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**Reentry Services in Non-urban Counties in Texas: A Directed Content Analysis of Reentry  
Provider Websites**

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August 2023

## **Abstract**

Health, social, and justice outcomes for returning residents after incarceration are concerning, with implications for service providers, especially in non-urban areas. Texas has made efforts to reduce its incarcerated population, but more attention is necessary to improve outcomes for returning residents. The state is only able to offer services to a small number of returning residents, and non-profit organizations are filling the gap of reentry service provision. This study aimed to understand what services are being offered by non-governmental reentry providers in non-urban areas of Texas through a mixed-methods, directed content analysis of reentry providers' websites. The results summarize features of reentry providers through descriptive statistics and explore services, guided by the domains listed in the National Reentry Resource Center's toolkit and the constructs within the Well-Being Development Model. A snapshot of the current availability of key services offered by reentry providers in non-urban counties in Texas is presented along with analysis of the well-being constructs reflected on their websites. Critical findings outside of these frameworks include the emphasis on Christian-based service provision in non-urban areas and high use of volunteers for service delivery. These results can be used when planning a more supportive reentry network for returning residents in Texas.

**Keywords:** reentry, returning residents, well-being, recidivism

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## **Dedication**

This work is dedicated to my friend, Cindy.

Thank you for the fierce love you provide to our little community.

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## Introduction

In 2020, more than 500,000 people were released from state or federal prisons in the United States (Carson, 2021), a decrease from 2019, when more than 600,000 people left those facilities (Carson, 2020). Outcomes for these individuals during reentry are concerning; in a 24-state study, the Bureau of Justice Statistics found 82% of returning residents were rearrested in the 10 years after release, with 69% convicted and 61% returning to prison in the decade (Antenangeli & Durose, 2021). Within the first year, 43% of the individuals released in 2008 were arrested at least once. Unemployment for returning residents is approximately five times higher than the national average (Couloute & Kopf, 2018), and mortality rates are elevated significantly in the first few weeks of reentry (Binswanger et al., 2007; Fenster, 2020; Troilo, 2018). Adding to these challenges, recent decades have seen cuts in social services and increased incarceration rates, even with dropping crime rates (Miller & Schames, 2000).

National attention for improving reentry outcomes has funded research to see “what works” in treatment, diversion, and programming for corrections-involved persons (CSG Justice Center Staff, 2018; Second Chance Act of 2007, 2008). Complications in comparing data points include states and organizations’ focus on recidivism as the main way to track successful reentry (Petersilia, 2004) and varying definitions of recidivism (Pettus et al., 2021). Generally, definitions focus on negative contact with law enforcement, rearrests, reconviction, and/or reincarceration for either new charges or violating terms of release (National Reentry Resource Center, 2022; Pettus et al., 2021). Agencies that work with individuals with a substance use disorder may also consider relapse in their reentry outcomes (Miller & Miller, 2017).

Since the 1990s, the risk-need-responsivity model has guided the corrections field, underlining factors for screening related to criminal history, behavior, thinking patterns, social

networks, school and work performance, and mental health (Andrews et al., 1990). Though it has received criticism for being deficits-focused (Pettus et al., 2021; Ward et al., 2012), the use of the risk-need-responsivity model has largely moved the justice system towards evaluating and promoting the use of evidence-based interventions (Andrews & Bonta, 2010; National Reentry Resource Center, 2022; Petersilia, 2004). However, this has not translated to a system of consistent practices across the nation (Petersilia, 2004; Pettus et al., 2021), and there is not a comprehensive understanding of what reentry services are being provided in communities throughout the country. Some studies have provided an overview and analysis of the reentry landscape in a particular geographic area (Nhan et al., 2017; Scroggins & Malley, 2010), but non-urban areas may need more financial and planning support to offer services or implement evidence-based practices (Kellett & Willging, 2011; Miller & Miller, 2017; Miller, 2014; Singer & Kopak, 2021; Staton et al., 2019; Tiruneh et al., 2022; Willging et al., 2016). Understanding the support system that returning residents are entering can be critical to creating more successful outcomes in the future.

Navigating the reentry service system is a significant issue for returning residents (Nhan et al., 2017; Tiruneh et al., 2022; Willging et al., 2016). The National Reentry Resource Center (2022) provided guidelines for building local reentry coalitions, offering steps for organizing key stakeholders and mapping a comprehensive reentry network. But this information may not be communicated well to returning residents, with some agencies perceived by the community as a “one-stop shop” (Nhan, 2017, p. 14), even if they are not orienting their services to address all needs experienced during reentry. There are also challenges related to service eligibility. Depending on certain factors, a returning resident may be eligible for more services. For example, in Texas, veterans and individuals with a disability receive more care coordination



from the state during reentry. However, social services and benefits often are restricted for those with specific types of charges on their record.

Texas has made efforts to reduce its incarcerated population, but more attention is necessary to improve outcomes for returning residents. The state is only able to offer services to a limited number of returning residents, and non-profit organizations are filling the gap of reentry service provision (Reentry and Integration Division, 2020). This study aims to understand what services are being offered by non-governmental reentry providers in non-urban areas of Texas and describe their service population, utilizing data from provider websites in order to map out the key services available to returning residents. This information can be used to justify funding and planning decisions for creating a more supportive reentry network for returning residents throughout the state. With this goal, social workers contribute an emphasis on strengths and opportunities for growth, moving the conversation on reentry outcomes beyond only recidivism and towards a framing that includes more aspects of a returning resident's life (Hunter et al., 2016; Petersilia, 2004).

