

EDUCATION OVER INCARCERATION: REDUCING RECIDIVISM AND
MITIGATING THE IMPACT AND COLLATERAL CONSEQUENCES OF
MASS INCARCERATION AND HYPERINCARCERATION THROUGH
HIGHER EDUCATION, BEHAVIORAL AND HEALTH INTERVENTIONS,
AND POSITIVE DEVELOPMENT PROGRAMS

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ABSTRACT

Studies have shown that the rates of incarceration in the United States of America have skyrocketed over the course of the last several decades. Furthermore, the extremely high rate of incarceration in the United States has become a destructive force on children, families and entire communities and has disproportionately affected and targeted young men from low-income communities of color. Studies have also shown that mass incarceration is generally harmful to the health of the individuals that are imprisoned, the health of formerly incarcerated individuals, and harmful to the health of families and communities. The true cost of mass incarceration on society is estimated to be as high as over \$1 trillion per year and studies indicates that more than half of those costs are ultimately levied upon families, children, and community members that are not incarcerated. This paper discusses policy reforms that have been implemented in recent years and that are currently being implemented to help mitigate the harmful impacts of mass incarceration, prevent recidivism, and reduce the population of incarcerated individuals. It also outlines higher education and positive development programs as effective strategies to further achieve these goals, lists current programs and interventions that have been effective, and discusses policies that would improve access to education for justice-involved populations as an effective tool to combat mass incarceration.

DEDICATION

I dedicate this thesis to the loving memory of Ermias Joseph “Nipsey Hussle” Asghedom for the never-ending words of wisdom and inspiration, including, “Find your purpose or you’re wasting air”, “the highest human act is to inspire”, and “I just didn’t, that’s the only distinguishing quality.”

THE MARATHON CONTINUES

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CHAPTER 1: MASS INCARCERATION

The term Mass Incarceration refers to the distinctly large number of people that are involved in the criminal justice system or currently or formerly incarcerated in jails and prisons in the United States of America. As of 2018, over 2.3 million people in the United States were currently in prison and jails, 4.9 million people were formerly incarcerated in prison or jails, over 19 million people have ever been convicted of a felony, 77 million people have a criminal record, and over 113 million adults have an immediate family member that has been to prison or jail¹. With well over 2 million people in jails and prisons, there are more prisoners in the United States than any other country in the world² and even though the United States of America accounts for only about 5 percent of the world's population, it accounts for about 20 to 25 percent of the world's prisoner population^{3,4}. The number of people incarcerated in this country has grown more than six-fold since the 1970s and the current rate of incarceration—714 people confined per 100,000 residents—is five to 10 times larger than European countries with comparable crime rates and is even much higher than the incarceration rates of numerous countries with much higher rates of violent crime⁵. In fact, the United States houses more inmates than the top 35 European nations combined⁶. The Incarceration problem facing this country has grown into a full-fledged epidemic over the last several decades.

The criminal justice system in the United States of America holds almost 2.3 million people in 1,833 state prisons, 110 federal prisons, 1,772 juvenile correctional facilities, 3,134 local jails, 218 immigration detention facilities, and 80 Indian Country

jails as well as in military prisons, civil commitment centers, state psychiatric hospitals, and prisons in the U.S. territories¹.

The History of Mass Incarceration

In an effort to protect citizens from government abuse similar to what was previously experienced under the British legal system, the Founders of the United States of America originally intended to create a justice system that protected the rights of the accused and convicted and as result, four out of the first 10 amendments to the Constitution protect the rights of the accused or convicted⁷.

The so-called “War on Drugs” that began in the 1970’s under the administration of President Richard Nixon is what served as the initial catalyst in the boom in imprisonments in the United States. The “tough on crime” punishment philosophy that began in the 1970’s and continued through the 1980’s and 1990’s led to legislation under both Republican and Democratic administrations that constantly tried to outdue each other at who can be more tough on crime, resulting in the use of prisons as a first resort instead of a last resort when combatting crime. Politicians and policymakers often exploited racial fear while doing this and it eventually became an essential part of all political campaigns⁷.

