of need to collect data regularly to analyze quantitative impact in Chapter 5</p> <p>Aim 2: Coded interview transcripts and determined themes related to barriers, sustainability, and implementation of the CCP program</p>

Policies & Programs	Propose interprofessional team approaches to improving public health.	Aim 1: Explanation of interprofessional design of CCP program	Aim 1: Review funding proposals and reports to determine interprofessional team needed for CCP program	Aim 1: Described interprofessional teams present in CCP program counties	Aim 1: Discussed importance of interprofessional team to address public health issues
Education & Workforce Development	Deliver training or educational experiences that promote learning in academic, organizational and community settings.	Dissertation defense	Invited interviewees and other program implementers to dissertation defense	Completed on Oct 31, 2022. Several interviewees were in attendance	Information gathered from the dissertation were disseminated to interviewees and other program implementers that attended the defense presentation
Leadership, Management, & Governance	Integrate knowledge, approaches, methods, values, & potential contributions from multiple professions and systems in addressing public health problems.	Aim 2: Qualitative interviews with CCP program implementers from multiple professions and disciplines	Aim 2: Interviews conducted with multiple professions and disciplines from the CCP program including jail administration, sheriffs, reentry coordinators, peer recovery	Aim 2: Interviews represented multiple disciplines and themes were identified from each disciplinary group	Aim 2: Discussed results of thematic analysis from multidisciplinary interviews and discussed similarities in themes from all parties

			support representatives, anti-drug coalition representatives, and academicians		
Leadership, Management, & Governance	Propose strategies to promote inclusion and equity within public health programs, policies, and systems.	Aim 1: Description of CCP program Aim 2: qualitative assessment with CCP implementers	Aim 1: Review funding proposals and reports to describe CCP program Aim 2: Conduct and analyze interviews with 10 CCP implementers	Aim 1: Described CCP program Aim 2: Completed interviews with 10 CCP implementers to identify strategies of CCP program	Aim 1: Discussion of CCP program and population in which it serves Aim 2: Discussed themes and best practices in promoting inclusive and equitable public health program within county jails
<i>Community Health Competencies</i>					
Community Health	Translate health behavior theoretical models into public health interventions.	Chapter 2: Literature Review	Chapter 2: Review literature for health behavior model focused on incarceration	Chapter 2: Identified two different health behavior models related to incarceration; Well-Being Development Model (Pettus, 2021) and Sequential	Chapter 2: Described the Well-Being Development Model (Pettus, 2021) and Sequential Intercept Model (Munetz, 2006)

				Intercept Model (Munetz, 2006)	
Community Health	Conduct qualitative research using well-designed data collection and data analysis strategies.	Aim 2: Qualitative interviews with CCP program implementers Aim 2: IRB process	Aim 2: Develop interview guide and email invitation, conduct interviews, analyze transcripts for codes, subthemes, and themes, identify secondary coder Aim 2: Submitted IRB Form 129	Aim 2: Conducted 10 interviews with implementers, coded transcriptions for subthemes and themes; collaborated with secondary coder to triangulate themes Aim 2: IRB Form 129 came back as not human subjects research	Aim 2: Described and discussed themes and subthemes as it relates to implementation, barriers, and sustainability of the CCP program
Community Health	Collaboratively develop capacity-building strategies at the individual, organizational, and community levels.	Aim 2: Qualitative assessment of sustainability of CCP	Aim 2: Interview guide to include questions related to sustainability of the CCP program	Aim 2: Conducted interviews with 10 CCP program implementers to identify barriers to sustainability	Aim 2: Themes identified related to barriers to sustainability of the CCP program from interviews conducted with CCP implementers

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APPENDICES

Appendix A: Implementer Interview Guide

Correction Career Pathways: A Reentry Program for Incarceration TNIPH Implementer Interview Guide

Introduction

Thanks for taking the time to meet with me. I am [*name of facilitator*]. I understand that your time is valuable and I appreciate your participation. Today we will be discussing the successes, challenges, and sustainability of the Correctional Career Pathways program that you helped implement in your county. All of the information collected will help to create a roadmap to expand this program to other communities and give ways to improve the program and make it more sustainable.