Throughout this paper, I use the term "returning residents" to refer to individuals who have left incarceration. While returning citizens is a more common person-centric term, I chose returning residents due to an interest in including non-citizens residing in the United States. It is possible that "returning citizens" is a more appropriate term for the literature if non-citizens inevitably face deportation or immigration concerns following involvement with the justice system (Dauscher, 2021). Notwithstanding my lack of understanding of the complexities non-citizens experience following arrest, "resident" seemed just as appropriate as "citizen" for this paper as its geographic context focuses on the county level.

## **Literature Review**

Texas has worked to reduce its incarcerated population, and since 2011, the state has closed 10 correctional facilities (McCullough, 2020). Although Texas decreased the overall prison population by 20,000 from 2019-2020, it still holds more people in prison than any other state per capita (Carson, 2021). Dominant within reentry practices is the use of assessments in order to determine level of risk, reentry needs, and how to respond to these factors (Andrews & Bonta, 2010; Hunter et al., 2016; King & Heilbrun, 2021; Pettus et al., 2021; Sachs & Miller, 2018). Programming is decided by the level of risk someone is assessed to have, with high-risk individuals receiving the most intensive services. In Texas, veterans and people with disabilities are provided special services and rehabilitative treatment to prepare for reentry (Texas Department of Criminal Justice, 2022; Texas Department of Criminal Justice, 2021). In 2017, Texas reported its overall 10-year recidivism rate was 20.3% (Texas Department of Criminal Justice, 2022), a significantly lower rate than the national average reported by the Bureau of Justice Statistics study, which included Texas in its sampling states (Antenangeli & Durose, 2021).

### **Reentry in Texas**

The state of Texas outlines reentry in three phases, with Identification Processing and Assessment & Reentry Planning occurring during incarceration, and Community Reentry Services offered post-release (Texas Department of Criminal Justice, 2022). At each of these phases, services are provided by case managers employed by the Texas Department of Criminal Justice (TDCJ). Assessments conducted during Phase II determine whether someone will receive individualized case planning, given to those who are judged to have a moderate- to high-risk of recidivism (Texas Department of Criminal Justice, 2022). Current parole risk assessments

include factors associated with previous offenses, characteristics of the returning resident demonstrated during incarceration, and a ranking based on the severity of the felony offense (Texas Board of Pardons and Paroles, 2022). Most returning residents in Texas leaving prison will have conditions upon their release, leading to involvement with the parole system (Carson, 2021).

Veterans and individuals with mental or physical disabilities may receive specific programming and additional consideration regarding continuum of care and coordination of services in Texas (Texas Department of Criminal Justice, 2022). Veteran-specific services include assistance in obtaining identification paperwork, coordination of records with the Veteran Administration, assistance in applying for medical and disability benefits, and programming in veteran housing units across the state. Trauma informed practices are utilized at the veteran peer housing units, and reentry case managers are dedicated to work with veterans (Texas Department of Criminal Justice, 2022). Texas established the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) to oversee planning and health-related service delivery for individuals with physical or mental disabilities (Texas Department of Criminal Justice, 2021). When possible, TCOOMMI coordinates with the local mental health authority and provides referrals for diversionary alternatives to detention (Texas Health and Human Services, n.d.). For returning residents with disabilities, continuity of care aims to coordinate 90 days of services post-incarceration (Texas Department of Criminal Justice, 2021). Eligible individuals are provided benefits coordination, appointment coordination, and housing planning services in the case of people with significant medical needs. Overall, recidivism rates for individuals who have completed 12 months with TCOOMMI were around 15% combined for parole and probation populations (Texas Department of Criminal Justice, 2021).

The state reentry services are conducted by 195 individual case managers operating throughout the state (Texas Department of Criminal Justice, 2022). In 2019, Texas released more than 78,000 people from prison and had almost 1 million people leave jail populations (Sawyer, 2022). Recidivism rates for returning residents leaving Texas jails were more than twice as high as the 10-year overall rate, around 62% for rearrest and 54% for reconviction within three years (Legislative Budget Board Staff, 2019). Singer & Kopak (2021) described how a county jail (outside of Texas) mainly held individuals in pre-trial detention, and most individuals received zero services while detained. Individuals detained in jail may only be there until their sentence is determined (Spjeldnes et al., 2014), and rural areas have surpassed urban, suburban, and small metro areas in their use of pre-trial detention (Kang-Brown and Subramanian, 2017). Understanding how reentry services vary by both an individual's status and where they are held is significant for greater development of supports for returning residents.

For those who are not able to receive services from the state, either due to staffing or assessment criteria, the non-profit sector largely provides services. However, COVID-19 impacted the ability for services to be provided in correctional settings (Carson & Nadel, 2022). For the first year of the pandemic, Texas closed its educational programs, drug/alcohol treatment programs, prison labor programs, in-person family visitation, legal visitation, and ministry/religious service programs. During that time, Texas reduced its prison population by 16.1% by offering expedited release to some individuals to decrease overall COVID-19 risks (Carson & Nadel, 2022). Many returning residents have gone through the reentry process without critical supports to help in that transition. As efforts continue to reduce the incarcerated population in Texas, communities have many considerations for building their reentry networks.

The National Reentry Resource Center (2022) created a toolkit for developing reentry coalitions at the local level, with guidance related to coordinating stakeholders, mapping the current reentry network, advancing services, and measuring outcomes. This toolkit identified four areas of need to be centered in reentry coalition planning, including “safe, stable, affordable housing”; “access to quality treatment and services for behavioral health needs”; “economic opportunity and mobility”; and “connections to family and prosocial networks” (The National Reentry Resource Center, 2022). These areas outline critical legal and social barriers with implications for service design and delivery for returning residents.