When Ronald Reagan took office in 1980, the total prison population was 329,000⁸ and by the time that he left office eight years later, the prison population had pretty much doubled to 627,000⁹. For many years after, elected officials continued to essentially hold competitions with each other on who can be harsher on people that break the law, especially when it came to violations of the drug-code. Draconian policies

continued to be enacted by legislators that led to increasingly larger amounts of people being sentenced and incarcerated for increasingly smaller offenses, for periods that were keeping people imprisoned for longer and longer periods of time. These rates of incarceration continued to drastically rise due to laws like the 1994 Crime Bill, which gave states money to perpetuate policies that caused more harm than good and inflated the incarcerated population. As a result, the prison populations skyrocketed and from 1980 to 2010 the number of Americans under some form of correctional control jumped from 1.84 million to 7.25 million^{10,11}.

Hyper-incarceration

Even though the United States of America incarcerates an enormous amount of people, the term “mass incarceration” is a bit of a misnomer because the term kind of implies that we are just imprisoning the entire population en masse. One scholar in particular believes that there is a more fitting term for the phenomenon that we’ve experienced over the last several decades and that term is Hyper-incarceration¹². The term “Hyper-incarceration”, was popularized by Sociologist and Social Anthropologist, Loic Wacquant, and it accounts for the drastically disproportionate rates of incarceration and overrepresentation of young African American men from disadvantaged neighborhoods that are in the justice system. In defining Hyper-incarceration, Wacquant eloquently explained:

“Mass incarceration is a mischaracterization of what is better termed hyper-incarceration. ... Mass incarceration suggests that confinement concerns large swaths of the citizenry (as with the mass media, mass culture, and mass unemployment), implying that the penal net has been flung far and wide across social space. This is triply inaccurate. First, the prevalence of penal confinement in the United States, while extreme by international standards, can hardly be said to concern the masses. Indeed, a rate of

*0.75 percent compares quite favorably with the incidence of such woes as latent tuberculosis infection (estimated at 4.2 percent) and severe alcohol dependency (3.81 percent), ailments which no one would seriously contend have reached mass proportions in the United States. Next, the expansion and intensification of the activities of the police, courts, and prison over the past quarter-century have been anything but broad and indiscriminate. They have been finely targeted, first by class, second by that disguised brand of ethnicity called race, and third by place. This cumulative targeting has led to the hyper-incarceration of one particular category, lower-class African American men trapped in the crumbling ghetto, while leaving the rest of society — including, most remarkably, middle- and upper-class African Americans — practically untouched. Third, and more important still, this triple selectivity is a constitutive property of the phenomenon: had the penal state been rolled out indiscriminately by policies resulting in the capture of vast numbers of whites and well-to-do citizens, capsizing their families and decimating their neighborhoods as it has for inner-city African Americans, its growth would have been speedily derailed and eventually stopped by political counteraction”.*¹²

To state that mass incarceration disproportionately affects the African-American community would be a gross understatement, especially in reference to African American men from low-income neighborhoods specifically. An alarming 1 out of every 3 Black men will be imprisoned at least once in his lifetime^{13,14} and according to recent estimates, one of every 15 black men is in jail or state or federal prison, compared to one of every 106 white males¹⁵. As a result of Hyper-incarceration, nearly half of all black women currently have a family member or extended family member who is in prison¹⁶. The deleterious effects of Hyper-incarceration extend beyond Black men and end up harming entire communities. These collateral consequences will be discussed in more detail in the next chapter.

CHAPTER 2: THE COLLATERAL CONSEQUENCES OF MASS INCARCERATION AND HYPERINCARCERATION

Incarceration is a destructive force on children, families and entire communities. Approximately 2.7 million children have a parent behind bars¹⁷. This means that 1 in every 28 children has a parent incarcerated, which is up from 1 in 125 just 25 years ago¹⁷. At the very tip of the problem, it simply forces many parents to raise children without the support of a partner and has a devastating effect on economic mobility. According to data from the Pew Research Center, more than two-thirds of incarcerated men had been employed prior to serving their sentence and nearly half of incarcerated men had lived with their children before going to prison¹⁷. In addition to these numbers, more than half of parents that are incarcerated were the principal earners in their household prior to imprisonment¹⁶. Once a wage-earning parent is removed from a household, the burden then falls on the remaining parent to financially support the children alone, leaving many families at an economic disadvantage. This often even continues after the absent parent is released from confinement because incarceration reduces earning power, which compounds the financial challenges that affected families often face. Children with an incarcerated parent are more likely to end up in poverty and are more likely to become incarcerated as adults themselves¹⁷.