This interview will take approximately 30-45 minutes. Your participation is voluntary and you may leave at any time. You also do not have to respond to any questions that you do not feel comfortable answering. As I mentioned in my email, I would like to make sure I don't miss any responses by recording this session. I will not be using names in the report so your responses will remain confidential. Do you have any concerns with me recording this interview?

Before we get started, there's just one ground rule and that is that there are no right or wrong answers so please feel free to share your opinion and point of view.

Do you have any questions before we begin? Let's get started!

Let's begin by talking about improvements to the Correctional Career Pathways, or CCP, program.

1. Can you give me an example of a challenge that you've had with implementing the CCP program?
2. Can you think of an example of a success that you've had in implementing the CCP program?
3. What would you say are the biggest barriers to implementing the CCP program?
 - a. *What barriers have you experienced with enrolling inmates into the Makin' It Work/Workin' It Out programs?*

- b. *What barriers have you experienced in connecting inmates with job sites and maintaining that relationship with the job site?*
 - c. *What barriers have you heard from the mental health and substance use counseling program?*
 - d. *What barriers have you experienced when releasing inmates for staying employed and remaining out of jail?*
 - e. *What barriers have the inmates encountered in participating in the CCP program?*
4. If there were another county considering participating in this program, what advice would you give them?
- a. *Probe for work skills program, job site, mental health and substance use counseling program, recovery specialists, recidivism.*
5. Knowing what you know now, if you were to start this program from the beginning, what changes would you make to make it more successful?
- a. *Probe for work skills program, job site, mental health and substance use counseling program, recovery specialists, recidivism.*

Now let's discuss the ability to operate the Correctional Career Pathways program long term.

- 6. What would you say are the biggest barriers to sustainability of the CCP program?
 - a. *Probe for change over in county government, jail administration, other key positions in the implementation process.*
- 7. Are you currently receiving any other money or funding for the CCP program outside of the money received by TN Institute of Public Health?

8. How much money, time, and resources do you use for the CCP program that is not provided by the TN Institute of Public Health?
9. What resources do you wish you had to improve the CCP program?
10. What training or professional development would assist you? Your staff?

This is the last question. (if time permits)

11. Suppose you had an infinite budget to benefit the incarcerated population in your county/area. What would you do with the money?

****If an implementer from TNIPH volunteers to be interviewed they will be asked the following additional questions.***

Our final questions relate to expanding this model to other communities.

12. What are the key characteristics you look for in a successful partnership for the CCP program?

- a. *Probe for leaders within community, job opportunities/needs, availability of resources.*