## **Reentry Service Considerations**

### ***Housing***

Housing instability is experienced by many people involved in the criminal justice system, both before and after incarceration (Bowman & Ely, 2020). The National Reentry Resource Center (2022) highlighted the need for quick referrals to housing with low barriers for entry. Sometimes the need for safety and housing contributed to the person’s decision to participate in criminal activity (Bowman & Ely, 2020). Finding housing during reentry is inhibited by eligibility restrictions based on criminal background checks (Huebner et al., 2019; Kellett & Willging, 2011). Other barriers to housing include lack of identification, employment, or transportation (Nordberg et al., 2022; Sachs & Miller, 2018). Obtaining identification documents is often needed to apply for housing or employment. For those without their own transportation, housing options are limited by employment opportunities and public or shared transportation options (Huebner et al., 2019; Nordberg et al., 2022; Willging et al., 2016). The challenge of obtaining multiple essential resources at once in a timely manner leads to gaps in reentry supports, including housing.

The housing services provided to returning residents tend to fall into three main categories: transitional housing (Huebner et al., 2019; Kellett & Willging, 2011; Nhan et al., 2017; Scroggins & Malley, 2010; Singer & Kopak, 2021; Willging et al., 2016), temporary housing supports (Sachs & Miller, 2018), or permanent supportive housing (Bowman & Ely, 2020; The National Reentry Resource Center, 2022; Purser & Hamlin, 2022). Bowman and Ely (2020) explored how housing led to both identity transformation and progress in being able to address their hierarchy of needs. For individuals who have their housing needs met during reentry, they are provided with the opportunity to address other needs. Housing stability allowed returning residents to build their social capital and have greater support within their family and community (Bowman & Ely, 2020). One consideration for designing supportive housing is how to create a safe space psychologically for individuals during reentry. Purser & Hamlin (2022) described how police presence and an institutional-like housing environment were harmful to returning residents in a permanent supportive housing program.

### ***Behavioral Health***

Access to mental health and substance use disorder treatment is a significant need for some returning residents, and screenings and referrals are a critical step to complete while someone is still incarcerated (The National Reentry Resource Center, 2022; Willging et al., 2016). Compared to overall prevalence, individuals who have been incarcerated have higher rates of traumatic brain injuries, contributing to risk of mental health concerns and substance use disorders (Centers for Disease Control and Prevention, n.d.). Additionally, people arrested multiple times are more likely to have a serious mental health condition and less likely to be insured (Jones and Sawyer, 2019).

The carceral setting may be the first time someone has accessed mental health services (Few-Demo & Arditti, 2014; Kellett & Willging, 2011; Willging et al., 2016). Maintaining continuity of care and getting connected to treatment during reentry is difficult, with few providers available to returning residents (Scroggins & Malley, 2010; Singer & Kopak, 2021). Medication provided upon release may not be sufficient to cover the waiting period until appointments are available (Ward & Merlo, 2016). Lack of health insurance may be a barrier to accessing behavioral health care services (Ward & Merlo, 2016; Willging et al., 2016). Staton et al. (2019) found the utilization of healthcare was a protective factor for women during reentry in rural areas, but Singer & Kopak (2021) noted that if treatment is mandated by parole conditions, someone who cannot find care may violate parole due to lack of available resources.

Behavioral health treatment during reentry includes individual therapy, group counseling, and substance use disorder treatment (Grieb et al., 2014; Miller, 2014; Sachs & Miller, 2018; Singer & Kopak, 2021). These services may be provided in the community or through in-patient treatment facilities, if those are available (Tiruneh et al., 2022). Opioid use disorders can be addressed through medication treatment. For less severe needs, counselors highlighted how enhancing coping skills could reduce self-medication related to mental illness (Tiruneh et al., 2022). Visher et al. (2017) found services that changed individual behavior, including programs that focus on assistance with relationships, addressing criminal attitude, and anger management, were associated with longer periods of reentry without rearrest. Peer recovery specialists or mentors can also be utilized to bridge the service gap during reentry (Kellett & Willging, 2011; Miller & Miller, 2017; Sachs & Miller, 2018; Singer & Kopak, 2021). When utilizing peer service providers, provider networks should consider the demographics of their clients and how well the peer specialists are able to meet the needs of participants (Sachs & Miller, 2018).

### *Economic Opportunity/Mobility*

Jones and Sawyer (2019) found that 49% of the individuals arrested more than two times in a year had an annual income of less than \$10,000. The National Reentry Resource Center (2022) elaborated on the financial difficulties returning residents experience, with around 14,000 legal employment restrictions nationally based on criminal background information. Many returning residents voice that employment is a concern for reentry (Muentner & Charles, 2020; Nhan et al., 2017; Ward & Merlo, 2016), and providers note that a sense of urgency surrounding employment may contribute to returning residents' delay in accessing other non-employment services (Sachs & Miller, 2018). Efforts to address these barriers have conflicting results. Having employment is a protective factor during reentry (Miller & Miller, 2017; Staton-Tindall et al., 2015; Tillson et al., 2022), but participation in employment programs has not necessarily been linked with successful reentry (Visher et al., 2017). Some services addressing employment or education are not adaptable or relevant to the needs of returning residents, either focusing solely on high school level education or presenting limited options for career certifications (Nhan et al., 2017; Sachs & Miller, 2018; Scroggins & Malley, 2010). Job training programs may want to focus on long-term stability (Grieb et al., 2014), with transitional job programs and job training programs being opportunities for quick entry into the workforce (The National Reentry Resource Center, 2022).