In addition to the economic ramifications, parental incarceration has negative effects on cognitive development and performance in school as well. Children of incarcerated parents are more likely to misbehave in school, develop learning disabilities such as attention deficit hyperactivity disorder (ADHD), experience declines in grade

point average, and drop out of school¹⁸. Even though one would think that these outcomes are consistent with disadvantaged children, regardless of parental incarceration, the aforementioned studies have carefully accounted for these factors and show that the children of incarcerated individuals have worse cognitive and non-cognitive outcomes than children with similar socioeconomic and demographic characteristics whose parents have not experienced incarceration^{18,19}. Children whose fathers have been incarcerated are significantly more likely than other children to be expelled or suspended from school at an astounding rate of 23 percent compared with 4 percent²⁰.

Due to the fact that children with an incarcerated parent are more likely grow up in poverty, drop out of school, be poor as adults, and become incarcerated themselves, they are more likely to experience poor health outcomes and higher mortality rates as adults than children without an incarcerated parent²¹. Even while they are still in childhood, children with an incarcerated parent directly suffer from poorer health outcomes than children without an incarcerated parent. They are more likely to suffer from migraines, asthma, high cholesterol, depression, anxiety, post-traumatic stress disorder, and homelessness at much higher rates than their counterparts without a parent that is incarcerated²¹. All of these conditions present an additional burden on academic performance.

A 2015 study found that people that live in neighborhoods with high incarceration rates are more likely to meet the criteria for major depressive disorders and generalized anxiety disorder than individuals that live in neighborhoods with lower incarceration rates²², further evidence that incarceration does not just affect the individuals that are incarcerated as well as their children, but it also has an effect on entire communities.

Mass incarceration actually effects the everyone, including those that are not a part of those communities because the operation of federal, state, and local correctional facilities costs taxpayers over \$80 billion per year²³ According to a study conducted by researchers at Washington University in St. Louis, they estimate that the true cost of mass incarceration on society is over \$1 trillion per year!²⁴ The study indicates that more than half of those costs are ultimately levied upon families, children, and community members who have not committed any crimes at all²⁴.

CHAPTER 3: HEALTH IMPACTS OF MASS INCARCERATION

Being incarcerated is generally harmful to the health of the individuals that are imprisoned. Millions of people that are currently incarcerated experience chronic health conditions, infectious diseases, substance use, and mental illness at dramatically higher rates than the general population²⁵. Conditions of confinement inside jails and prisons, such as overcrowding, violence, sexual victimization, use of solitary confinement, and lower standards of medical care are harmful to the physical and mental health of incarcerated individuals²⁴. Chronic diseases such as cardiovascular disease and diabetes are amongst the primary causes of death and disability in the United States within the general population²⁶ and the incarcerated population experiences disproportionately these ailments at even higher rates in addition to higher rates of hypertension, asthma, arthritis, cancer, and cervical cancer compared to the general population, even after controlling for a range of socioeconomic factors²⁷. In regards to infectious diseases, HIV/AIDS is 2 to 7 times more prevalent among people in correctional facilities than in the general population, the Hepatitis C virus (HCV) occurs at rates between 8 to 21 times higher among the incarcerated population than in the general population, rates of Tuberculosis (TB) are 29.4 cases of tuberculosis per 100,000 prisoners compared to 6.7 cases per 100,000 people in the general population, and other common sexually transmitted diseases such as Chlamydia and gonorrhea, are much more prevalent in correctional environments than in all other populations as well²⁸.

Imprisonment negatively affects the mental health of incarcerated individuals as well and serious mental illnesses are much more prevalent in the incarcerated population

as than the general population. Today, about 14.5 percent of men and 31 percent of women in jails have a serious mental illness, such as schizophrenia, major depression, or bipolar disorder, compared to 3.2 and 4.9 percent respectively in the general population²⁹. Additionally, most of these incarcerated individuals that suffer from serious mental illnesses have also been diagnosed with histories of substance use disorders. An estimated 72 percent of people in jails with a serious mental illness also have a substance use disorder. Nearly 68 percent of people in jail overall and more than 50 percent of those in state prisons have a diagnosable substance use disorder, compared to 9 percent of the general population. To compound matters, less than 15 percent of people who are incarcerated receive appropriate treatment for their disorders³⁰. An example of this is that even though most medical research shows that methadone and buprenorphine effectively treat opioid addictions, the majority of correctional facilities do not offer these pharmacological treatments, which often subjects incarcerated individuals that are addicted to withdrawals while they are in custody and a higher risk of overdose when released back in to the community ^{31, 32, 33}.