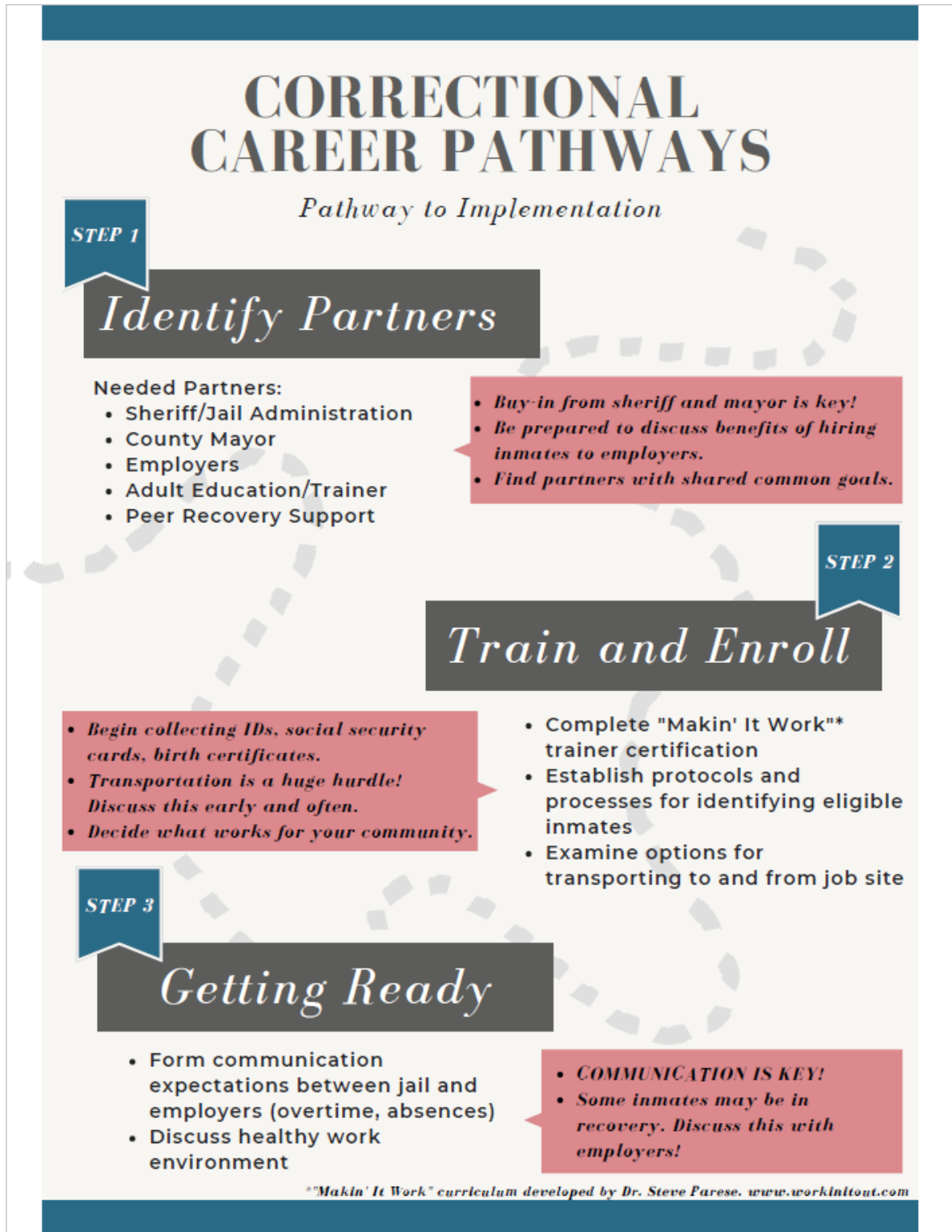
13. There are a few counties who were not interested in the CCP program when approached. What do you feel like were the key factors of those counties that were not interested in the program?

14. There were also a couple of counties that either pulled out of the program or could not get it off the ground. What do you feel like were the key factors for those programs not being successful?

Those are all of my questions. Do you have anything else you'd like to share with me?

Otherwise, thanks for your insight!

Appendix B: Deliverable #2: Implementation Guide



STEP 4

Go to Work!

- *Partner with a clothes closet for work clothes!*
- *Decide if a portion of wages need to go back to the program for sustainability*

- Set up bank accounts if needed
- Discuss payment towards fines, fees, child support, program
- Report successes to key partners and stakeholders

STEP 5

Repeat and Sustain

- Continue "Makin' It Work" programs and preparing inmates to work
- Meet with key implementers periodically to discuss challenges and improvements

- *For inmates awaiting sentencing, be transparent about timeline to participating in CCP program.*
- *Maintain communication among all partners!*

STEP 6

Release

- *Maintaining community partners with common goals are going to create a sustainable program.*
- *Report program participation, wages earned, fines and fees paid, and retained employment to key partners*