Reentry also presents financial barriers outside of finding employment. In 2020, only 13% of returning residents released in Texas had no conditions on their release (Carson, 2021). While under supervision, additional financial obligations include paying for an ankle monitor, court fees, parole fees, and potentially child support arrears accumulated during incarceration (Hood & Gaston, 2022; Muentner & Charles, 2020; Pettus et al., 2021; The National Reentry



Resource Center, 2022; Ward & Merlo, 2016). Paying these can be overwhelming for returning residents and people who support them (Hood & Gaston, 2022; Willging et al., 2016). Service providers may choose to cover these various costs associated with reentry or fees associated with obtaining identification (Sachs & Miller, 2018). Additionally, reentry organizations should consider how returning residents are able to get to supportive services or meet parole/probation obligations. Affordable and accessible transportation is a significant concern for clients of reentry service providers, tied to multiple other considerations including finding employment, relationships with family, and finding housing (Bowman & Ely, 2020; Huebner et al., 2019; Kellett & Willging, 2011; Nhan et al., 2017; Nordberg et al., 2022; Sachs & Miller, 2018; Singer & Kopak, 2021).

### ***Family and Social Supports***

Family can be an asset for someone during reentry, and family members often provide housing for someone leaving incarceration (Bowman & Ely, 2020; Huebner et al., 2019; Kellett & Willging, 2011; Willging et al., 2016). Family members trying to support returning residents have very few structured resources and experience their own challenges with the reentry process (Grieb et al., 2014; Hood & Gaston, 2022; Tiruneh et al., 2022). Some are faced with feeling obligated to help while struggling to maintain boundaries or overcome their negative feelings towards their family member (Grieb et al., 2014; Hood & Gaston, 2022). There is also a sense of loneliness in trying to be supportive to returning residents, with family members experiencing a lack of support themselves from their community. Many individuals attribute physical ailments they experience to the stress associated with reconnecting and trying to assist their family member be successful post-incarceration (Grieb et al., 2014; Hood & Gaston, 2022).

Family members can also be a barrier for someone during reentry. Sometimes staying with family means living in unsafe or dangerous conditions (Bowman & Ely, 2020; Few-Demo & Arditti, 2014; Kellett & Willging, 2011; Willging et al., 2016). Without another social support network, returning residents may be dependent on a parent or partner who is abusive or engages in substance misuse (Few-Demo & Arditti, 2014; Kellett & Willging, 2011). Without other options for support, these situations may inhibit a successful transition during reentry.

Parents experience challenges during reentry while navigating custody/co-parenting and emotional distance with their children. Some families are unable to maintain a relationship during incarceration due to the financial costs associated with calls or travel (Hood & Gaston, 2022). Few-Demo & Arditti (2014) found that women faced difficulties in reconnecting to their children after incarceration. The “ambivalence” that children demonstrated was attributed to previous experiences of their mothers being unavailable to them (Few-Demo & Arditti, 2014; Hood & Gaston, 2022). Fathers interviewed during reentry expressed the desire for parenting/co-parenting classes and activities to help them connect with their children (Muentner & Charles, 2020). Only eleven states in the United States consistently track the number of incarcerated parents in their state; Texas calls its data “unreliable” in knowing the number of incarcerated people who have children (Girls Embracing Mothers, 2022).

Services offered to address family needs during reentry can focus on the returning resident or choose to include their family members as recipients of services. The National Reentry Resource Center (2022) recommends utilizing a broad definition of family to include other significant relationships in a returning resident’s life. For parents reuniting with their children, providers may offer parenting skill development or assistance with childcare (Scroggins & Malley, 2010). While housing services were addressed previously, they also have a role in

developing options that allow parents to be eligible for services with their children (Scroggins & Malley, 2010). Support groups could assist family members in understanding the reentry experience and how to reduce the stigma associated with incarceration or substance use disorders (Grieb et al., 2014; Tiruneh et al., 2022).

## **Additional Considerations**

### ***Racial Inequity***

Racism has contributed to unequal involvement of individuals of color in the criminal justice system. Increased police surveillance and police contact have led to disproportionate representation in jail populations (Jones & Sawyer, 2019). Black people are more likely than White, Hispanic, or “Other” populations of people to be arrested more than once in a year and more likely to experience violence during interactions with police (Sawyer, 2020). None of the reentry services described explicitly address violence experienced at the hands of the correctional system. Many researchers describe the importance of taking race into account (Barrenger et al., 2021; Hood & Gaston, 2022; Kellett & Willging, 2011; Pettus et al., 2021; Spjeldnes & Goodkind, 2009), but few have explained how this occurs when planning reentry services. Sachs and Miller (2018) described barriers experienced in therapeutic environments, potentially due to a lack of diversity in mental health providers. For staffing and programmatic planning, reentry providers should consider the cultural relevance of services and demographics of providers and clients. Further research is needed to understand how individual reentry networks are responding to the systemic overrepresentation of people of color within the criminal justice system.

### ***Stigma***

Post-incarceration, stigma and discrimination are experienced at the social and structural level. Returning residents speak about the challenges in finding a social network and being

accepted by others (Bowman & Ely, 2020; Kellett & Willging, 2011). The search for employment can discourage people during reentry if they are unable to find an employer who is willing to look beyond the criminal background check, and eligibility for specific assistance programs is limited for individuals with certain offenses (Grieb et al., 2014; Huebner et al., 2019; Kellett & Willging, 2011; Willging et al., 2016).

The identity of “sex offender” inhibits travel and social interactions as well as limits opportunities for housing and employment (Hood & Gaston, 2022; Huebner et al., 2019). Even if someone finds housing that complies with geographic restrictions, some landlords or leasing agencies have implemented their own policies that limit eligibility based on background checks (Huebner et al., 2019). Individuals with sex offenses living in urban environments described the anonymity of the city being beneficial but still feared what would happen if others found out. In more rural areas, they experience danger from harassment or physical violence related to stigma surrounding their “status”. When returning to rural environments, returning residents with sex offenses on their record speak about feeling monitored by other people in their community (Huebner et al., 2019).