For many incarcerated individuals, these health problems do not end once they have been released either. In fact, for many of them, it is only gets worse. Once released from prison, the mortality rate of a formerly incarcerated individual skyrockets in comparison to the general population. During the first two weeks after release, former inmates have a 12.7 times higher risk of death than the general population and a 129 times higher risk of drug overdose³⁴. One explanation of this phenomenon is that released individuals are often forced to return to the same exact environment in which they were arrested in the first place, which exposes them to an excess risk of homicide and drug

overdose. Recently released prisoners that suffer from mental illnesses often have an excess risk of suicide due to the fact that that they go from prison where they are receiving healthcare services, mental support services, and supervision then are thrust back into an environment where those services are no longer provided or guaranteed. One of the biggest reasons why the issues of high mortality and poor health persist amongst this population is that a prison record or prior conviction drastically reduces the ability of formerly incarcerated individuals to find employment, especially employment that provides suitable health care coverage. It also eliminates the individual's eligibility for public assistance such as food stamps, public housing, and student loans³⁵. Even if a recently released individual was receiving Medicaid coverage prior to imprisonment, 90 percent of states have policies that terminate Medicaid enrollment upon incarceration instead of suspending it, which leaves most members of this medically and psychiatrically vulnerable population uninsured during the months following release and contributes to why we see such high mortality rates and poor health outcomes immediately after being released from prison³⁵.

CHAPTER 4: RECENT POLICY REFORMS

On December 21, 2018, President Trump signed the First Step Act of 2018 into law (P.L. 115-391)³⁶. The act finally came after years of debate about what Congress should do to shrink the size of the federal prison population while ensuring public safety is not jeopardized. The three major components of the act are: “(1) correctional reform via the establishment of a risk and needs assessment system at the Bureau of Prisons (BOP), (2) sentencing reform via changes to penalties for some federal offenses, and (3) the reauthorization of the Second Chance Act of 2007 (P.L. 110-199)”. The act also included a series of additional criminal justice reforms.

The First Step Act required that the Department of Justice (DOJ) develop a “risk and needs assessment system” to be used by Bureau of Prisons to assess the recidivism risk of all federal prisoners and place them in programs and productive programs to reduce the risk of recidivism³⁶. The incarcerated people that successfully complete recidivism reduction programming and productive activities become eligible to earn time credits that enable them to be placed in prerelease custody (i.e., home confinement or a Residential Reentry Center) earlier than they would have been allowed to prior to the First Step Act. The act does not allow for incarcerated people that were convicted of any one of several kinds of offenses to earn additional time credits but those individuals can earn other benefits such as additional visitation time³⁶. Offenses that make people in Federal prisons ineligible for additional time credits include violent offenses, terrorism, espionage, human trafficking, sex-related offenses, repeat felon in possession of firearm, certain types of fraud charges, and certain high-level drug offenses³⁶.

The act also revised the penalties for certain federal offenses. In an attempt to reverse some of the harm caused by the draconian drug laws that largely fueled the mass incarceration epidemic, the First Step Act modified mandatory minimum prison sentences for some drug trafficking offenses for individuals with prior drug convictions by increasing the amount of prior convictions that count toward making the mandatory minimums higher for repeat offenders. The act also reduced the 20-year mandatory minimum to a 15-year mandatory minimum for individuals that have one prior qualifying conviction and reduced the life in prison mandatory minimum to a 25-year mandatory minimum for individuals that have two or more prior qualifying convictions³⁶.

The First Step Act also made the provisions of the Fair Sentencing Act of 2010 (P.L. 111-220) retroactive so that currently incarcerated individuals that received longer sentences for the possession of crack cocaine will receive the same amount of time that they would have received if they were sentenced for possession of powder cocaine. As a result of the First Step Act, those individuals may now submit a petition in federal court to have their sentences reduced. The First Step Act also expanded the safety valve provision, which allows courts to sentence low-level, nonviolent drug offenders with minor criminal histories to less than the required mandatory minimum for an offense.

The First Step Act also eliminated the stacking provision, “which allowed prosecutors to charge offenders with a second and subsequent use of a firearm in furtherance of a drug trafficking or violent offense in the same criminal incident, which, if the offender is convicted, carries a 25-year mandatory minimum”³⁶. Now, the mandatory minimum only applies when the individual convicted of the offense has a

prior conviction for “use of a firearm in furtherance of a drug trafficking or violent crime from a previous criminal prosecution”³⁶.