- Encourage maintaining employment
- Partner with peer recovery specialists, transitional housing, and others to provide continued support post-release

Created from information gathered from the original Correctional Career Pathways program in Greene County, TN and TN Institute of Public Health-supported replica programs

Appendix C: Deliverable #3: Communication and Dissemination Plan

Communication and Dissemination Plan					
Product	Target Date	Audience	Lead Contributors	Status	Notes
Presentations					
Dissertation Defense	Oct 31, 2022	Program implementers and key stakeholders invited	Taylor Dula, interviewees from CCP program	Completed	Reporting on results of dissertation
Written Products					
Program Evaluation/ Implementation Guide	Nov 1, 2022	Program implementers, Funders, Key stakeholders	Taylor Dula, interviewees from CCP program	Completed	Provide results and lessons learned
Published Article	Submitted Feb 15, 2023	Journal focused on corrections, interdisciplinary programs, or Appalachia	Taylor Dula, TNIPH, Greene County partners	Not Started	Design and methods of CCP program and results from dissertation

Appendix D: Deliverable #1: Evidence Matrix

Author(s)	Article Title	Year Published	Study Population	Aim/Purpose	Key Points	Link to Article (if available)
Anazado, K.S., Ricciardelli, R., Chan, C.	Employment after incarceration: managing a socially stigmatized identity.	2019	Formerly incarcerated individuals	To explore the social stigmatization of the formerly incarcerated identity and how this affects employment post release	<ul style="list-style-type: none"> • Those with a criminal record are less likely to be called back for an interview or hired. Having multiple stigmas increases that likelihood even more (stigma of incarceration history and mental illness/intellectual disability, example) • A criminal record when combined with a history of incarceration further strengthens the stigma of criminality that individuals must learn to negotiate post-release. 	https://doi.org/10.1108
Antenangel, L., Durose, M.R.	Recidivism of Prisoners Released in 24 States in 2008: A 10-Year Follow-Up Period (2008-2018).	2021	Inmates of 24 states who were released in 2008	A 10-year follow up (2008 - 2018) on inmates released in 2008	<ul style="list-style-type: none"> • 66% were arrested within 3 years and 82% were arrested within 10 years • 75% of drug offenders released were arrested for a nondrug crime within 10 years 	
Berghuis, M.	Reentry Programs for Adult Male Offender Recidivism and Reintegration: A Systematic Review and Meta-Analysis.	2018	Meta-Analysis and systematic review of reentry programs for male offenders	To assess the effectiveness of reentry programs designed to reduce recidivism and ensure successful reintegration among adult, male offenders	<ul style="list-style-type: none"> • Results of the meta-analysis were inconclusive on recidivism, reconviction, and rearrest as was consistent with other systematic reviews and meta-analyses conducted from other researchers. Questions arise as to whether recidivism rates are the appropriate measure to assess success of reentry programs especially given the variability between state court systems and 	https://doi.org/10.1177/0306624X18778448