Prejudice was also witnessed in the service providers who work in reentry spaces (Nhan et al., 2017; Nordberg et al., 2022; Purser & Hamlin, 2022). How people prioritize needs for returning residents reflects a negative impression: Ward and Merlo (2016) found parole officers identified “drug or alcohol abuse”, “return to substance abuse”, and “associating with the wrong people/peer pressure” as top concerns for individuals during reentry while individuals who were incarcerated selected “limited employment opportunities”, “ability to pay fines or court fees”, and “low wages” as their top three challenges (p. 39-40). Within the service network, communication between parole and non-profit service providers creates space for tension in

differing goal outcomes, and this conflict can impact the way providers treat their clients (Nhan et al., 2017). Service providers may limit resources given to clients if they have a negative perception of their likelihood to utilize the resource appropriately (Nordberg et al., 2022). Purser and Hamlin (2022) also described service providers justifying mistreating clients due to the attitude that clients should be grateful for the opportunity they are being given in the program.

There is potentially a stigma with being a reentry service provider. Purser and Hamlin (2022) describe how a permanent supportive housing program became known as a reentry provider, even though returning residents lived in a fraction of the overall number of units in the facility. Individuals who have no criminal justice involvement became associated with the stigma returning residents face due to this perception in their community.

## **Reentry Service System**

### ***Service Accessibility***

Issues surrounding service accessibility include lack of resources available, lack of knowledge about available resources, confusion on coordination of services, and issues with scheduling services due to other obligations. Many communities have an insufficient number of resources to meet the needs of returning residents (Kellett & Willging, 2011; Scroggins & Malley, 2010; Singer & Kopak, 2021; Tiruneh et al., 2022; Willging et al., 2016). Rural areas in particular face challenges with having a sufficient number of accessible providers to serve their community (Bowman & Ely, 2020; Singer & Kopak, 2021; Ward & Merlo, 2016). Additionally, reentry providers may not offer services at times that are accessible to returning residents. Parole obligations, work schedules, transportation routes, and childcare needs may be barriers to receiving services at the offered times (Kellett & Willging, 2011; Muentner & Charles, 2020;

Nordberg et al., 2022; Sachs & Miller, 2018; Scroggins & Malley, 2010; Singer & Kopak, 2021; Willging et al., 2016).

Returning residents and correctional staff have criticized the planning process prior to release, stating it could have created a smoother transition with better mental preparation or facilitation of more service coordination (Kellett & Willging, 2011; Nhan et al., 2017; Singer & Kopak, 2021; Willging et al., 2016). Begun (2011) argued that the regularity of short stays in jails justifies conducting needs assessments at intake for every individual who is arrested, regardless of their length of stay, and even if they will not receive services at the jail. This assessment would be useful for service providers by providing a frame of reference at the time of arrest.

Confusion related to service availability continues throughout the reentry process (Nhan et al., 2017; Tiruneh et al., 2022; Willging et al., 2016), with service providers also experiencing uncertainty related to other providers and resources (Nhan et al., 2017; Tiruneh et al., 2022). Case managers can perform a key role of coordination of services (Grieb et al., 2014; Miller, 2014; Sachs & Miller, 2018). The National Reentry Resource Center (2022) recommended utilizing collaborative case management during reentry to reduce some of the administrative burdens while accessing services. This service planning process brings together representatives from multiple service providers in order to create one comprehensive case plan for returning residents.

### *Service Effectiveness*

Services were considered less effective by returning residents if they were not provided in a timely manner during reentry, if the content was dated or repetitive, or if the individual providers seemed incompetent (Sachs & Miller, 2018; Singer & Kopak, 2021; Tiruneh et al.,

2022; Ward & Merlo, 2016). For returning residents with mental health concerns or substance use disorders, a gap in services due to administrative obligations could be damaging to their health (Singer & Kopak, 2021; Ward & Merlo, 2016). As mentioned before, creating one entry point into a service network could reduce the amount of paperwork someone has to complete for multiple needs and allow for better coordination of care (Nhan et al., 2017; Sachs & Miller, 2018; Tiruneh et al., 2022).

Some services are considered ineffective by clients and their families (Grieb et al., 2014; Tiruneh et al., 2022). Providers also observed utilization of ineffective services (Sachs & Miller, 2018; Singer & Kopak, 2021; Tiruneh et al., 2022) or duplication of services that returning residents were receiving elsewhere (Sachs & Miller, 2018). Insufficient program length or gap after services end may also contribute to overall feelings of ineffectiveness (Sachs & Miller, 2018; Scroggins & Malley, 2010; Singer & Kopak, 2021).

Evidence-based services, such as cognitive behavioral approaches, (Miller & Miller, 2017; Miller, 2014; Pettus-Davis et al., 2019; Sachs & Miller, 2018; Visher et al., 2017) are becoming more significant within reentry service planning, but there are still obstacles to widespread adoption. Applying evidence-based services within a reentry network involves training reentry practitioners as well as law enforcement staff on effective practices (Miller, 2014; Pettus-Davis et al., 2019; Singer & Kopak, 2021; The National Reentry Resource Center, 2022; Tiruneh et al., 2022). Implementation barriers include lack of data within a community (Tiruneh et al., 2022), costs of evidence-based programs (Pettus-Davis et al., 2019), and complex intervention processes (Pettus-Davis et al., 2019).

## Theory

The reentry service network and surrounding environment can be assessed at the individual, organizational, and systems levels to consider implications for the community. Individual factors are often centered in reentry, with personal responsibility and motivation to change exemplified in ideology surrounding services before or during reentry (Kellett & Willging, 2011; Miller, 2014; Nhan et al., 2017; Ward & Merlo, 2016). However, organizational choices also influence how resources are prioritized and how the community can respond to reentry needs.