The First Step Act also contained the Second Chance Reauthorization Act of 2018. “This act reauthorizes appropriations for and expands the scope of some grant programs that were initially authorized under the Second Chance Act of 2007 (P.L. 110-199). The reauthorized programs include the Adult and Juvenile State and Local Offender Demonstration Program, Grants for Family-Based Substance Abuse Treatment, Careers Training Demonstration Grants, the Offender Reentry Substance Abuse and Criminal Justice Collaboration Program, and the Community-Based Mentoring and Transitional Service Grants to Nonprofit Organizations Program. The act also reauthorized and modified a pilot program that allows BOP to place certain elderly and terminally ill prisoners on home confinement to serve the remainder of their sentences”³⁶.

Finally, the First Step Act included a series of other smaller criminal justice-related reforms. These reforms include the ban on using physical restraints on pregnant women incarcerated in Federal prisons and in custody of the U.S. Marshals Service, changes to how good time credit is calculated so that prisoners can earn 54 days of good time credits for each year of their sentence instead of each year of time served, a requirement for the Bureau of Prisons to provide a way for employees to safely store firearms on the premises, a mandate for the Bureau of Prisons to try to place incarcerated individuals within 500 miles of their primary residences, authority for the Federal Prison Industries to sell products to public entities for use in correctional facilities, disaster relief, or emergency response, to the District of Columbia government, and to nonprofit organizations; a ban on the use of solitary confinement for juveniles in federal custody,

and a requirement that the Bureau of Prisons aid incarcerated individuals with obtaining identification before they are released³⁶.

CHAPTER 5: THE IMPACT OF HIGHER EDUCATION, BEHAVIORAL AND HEALTH INTERVENTIONS, AND POSITIVE DEVELOPMENT PROGRAMS

Higher Education Programs

The pursuit of Higher Education while in prison as well as the pursuit of Higher Education after incarceration have both been proven to reduce recidivism and ultimately save taxpayer money. In a study that tracked formerly incarcerated individuals that completed programs while in prison, they found that that the recidivism rates within three years after release for college program completers was 9.4 percent while the recidivism rate for the comparison group that did not attend college while in prison was 17.1 percent³⁷. In another study in which formerly incarcerated individuals were tracked for 36 months after release from a prison, they found that 30 percent of the inmates that did not attend college after leaving prison ended up returning within 36 months while only 7.7 percent of those that did attend college ended up returning to that prison³⁸. They also went on to find that nationally 43 percent of all formally incarcerated individuals are likely to return to prison within three years but when an Associate's degree is attained that number drops to 13.7 percent, when a Bachelor's degree is attained the number drops to 5.6 percent, and with a Master's degree the numbers drop to less than 1 percent³⁸.

Overall, Inmates who participate in correctional education programs have been shown to have 43 percent lower odds of recidivating than those who did not³⁹. Additionally, correctional education has shown to improve the chances of obtaining employment after release. The odds of obtaining employment after being released from

prison among formerly incarcerated individuals that participated in correctional education was 13 percent higher than the odds for those who did not participate in correctional education³⁹. So basically, there is a direct correlation between attaining higher education and recidivism. The more educated you become or the higher the degree level, the less likely you are to be rearrested.

Positive Development Programs

In 2008, Missouri won the Harvard Kennedy School Innovations in Government award for the reforms that they made in their juvenile justice system⁴⁰. Three decades ago, policy makers in Missouri decided to make a change in how they approach corrections. They closed down their youth prisons and replaced them with small, treatment-focused programs in communities around the state ensuring that the youth are still in their own communities and near their families⁴⁰. A major element of the approach they decided to take moving forward was a rigorous group-treatment process in which they began offering extensive and ongoing individualized attention⁴⁰. Their approach also focused on the development of strong, supportive peer and adult relationships. As a result, they only experience a recidivism rate of 6.6% in comparison to a 31% recidivism rate in their prisons⁴⁰.