					reoffenders. While the programs reviewed may not have had conclusive results on recidivism rates, reentry programs still need to be funded and supported as they improve the quality of life of ex-offenders post-release and offer them a high chance of success at reentry.	
Bhuller, M., Dahl, G.B., Loken, K.V., Mogstad, M.	Incarceration, Recidivism, and Employment.	2020	All court cases in Norwegian Courts from 2005 - 2014	To use court cases and their outcomes to measure the success of imprisonment and employment at discouraging future criminal behavior	<ul style="list-style-type: none"> In plotting 160 countries incarceration rates versus gross domestic product (GDP) no countries come anywhere close to the United States with roughly 700 per 100,000 individuals incarcerated (2012 data). Rwanda, Russia, Thailand, Turkmenistan, Cuba, and El Salvador are the only six countries that had more than 400 per 100,000 incarcerated based on 2012 data 	
Carson, E.A.	Prisoners in 2019.	2020	Combined state and federal prisoners in 2019	An examination of demographic breakdowns of prisoners in state and federal prisons in 2019	<ul style="list-style-type: none"> In 2019, the imprisonment rate fell for the 11th consecutive year, hitting its lowest point since 1995 Privately operated facilities held 7% of state prisoners and 16% of federal prisoners 	
Carson, E.A.	Federal Prison Statistics Collected under the First Step Act, 2020.	2021	Federal prison inmates	Reporting on select characteristics of federal prisoners	<ul style="list-style-type: none"> 49% of federal prisoners were the parent, step-parent, or guardian of a minor child (up 5% from previous year) Faith-based programs made up 56% of recidivism-reduction partnerships 	
Carson, E.A.	Mortality in Local Jails, 2000-2019 –	2021	Persons in local jails that died in while imprisoned	An examination of demographics and the causes of death for inmates that	<ul style="list-style-type: none"> 1200 deaths in local jails in 2019 (a 5% increase from 2018) Inmates are twice as likely to die by suicide than other U.S. residents 	

	Statistical Tables.		between 2000 and 2019	died while imprisoned during this 19 year period.		
Carson, E.A.	Mortality in State and Federal Prisons, 2001-2019 – Statistical Tables.	2021	Persons in state and federal prisons that died in while imprisoned between 2000 and 2019	An examination of demographics and the causes of death for inmates that died while imprisoned during this 19 year period.	<ul style="list-style-type: none"> • Deaths due to drug or alcohol intoxication increased from 35 in 2001 to 253 in 2019 • In 2019 3,853 prisoners died in state prisons or private prison facilities under state contract 	
Carson, E.A.	Prisoners in 2020.	2021	Combined state and federal prisoners in 2020	An examination of demographic breakdowns of prisoners in state and federal prisons in 2020	<ul style="list-style-type: none"> • Releases from federal and state prisons decreased during 2020 (down 58,400 or almost 10% from 2019), but at a lower rate than the decrease in admissions 	
Daza, S., Palloni, A., Jones, J.	The Consequences of Incarceration for Mortality in the United States.	2020	a nationally representative sample of 15,000 previously incarcerated individuals living in 5,000 families in the United States, beginning in 1968.	To follow former prisoners over an extended period of time to see the effect that incarceration has on well-being, health, and mortality	<ul style="list-style-type: none"> • Even though incarceration is typically short term, there may be long term effects on physical and mental health due to the consequences of having no or limited housing, employment, family support, and experience discrimination when applying for housing and employment 	https://doi.org/10.1007/s13524-020-00869-5

Hinton, T.	“I See You Have Been Convicted of a Felony; Can You Tell Me About That?” Workforce Development Challenges for Restorative Citizens Seeking Employment.	2020	A Review of Literature	To examine the barriers that restorative citizens and the social workers who assist them face in helping them find suitable and sustainable employment.	<ul style="list-style-type: none"> • Many offenders possess proper skills, training, and credentials to work in higher paying jobs, however, most employers only hire offenders for low wage or minimum wage positions, causing a strain economically on the offender and their family which increases the risk of reincarceration or rearrest. Work force and reintegration programs should be implemented as soon as the individual is incarcerated instead of at release from prison to increase success and keep the individual connected to society and the community 	https://doi.org/10.25771/a0z-z-1109
Kajeepeta, S., Rutherford, C.G., Keyes, K.M., El-Sayed, A.M., Prins, S.J.	County Jail Incarceration Rates and County Mortality Rates in the United States, 1987-2016.	2020	County jail incarceration rates from the Bureau of Justice Statistics from 1987 to 2016 for 1884 counties and mortality rates from the National Vital Statistics System	To evaluate the relationship between changes in county jail incarceration rates and subsequent county mortality rates across the United States.	<ul style="list-style-type: none"> • Increases in county jail incarceration rates are associated with increases in county mortality rates after controlling for all unobserved stable county characteristics and observed time-varying confounders 	https://doi.org/10.2105/AJPH.2019.305413
Kidwell G, Bowers K, Dula TM, Wykoff RF.	Using mini-grants to build multi-sector partnerships in RF.	2019	None	To describe the method for awarding mini-grants for community-based	<ul style="list-style-type: none"> •TNIPH has a long history of developing partnerships to create community-based programming and service 	https://doi.org/10.13023/jah.0102.08