Social learning theory considers the internal and external processes involved in human behavior, and how motivation can be influenced by the environment (Robbins et al., 2019). Individual efficacy is framed in light of the choice to change, which can lead to greater hope or discouragement during reentry transitions (Kellett & Willging, 2011; Singer & Kopak, 2021). Family members view their own efficacy in helping as dependent on the personal motivation of returning residents during reentry (Grieb et al., 2014; Hood & Gaston, 2022).

Organizational behavior theory can inform the way the correctional staff prioritize services for incarcerated persons (Denhardt et al., 2009). The use of a therapeutic community model has emerged to benefit people who are incarcerated as well as provide a safer environment overall in jail settings (Miller, 2014). When tuberculosis outbreaks in New York and meningitis outbreaks in Los Angeles were associated with returning residents, reentry became a public health issue rather than a public safety concern (Patterson, 2013). This resulted in greater attention being paid to supporting returning residents, especially in communities with less resources.



### ***Well-Being Development Model***

The Well-Being Development Model (WBDM) was created by researchers interested in accelerating the use of evidence-based practices in reentry in communities across the country (Pettus-Davis et al., 2019). The WBDM is based on findings that the positive impacts of improved well-being are longer lasting than models that focus on deficits (Pettus et al., 2021). Rather than focusing on static factors, (such as those emphasized in the risk-need-responsivity model), the WBDM targets areas that can be addressed by evidence-based interventions while acknowledging barriers that returning residents face. Its focus on well-being as areas of growth frames goals differently for returning residents and reentry service providers.

Following development of the WBDM as a theoretical model, a systematic literature review for evidence-based interventions associated with adults involved in the criminal justice system was conducted. These interventions were proposed to reentry stakeholders to obtain feedback while assessing the proposed model and interventions' feasibility for implementation. Proposed program components consisted of four interventions that addressed the five constructs within the WBDM (TCU Brief Interventions; Now, Next, Later; Solution Focused Brief Therapy; and Health Lifestyles) (Pettus-Davis et al., 2019). The team also developed an assessment tool to measure the five constructs within the WBDM (Veeh et al., 2021). Understanding the limitations that reentry service providers face in funding and staffing, the model was designed to be flexible and appropriate as a uniform process for individuals leaving incarceration (Pettus-Davis et al., 2019). Initial validation involved multisite, randomized control trial testing in urban and rural counties in seven states (Pettus-Davis & Veeh, 2021). Early findings showed that study participants reported higher rates of overall well-being and were less likely to have experienced reincarceration (Pettus-Davis & Veeh, 2021). During the COVID-19

pandemic, returning residents in the program were more likely to be connected to community resources, more likely to be employed, more likely to recognize need for intervention related to drug use and had greater overall physical health than people in the comparison group who received other reentry services in their communities (Pettus & Kennedy, 2021).

Five areas were identified to target for improving well-being during reentry: healthy thinking patterns, effective coping strategies, meaningful work trajectories, positive relationships, and positive social engagement (Pettus et al., 2021; Pettus-Davis et al., 2019). Individuals' needs can be considered and addressed in each of these key areas instead of assigning or skipping individuals based on a static assessment that focuses on previous offenses. Each of these constructs provides a point for measurable evaluation and intervention. Healthy thinking patterns are "adaptive mental actions or processes, the presence of empathy, and the acceptance or internalization of values and norms that promote prosocial behavior" (Pettus et al., 2021, p. 439). Effective coping strategies are "adaptive behavioral and psychological efforts taken to manage and reduce internal and external stressors in ways that are not harmful in the short or long term" (Pettus et al., 2021, p. 441). These two areas could be reflected in the need for behavioral health services emphasized in The National Reentry Resource Center's toolkit.

Meaningful work trajectories are defined as "sustainable compatibility between an individual's goals and abilities and the demands of that individual's occupation" (Pettus et al., 2021, p. 438). Acknowledging the multiple responsibilities that returning residents have, especially parents, occupation is considered any job or obligation that returning residents fulfill. This area is supported by needs voiced by returning residents and providers. Finding meaningful employment and being able to balance it with other areas of life, including parole or probation obligations, is an ongoing challenge to be addressed in reentry.

The last two constructs of the WBDM are positive social engagement and positive interpersonal relationships. Positive social engagement involves “experiences organized for beneficial social purposes that directly or indirectly involve others, engaged in during discretionary time, and experienced as enjoyable” (Pettus et al., 2021, p. 443). Positive interpersonal relationships are defined as “reliable, mutually beneficial relationships between two people that range from brief to enduring in duration within formal or informal social contexts” (Pettus et al., 2021, p. 445). While other frameworks discuss the negative impact of “criminogenic peers” (Bowman & Ely, 2020; Staton et al., 2019; Tillson et al., 2022; Tiruneh et al., 2022; Ward & Merlo, 2016), the WBDM defines opportunities for positive social engagement and multiple types of positive relationships for returning residents. The idea of family being both relatives and other supportive relationships was echoed in The National Reentry Resource Center toolkit.

Reentry is a process involving individuals, communities, and systems. The Well-Being Development Model provides a theoretical framework for assessing returning residents’ outcomes beyond whether or not they are rearrested. By focusing on measurable areas that can be improved via intervention, the model attempts to standardize reentry supports across the country in an effective way. Seeking to advance reentry services in Texas, this study aimed to see if services offered by non-governmental providers demonstrate alignment with any of the constructs within the WBDM and if providers described utilizing evidence-based programming. The service areas emphasized by The National Reentry Resource Center and the WDBM were utilized as a lens for assessing how providers are building a reentry network in their communities.