South Bronx Community Connections was a three- year pilot project implemented by Community Connections for Youth (CCFY), a Bronx-based non-profit organization in New York City that is dedicated to building community capacity for juvenile justice reform. South Bronx Community Connections (SBCC) used a positive youth

development framework built on the strengths of grassroots faith and neighborhood organizations to diverting youth from further juvenile justice system involvement⁴¹. “The SBCC project employs four intertwined strategies to further CCFY’s vision of building community capacity for juvenile justice reform:

System Partnerships: developing collaborative relationships with local juvenile system stakeholders (probation, prosecutors, police) to divert youth who would otherwise be advanced deeper into the juvenile justice system.

Positive Youth Development: facilitating adolescent development by involving youth in neighborhood improvement projects with pro-social peers, facilitated by positive adult mentors from within the community (i.e. “credible messengers”)

Family Strengthening: involving the family members of system-involved youth in supportive social networks to decrease isolation and increase social support.

Community Capacity Building: identifying pre-existing faith and neighborhood organizations already involved in serving youth in the community, and further developing their capacity to partner with the juvenile justice system through the provision of sub-grants, training, and technical assistance.”⁴¹

The program facilitated youth engagement and developed youth leadership by awarding stipends for community improvement activities in which the participants were required to serve in community leadership roles⁴¹. CCFY awarded 194 stipends to 51 youth totaling \$13,328 for serving in non-mandatory leadership roles over the demonstration period and did not awarded stipends for basic participation in the program⁴¹. At the end of the pilot, they found that youth who participated in the SBCC program were one third less likely to be re-arrested than their similarly situated peers⁴¹. The evaluation also revealed that, “Youth who were meaningfully engaged in the project's civic activities and supported by neighborhood-based coaches, mentors and peers for at least 60 days were significantly more likely to remain uninvolved in the

justice system during the subsequent 12 months than the comparison group, youth who remained active in the program for at least 90 days were the most likely to stay out of the justice system, and family engagement enhanced the probability that youth would continue the program beyond the court's requirement.”⁴¹

Health and Behavioral Interventions

Accumulating evidence indicates that health interventions for justice-involved populations can help mitigate the impact that justice involvement has on health outcomes and behavioral interventions can help to improve psychiatric morbidities as well as reduce incarcerated populations. Some good examples of interventions that have been developed to both improve health and reduce recidivism are drug courts and mental health courts, which are specialized court dockets that focus on problem-solving and treatment approaches instead of criminal sanctions. A national evaluation of 29 drug courts found that many of these courts significantly reduce drug relapse and criminal behavior, both factors that increase likelihood of incarceration⁴².

Drug courts operate at a local level to divert non-violent offenders with issues of substance use from incarceration into supervised programs that utilize treatment and rigorous standards of accountability. These courts connect the judicial, law enforcement, and treatment communities with other systems and provider organizations through comprehensive case management to address all the needs of the participants, which include education, housing, job training, and mental health referrals. Drug courts help

these individuals recover from addiction while also preventing future criminal activity, which ultimately reduces the burden and costs of repeatedly processing low-level, non-violent individuals charged with these offenses through courts, jails, and prisons throughout the country⁴³. These drug court programs have a substantial effect on recidivism. A study funded by the Department of Justice examined recidivism rates for graduates of drug courts across the country and found that 84 percent of graduates of drug court had not been re-arrested and charged with a serious crime within the first year after graduating from the courts and 72.5 percent have no arrests at the two-years after graduating^{43, 44}. A meta-analysis of 18 primarily quasi-experimental studies of mental health courts showed that individuals that participated in mental health court also had better recidivism rates than similar comparison groups as well⁴⁵.

CHAPTER 6: POLICY RECOMMENDATIONS FOR HIGHER EDUCATION

Mass Incarceration is obviously a failed and harmful policy strategy. The financial costs are exorbitant, it is harmful to the health and mental well-being of those in the system, their families, and their entire communities, and overall it just hasn't worked as a "corrections" or "rehabilitative" system because it is not really correcting nor rehabilitating if most people end up going right back into the system after being released. For those reasons, I find it essential to list some policy and program development recommendations that if enacted and implemented seek to reverse Mass Incarceration and the high rates of recidivism and unnecessary spending at the heart of the problem as well as help mitigate the health, mental health, and other collateral consequences of this system.