	rural Tennessee.			projects and process for selecting mini-grant recipients		
Meyer, I.H., Flores, A.R., Stemple, L., Romero, A.P., Wilson, B.D.M., Herman, J.L.	Incarceration Rates and Traits of Sexual Minorities in the United States: National Inmate Survey, 2011-2012.	2017	The National Inmate Survey, 2011–2012, a probability sample of inmates in US prisons and jail	To report characteristics of sexual minority US inmates.	<ul style="list-style-type: none"> • Sexual minorities were disproportionately incarcerated: 9.3% of men in prison, 6.2% of men in jail, 42.1% of women in prison, 35.7% of women in jail • Rate of incarceration of LGB persons is approx. 3 times higher than non-LGB • Sexual minorities were more likely to have been sexually abused as a child and experience sexual abuse while incarcerated 	https://doi.org/10.2105/AJPH.2016.303576
Miller, H.V., Miller, J.M.	Treating Dually Diagnosed Offenders in Rural Settings: Profile of the Middle Tennessee Rural Reentry Program.	2016	209 adult female and male higher risk offenders that were dually diagnosed with mental health and substance abuse disorders for evidence based cognitive behavioral change	Review of Second Chance Act programming and observation of unmet mental health and substance abuse needs in justice settings contextualizes description of the Middle Tennessee Rural Reentry Program, a U.S. Bureau of Justice Assistance funded intervention.	<ul style="list-style-type: none"> • Reentry programs seek to balance public safety and offender rehabilitation objectives while reducing prison populations. In this particular program—Middle TN Rural Reentry Program, employment both before and after incarceration significantly reduced the likelihood of rearrest by about 44% 	https://doi.org/10.1007/s12103-016-9368-0

			oriented therapeutic treatment			
Minton, T.D., Beatty, L.G., Zeng, Z.	Correctional Populations in the United States, 2019 – Statistical Tables.	2021	Anyone under the supervision of adult correctional systems in the U.S.	Reporting on select characteristics of persons in adult correctional systems in the U.S.	<ul style="list-style-type: none"> • The decline in the incarcerated population during 2019 was primarily due to a decrease in the prison population (down 33,600). • From 2009 to 2019, the parole population grew by 6.6% and was the only correctional population with an overall increase during that period. 	
Minton, T.D., Zeng, Z.	Jail Inmates in 2020.	2021	Inmates of local jails across the U.S.	Reporting on select characteristics of persons in local jails in the U.S.	<ul style="list-style-type: none"> • From 2019 to 2020, the number of inmates held for felony offenses declined 18% (down 92,700 inmates), while those held for misdemeanor offenses declined 45% (down 76,300 inmates) • The weekly inmate turnover rate in jails nationwide was 50% in 2020, a decline from 53% in 2019 and 65% in 2010 	
Munetz, M.R., Griffin, P.A.	Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness.	2006	None	To explore the use of the sequential intercept model as an approach to decriminalization of people with serious mental illness.	<ul style="list-style-type: none"> • An alternative model suggesting what the author considers an improvement to services for individuals with mental illness. 	