## Methods

In order to understand the reentry landscape in non-urban areas of Texas, this study analyzed information taken from reentry service providers' websites. This mixed methods, directed content analysis summarized features of reentry providers through descriptive statistics and explored services, guided by the domains listed in the National Reentry Resource Center's toolkit and the constructs within the Well-Being Development Model. Data from the websites were organized using the RADaR technique (Watkins, 2017) for quick and thorough qualitative analysis of the content. In the end, a snapshot of the current availability of key services for returning residents in non-urban counties in Texas is presented.

### Data Source

The data sources considered were reentry resources listed on the Texas Department of Criminal Justice's (TDCJ) "Reentry Resource Guide" (Reentry and Integration Division, 2020). This 266-page online list is published by TDCJ's Reentry and Integration Division. The list was last updated on October 19, 2020, and on their website, the agency invites additional resources to be considered for publication via email (Texas Department of Criminal Justice, n.d.). The resource guide is organized by county in Texas, with 237 of 254 Texas counties included. The 17 counties missing from the guide all have populations less than 7000 as of the 2020 Census (United States Census Bureau, 2020), and of the 237 counties, 31 have no service providers listed (Reentry and Integration Division, 2020). Counties listing resources have information about each service provider, including the service provider's name, address, phone number (if applicable), website (if applicable), and a description (see Figure 1). The publication also has a column to categorize the "Type of Resource".

Figure 1

## Screenshot of TDCJ Reentry Resource Guide

County	Reentry Services	Type of Resource	Address	Contact/Phone	Web Address	Comments
<b>ANDERSON COUNTY - surrounding: Cherokee, Houston, Leon, Freestone, Henderson</b>						
Anderson County	Alcoholics Anonymous	Substance Abuse	900 North Line Street, Palestine, Texas 75801	903-729-1887		Substance Abuse services.
Anderson County	Anderson Cherokee Community Enrichment Services (ACCESS)	Mental Health Care	3320 South Loop 256, Palestine, Texas 75801	903-723-6136	<a href="http://www.accesshmr.org">www.accesshmr.org</a>	Provides community mental health services. Use the main phone number to contact an office for an appointment or to ask for more information about eligibility and programs. The 24-hour toll free Crisis Hotline is (800) 621-1693. This crisis number is for people facing an emergency situation, such as having a homicidal or suicidal thoughts. If your call is an emergency, a crisis team may be sent out to help manage your situation. If necessary, emergency services may also be contacted to respond to your crisis.
Anderson County	DPS - Texas Department of Public Safety	Identification	1800 West Spring, Palestine, Texas 75803-7940	903-661-5030	<a href="http://www.dps.texas.gov">www.dps.texas.gov</a>	Hours: Monday - Friday 8:00 - 5:00
Anderson County	ETMC Behavioral Health	Mental Health Care/Substance Abuse		903-266-2200 - Information Line 903-566-0088 - 24-Hour Crisis Line 1-800-566-0088 - Toll Free Line	<a href="http://www.etmc.org">www.etmc.org</a>	Inpatient and Outpatient Mental Health and Substance abuse programs for adults, geriatrics, teens and children
Anderson County	Palestine Community Food Pantry	Food	1434 Court Drive, Palestine, Texas 75801	903-723-5406		Food Pantry
Anderson County	Redemption House/ Be Fruitful and Multiply	Housing	2055 ACR 2101, Palestine, Texas 75801	903-948-6133		Housing for males, \$50 week. Sex offenders and those on electronic monitors/SISP accepted.
Anderson County	Refuge Palestine Campus	Housing	1221 ACR 2109, Elkhart, Texas 75839	903-764-0780		Housing for women based on a sliding scale. No sex offenses and sometimes those on electronic monitoring.
Anderson County	Social Security Office	Identification	215 Medical Drive, Palestine, Texas 75801	1-866-495-0089 or 1-903-723-5261	<a href="http://www.ssa.gov">www.ssa.gov</a>	Hours: Monday, Tuesday, Thursday and Friday 9:00 AM - 3:00 PM, Wednesday 9:00 AM - 12:00 PM
Anderson County	Stepping Out	Housing	921 San Jacinto, Palestine, Texas 75801	903-729-6131		Housing for men and women, \$50/week. Sex offenses and electronic monitors allowed.
Anderson County	Texas Workforce Solutions	Employment Resource	2000 Loop 256, Suite 16, Palestine, Texas 75801	903-729-0178	<a href="http://www.twc.texas.gov">www.twc.texas.gov</a>	Hours: Monday - Friday 8:00 - 5:00
<b>ANDREWS COUNTY - surrounding: Gaines, Martin, Midland, Ector, Winkler</b>						
Andrews County	DPS - Texas Department of Public Safety	Identification	201 North Main Street, Andrews County Courthouse Suite 210, Andrews, Texas 79714	432-524-1425	<a href="http://www.dps.texas.gov">www.dps.texas.gov</a>	Hours: Monday - Friday 8:30 - 5:00

This resource guide includes organizations that may be helpful in the reentry process but are not specifically oriented to assisting formerly incarcerated persons in reentry. For example, many counties have food pantries that are included in the resource guide. Some providers in the resource list are state agencies that provide specific services, such as the Texas Department of Public Safety (identification) or Texas Workforce Solutions (employment resources).