Education

One of the current bills that seeks to change policy around education is the Promoting Reentry through Education in Prisons (PREP) Act (S. 3588). The PREP Act was introduced by U.S. Senator Brian Schatz of Hawaii, Congresswoman Madeleine Dean of Pennsylvania, and the late Congressman Elijah E. Cummings on Maryland and it seeks to improve administrative efficiency and standardize educational programming in federal prisons. The Bill recognizes that most incarcerated people will reenter society, yet overall, prison does not help many returning citizens to reenter their communities successfully and cites that (1) "Over an eight year follow-up period, the U.S. Sentencing Commission found that 49.3 percent of people released from federal prisons were rearrested, 31.7 percent were reconvicted, and 24.6 percent were reincarcerated"⁴⁶, and

(2) “The Bureau of Justice Statistics found that over a similar time period, 83 percent of people released from state prisons were rearrested.”⁴⁷

The first major point that the Bill makes is that the Correctional education can dramatically improve reentry outcomes by providing the requisite tools for incarcerated people to rebuild their lives, while at the same time improve public safety and reduce correctional spending. It explains that a broad spectrum of correctional education programming can prepare individuals for the contemporary workforce pre-release, ensuring that upon release they are best situated to be productive members of their communities. Education for people in prisons has a clear public safety benefit, reducing recidivism rates by over 43 percent, according to a RAND Corporation study.⁴⁸ Employment is 13 percent higher for people who participated in either academic or vocational programs in prison, and 28 percent higher for those who participated in vocational programs alone.⁴⁹ Correctional education helps to improve the safety of the prison environment, not only for incarcerated people, but also for correctional officers and prison staff. Correctional education programs are cost-effective. Each dollar spent on prison education programs reduces incarceration costs by \$4 to \$5 during the first 3 years after an individual is released.⁵⁰ An investment of \$1 million in prison educational programs prevents about 600 crimes, while the same money invested in incarceration only prevents about 350 crimes.⁵¹

The second major point of the bill is that The Federal Bureau of Prisons (BOP) does not provide adequate or consistent educational offerings across all federal prisons. A 2016 analysis of BOP’s education programs found that the agency spent “20 percent as much on inmate education as the nearest sized state prison systems and experiences a

proportionally low return.”⁵² The report noted that BOP lacked the staff, programmatic strategy and alignment, budget, assessment, and educational support to effectively administer educational programs. In the agency’s fiscal year 2019 budget proposal, BOP noted that adult literacy programs have a 16,000-person waitlist.⁵³

The third major point of the bill is that the *Promoting Reentry through Education in Prisons (PREP) Act* would standardize BOP’s educational programs by creating an Office of Federal Correctional Education and funding a federal correctional education program. Specifically, the bill would establish an Office of Federal Correctional Education (the Office) within the BOP to standardize educational programs across all federal prisons, with a dedicated assistant director for correctional education appointed by the BOP director. The Office would be required to ensure that BOP provides educational services across the spectrum—adult literacy, GED, postsecondary, workforce readiness, apprenticeships, career and technical education, and expanded opportunities for individual with learning disabilities. The Office would also be required to coordinate with other relevant federal agencies, provide technical assistance and training to state departments of corrections, and issue reports. Establish the Federal Education Program to create partnerships between federal correctional facilities and education providers to created quality programs within each federal prison. There would be rigorous auditing and reporting requirements to ensure that providers are offering impactful education programs. The program will also create a repository for research, policies, and best practices on correctional education, provide training and technical assistance to state and local correctional institutions that implement similar correctional education programs, and ensure that eligible veterans are notified of their ability to access their education

benefits and are connected with available education programs in their federal or state correctional facility.

Ban the Box

As previously elucidated, education and employment are two of the most important tools to reduce recidivism and aid in the successful rehabilitation and reintegration of formerly incarcerated individuals. In order for individuals with criminal records to successfully reintegrate and avoid the trap of recidivism, it is essential that formerly incarcerated people are able to secure a college education and be able to attain a job or career. This is often impeded by questions that ask if applicants have been previously arrested or convicted on college applications. I recommend that it become Federally mandated that all colleges and universities remove the question from the initial college applications, which would allow for applicants to be admitted based on their academic qualifications, and not denied solely because of their previous justice system involvement.

Colleges and Universities should still be able to conduct background checks on applicants but candidates should at least have a chance to apply and prove their qualifications before the background check occurs. Several states such as New York, Texas, California, Minnesota and Arizona have eliminated the arrest/conviction question from initial applications for higher education and several states such as Maryland, which currently has the Maryland Fair Access to Education Act (SB 543 / HB 694: Maryland Fair Access to Education Act of 2017), are also currently seeking to remove the question on initial college applications if they have ever been arrested or convicted of a crime. By

removing the question from college applications, more qualified formerly incarcerated individuals will have a chance to obtain the education they need, which will drastically reduce recidivism rates.