Newton, D., Day, A., Giles, M., Wodak, J., Graffam, J., Baldry, E.	The Impact of Vocational Education and Training Programs on Recidivism: A Systematic Review of Current Experimental Evidence.	2018	Vocational training and employment programs for adult offenders	To report the findings of a systematic review, which considers the findings of only those studies that have used experimental or quasi-experimental designs to evaluate vocational training and employment program outcomes for adult offenders.	<ul style="list-style-type: none"> • Programs that offer a holistic approach such as not only focused on employment but also services and supports that also impact an offender's reintegration such as drug and substance use counseling, housing assistance, and remedial education are found to be more promising. Programs with a gradual decrease of support through a holistic program may prove to be more effective than short-term, single-focus approaches 	https://doi.org/10.1177/0306624X16645083
Provencher, A., Conway, J.M.	Health effects of family member incarceration in the United States: A meta-analysis and cost study.	2019	Studies on family member incarceration	A meta-analytic summary of the health effects of family member incarceration and estimates of cost-to-treat health conditions in the United States.	<ul style="list-style-type: none"> • Toxic stress and negative health outcomes increase health care costs by billions • Could be prevented by lower incarceration rates and focusing on family and child care of those incarcerated 	https://doi.org/10.1016/j.chil dyouth.2019.05.029
Reingle Gonzalez, J.M., Cannell, M.B., Jetelina, K.K., Froehlich-Grobe, K.	Disproportionate Prevalence Rate of Prisoners With Disabilities: Evidence from a Nationally Representative Sample.	2016	Data from <i>2004 Survey of Inmates in State and Federal Correctional Facilities</i>	To update the prevalence rate, identify correlates of disability, and evaluate disability-related disparities in use of prison-based educational services, vocational	<ul style="list-style-type: none"> • 41% of prisoners self-reported a disability in at least one domain <p>Prisoners with disabilities are more likely to participate in education programs and less likely to participate in work based programs as compared to prisoners with no disabilities reported</p>	https://doi.org/10.1177/1044207315616809

				programs, and work assignments		
Riley, R.W., Kang-Brown, J., Mulligan, C., Valsalam, V., Chakraborty, S., Henrichson, C.	Exploring the Urban-Rural Incarceration Divide: Drivers of Local Jail Incarceration Rates in the United States.	2018	Data from the <i>Incarceration Trends</i> Project (which contains information on the size and population of local jails)	To evaluate the characteristics of a county that are associated with local jail incarceration rates, and to identify counties with exceptionally high/low local jail rates conditioned upon observable characteristics.	<ul style="list-style-type: none"> • Mass incarceration contributes to racial health disparities in the USA across a range of outcomes because of its direct and indirect consequences for health, and the disproportionate concentration of incarceration among black communities 	https://doi.org/10.1080/15228835.2017.1417955
Shonkoff, J.P., Garner, A.S.	The Lifelong Effects of Early Childhood Adversity and Toxic Stress.	2012	The National Inmate Survey, 2011–2012, a probability sample of inmates in US prisons and jail	To present an ecobiodevelopmental framework that illustrates how early experiences and environmental influences can leave a lasting signature on the genetic predispositions that affect emerging brain architecture and long-term health	<ul style="list-style-type: none"> • The lifelong costs of childhood toxic stress are enormous, as manifested in adverse impacts on learning, behavior, and health, and effective early childhood interventions provide critical opportunities to prevent these undesirable outcomes and generate large economic returns for all of society. 	https://doi.org/10.1542/peds.2011-2663