CHAPTER 7: CONCLUSION

As I have elucidated within the chapters of this paper, it is well documented that mass incarceration has many collateral consequences, including negative effects on the health of incarcerated individuals, formerly incarcerated individuals, the families of those individuals, and entire communities. Furthermore, it greatly contributes to the racial health disparities and inequities by disproportionately targeting and impacting young men of color from low-income inner-city neighborhoods and having devastating effects on the entire ecosystems of those individuals that are so disproportionately affected. Once these individuals come in contact with the criminal justice system, it often leads to an ongoing cycle of recidivism due to a lack of opportunities as a result of the initial involvement with the justice system. The best way to break this cycle is through higher education and positive development programs and the best way to overcome the harmful impacts that this cycle has on the physical and mental health of individuals is through behavioral and health interventions.

In order to increase the opportunities for higher education there needs to be changes in policy. I listed two of the major policy reforms around education, which are the Prep Act and Ban the Box. The major ethical arguments that opponents of some of these reforms try to make is that people who have broken the law, should be punished for their actions instead of rewarded with opportunities for educational attainment. My rebuttal to that is that the “Correctional system” should actually help correct people. The focus should be rehabilitation and redemption instead of punishment. Not only is it the right thing to do, morally, but it also makes much more sense financially because it costs much

less to provide individuals with education that prevent them from landing back bars than it would to keep locking them up over and over. I believe that the first step served its purpose and was appropriately named because it was a great first step. Now that all the reforms from the first step act have gone into effect, the next step needs to be for these policies around education to implemented. The way that we achieve that is through continued advocacy and civic engagement to show that the general public supports these reforms and through continued research to build more evidence to support how effective these policy reforms around education for justice-involved populations will be. I have been able to personally get involved with advocacy in support of providing opportunities for higher education in order to reduce recidivism as a Fellow with the Beyond the Bars Fellowship in Social Justice Leadership at the Center for Justice at Columbia University, as a member of Just Leadership USA, and as a Policy Associate with the Prison-to-Professionals (P2P) program.

In addition to reducing recidivism though reforms that focus on access to higher education, there needs to be more health and behavioral interventions for justice-involved populations that can help mitigate the impact that justice involvement has on physical and behavioral health outcomes, such as drug courts. One of the current projects that I currently work on as a Research Assistant at the Center for Promotion of Mental Health in Juvenile Justice at the Division of Child and Adolescent Psychiatry at Columbia University is called Project Opioid Court REACH, which stands for Rigorous and Evidence-based Approaches for Court-based Health Promotion. This project created a framework for implementing opioid courts within New York State and elsewhere in order to ultimately link court participants who use opioids and/or are at risk for overdose with

treatment. The other project that I work on at the Center for Promotion of Mental Health in Juvenile Justice is called E-Connect and it seeks to develop an implementation toolkit to increase identification of suicide behavior and comorbid behavioral health problems and achieve linkage to treatment for youth on probation in 10 counties in New York State. The other project that I've worked on for the last several years is titled Move Up and it is a health intervention for young adults involved in the court system to identify HIV, sexually transmitted infections, and substance use risk behaviors through testing and brief screening in order to improve motivation to reduce risk behaviors, seek treatment, and successfully link these individuals to appropriate community treatment. I believe that all three of the projects that I have been fortunate enough to work on great examples of the kinds of physical health and behavioral health interventions that are needed to mitigate the impact that contact with the justice system may have on health.

Lastly, in addition to the need for advocacy for increased access to higher education for justice involved populations in order to lower recidivism and the need for more physical health and behavioral health interventions that focus on improving the health disparities by this population, we need to see the development of more positive development programs such as the Communities Connections for Youth program in the Bronx and many other positive development programs throughout the country that have the ability to both decrease recidivism and address the health of these populations.

Ideally, I would like to develop a positive development program in the form of a leadership development academy that provides leadership development programming but also connects participants to resources and educational opportunities as well as connects participants to healthcare providers when needed. The leadership development

programming would be trauma-informed and culturally competent and help transform justice-involved and at-risk youth into community leaders that will actually become advocates for increased educational opportunities themselves as well as develop and implement their own community projects.

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