Simes, J.T.	Place and Punishment: The Spatial Context of Mass Incarceration.	2018	Those admitted to a Massachusetts prison from 2009 - 2014	To offer a unique analysis of disaggregated prison admissions and investigate the spatial concentrations and levels of admissions for the state of Massachusetts.	<ul style="list-style-type: none"> • Did not find that rural communities experienced high levels of incarceration, but rather that small pockets of poor, minority communities had the highest rates of imprisonment 	https://doi.org/10.1007/x10940-017-9344-y
Staton, M., Ciciurkaite, G., Oser, C., Tillson, M., Leukefeld, C., Webster, J.M., Havens, J.R.	Drug Use and Incarceration among Rural Appalachian Women: Findings From a Jail Sample.	2018	Adult women randomly selected from three rural jails in Appalachia	To examine drug use and incarceration history among rural Appalachian women	<ul style="list-style-type: none"> • Some Appalachian counties have seen overdose three times the rate of the national average. The increase of opioid and other substance use in Appalachia, drug overdoses and drug use in rural areas, has caught the attention of law enforcement, policymakers and researchers nationwide. Women in rural Appalachian jails were interviewed. Number of times incarcerated 5.9 (mean) Majority were serving a current sentence for a drug or property related crime (55.8%) or serving time for a court related offense such as parole/probation violation (30.1%) 	https://doi.org/10.1080/10826084.2017.1385631

Turney, K.	Adverse childhood experiences among children of incarcerated parents.	2018	Data from the 2016 National Survey of Children's Health (nationally representative sample of non-institutionalized children ages 0 to 17)	To examine the relationship between parental incarceration and exposure to six additional ACEs: parental divorce or separation, parental death, household member abuse, violence exposure, household member mental illness, and household member substance problems.	<ul style="list-style-type: none"> • Children exposed to parental incarceration experience a great number of other ACEs than children not exposed to parental incarceration. Some evidence of association between parental incarceration and exposure to other ACEs varies across all three age groups (ages 0 to 6, ages 7 to 12, and ages 13 to 17) 	https://doi.org/10.1016/j.chil dyouth.2018.4.033
Wildeman, C., Goldman, A.W., Turney, K.	Parental Incarceration and Child Health in the United States.	2018	U.S. studies from 2000-2017 focused explicitly on parental incarceration and health-specific or health-relevant outcomes for children or young adults.	To examine research published from 2000 to 2017 on the consequences of parental incarceration for child health in the United States. Also, to consider broader indicators of child well-being.	<ul style="list-style-type: none"> • Child health outcomes related to parental incarceration: fair/poor overall health, learning disabilities, developmental delays, speech or other language problems, asthma, obesity, mental health problems, higher risk of Child incarceration, high risk of school drop out, being placed in foster care, criminal behavior 	https://doi.org/10.1093/epire v/mxx013

Wildeman, C., Wang, E.A.	Mass incarceration, public health, and widening inequality in the USA.	2017	Review of U.S. studies on the effects of mass incarceration on health and health disparities within the USA and between the USA and other developed democracies	To examine how mass incarceration shapes inequality in health.	<ul style="list-style-type: none"> • Mass incarceration contributes to racial health disparities in the USA across a range of outcomes because of its direct and indirect consequences for health, and the disproportionate concentration of incarceration among black communities • Individuals who experience incarceration at any point in their life are disproportionately in poor health before, during and after incarceration 	
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VITA

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- Publications: Kidwell G, Bowers K, **Dula TM**, Wykoff RF. Using mini-grants to
build multi-sector partnerships in rural Tennessee. J
Appalach Health 2019;1(2):74-9. DOI:
<https://doi.org/10.13023/jah.0102.08>
- Southerland JL, **Dula TM**, Slawson DL. Barriers to healthy eating
among high school youth in rural Southern Appalachia. J
Appalach Health 2019;1(2):31-43. DOI:
<https://doi.org/10.13023/jah.0102.04>

Southerland JL, **Dula TM**, Dalton WT III, Schetzina K, Slawson

DL (2018) The National School Lunch Program in Rural Appalachian Tennessee – or Why Implementation of the Healthy, Hunger Free Kids Act of 2010 was Met with Challenges: A Brief Report. *J Health Sci Educ* 2(2): 131.

Honors and Awards:

Dean’s Special Recognition Award for Outstanding Contribution:

Diversity, Equity, Inclusion, and Civility Committee 2022

Dean’s Special Recognition Award for Outstanding Contribution:

College Strategic Planning Committee 2021

College of Public Health Foundations in Service Award: 2020