In total, there are over 4000 reentry resources on this list, which includes duplicates due to providers offering multiple types of services, providers having multiple locations in one county, or providers serving multiple counties. Reentry resources for this study were initially identified by including providers that both (a) were listed in the category of “Support System”, and (b) specifically included in the description or name reentry or referenced serving clients that have been incarcerated. Inclusion and exclusion criteria are summarized in Table 1. This scope was broadened to include any provider under other “Types of Resources” who provided services to formerly incarcerated persons. To identify these resources, a list of key search terms was created and utilized in a second pass through the document. These terms included “reentry”,

“offender (sex)”, “welcome”, “freedom”, “jail”, “prison”, “incarcerat(ion)(ed)”, “returning citizens”, “return”, “recidivism”, “release”, “reintegration”, “parole”, “probation”, “accused”, “batterer”, “convict”, “felon”, and “criminal justice”. In these passes to identify reentry resources, organizations were not included if they mentioned requiring clients to have children with them (serving only families), if the providers focused on services for juveniles, or if the providers excluded clients who were currently on probation or parole.

With this list of potential data sources, the first exclusion criterion was whether the service provider had a functioning website. As the directed content analysis focused on public

### **Table 1**

#### *Summary of Inclusion and Exclusion Criteria for Data Sources*

Inclusion criteria
"Support System" or other multi-service provider Mention working with returning residents (language variation captured above) Work with adult clients Provide services in a county with less than 150,000 residents according to 2020 Census data
Exclusion Criteria
Website not available Support systems that serve specific individuals (support groups existing for individuals or families experiencing domestic violence, Alzheimer's, substance use disorders/mental illness, HIV/AIDS diagnosis, pregnancy, disability, and individuals who are veterans or within the LGBT community) Other organizations that primarily provide one service (food banks, legal aid, homeless shelters, rehab facilities, mental health providers, identification resources, Batterer Intervention Programs) Agency requires having children to receive services Agency does not serve returning residents currently on probation or parole Parole or probation departments Duplicate organizations

information available online, each provider that did not have a website listed on the “Reentry Resource Guide” was searched for in an online search engine, and if not found within a few queries, would be eliminated from the scope. All links for providers that did have websites listed on the “Reentry Resource Guide” were tested, and if the links were broken, the same search strategy was used. In order to match resources that may have changed names since the guide’s publication, addresses were verified when a provider was found online, if possible.

A second set of providers were excluded if they only served a particular client group. Common “Support system” resources excluded in this step focused on women or families experiencing domestic violence, individuals or families impacted by Alzheimer’s, individuals experiencing substance use disorders, individuals diagnosed with HIV, individuals with disabilities and their families, support groups for the LGBT community, veterans and their families, individuals who are pregnant, and individuals with mental illness and their families. While there is an obvious need to consider these resources for many people returning to their community after experiencing incarceration, these providers were excluded due to the basis of eligibility for their clients. Providers were also excluded if they only offered one type of service (only food, clothing, or mental health services, etc.).

As the study focused on the service landscape in rural areas, a population limit was placed on the reentry resources based on 2020 Census data at the county level. Initially the census definition of an urbanized area containing 50,000 people or more was utilized to narrow the scope, but this led to zero providers left fitting the previous criteria and being located in a county with fewer than 50,000 residents. This population limit was expanded to 150,000, which aligns with the Texas Department of Agriculture and Department of State Health Services’

thresholds for rural areas when considering rural health or public health funding (Texas Legislative Council, 2016).

This narrowed the scope to 12 providers; two more were removed after discovering they did not provide services in a non-urban county, even though they were listed under a non-urban county on the guide. In the case of one organization, their address was not updated, and the agency had relocated to an urban county; the other organization had a P.O. Box listing their address in a non-urban county, but all data on the website indicated that services were provided in an urban county. Finally, three providers were removed because they had no information on their website about the services they provide to returning residents. While they included information in the Reentry Resource Guide from the TDCJ, they had no content online to include in the analysis. This left seven organizations for the study.

### **Data Analysis**

A mixed method directed content analysis was conducted using data collected from the reentry service providers' websites. Data were copied and organized in Microsoft Excel using the rigorous and accelerated data reduction (RADaR) technique (Watkins, 2017). RADaR consisted of five steps to sequentially reduce data into specific segments that represent themes within the text. The first step ensured all data were similarly formatted for entry into a data table. The second step was to copy data into a Phase 1 data table that included all data. The data at this step were identical in content to the original text but organized by the four service domains identified below and seen in Table 2. The third step was to copy the Excel tab and start removing data (text) that were not essential to representing the service domains or WBDM constructs. This step produced a Phase 2 data table, in which codes were narrowed and distinctions within service domains were identified. Step four was an iterative step in which text continued to be reduced



and analyzed into Phase 3 and Phase 4 data tables. The final step in the RADaR technique was drafting a presentation of the data results. Analysis was continued while synthesizing data into written and visual representations of the results (Watkins, 2017).

The analysis was directed by service domains listed by the National Reentry Resource Center's toolkit for reentry coalitions, shown in Table 2, to determine how these areas are addressed by current reentry service providers (2022). Information relevant to each of these domains (housing, access to healthcare/behavioral healthcare, advancing economic opportunities, and promoting family and prosocial networks) was taken from the data and condensed to describe the services within and across service providers. Additionally, data were analyzed utilizing the WBDM (Pettus et al., 2021). This model frames five key indicators for wellness that have been linked to successful reentry. The key ingredients include healthy thinking patterns, meaningful work trajectories, effective coping strategies, positive social engagement, and positive relationships. The definitions of these key ingredients and associated assessment tools were utilized in assessing data on the service providers website to see how wellness is presented as a goal for client outcomes (Veeh et al., 2021). Again, RADaR technique was used in Microsoft Excel to organize and condense the data related to these themes in the same method described above.

Finally, data analysis considered the language use of reentry service providers on their website, geographic location of service providers in the state and county, use of evidence-based programming, and any demographic restrictions on clients (such as gender, offense type, or religious obligations). Descriptive statistics presented the number of organizations that provide services in each service domain, focus on one gender of client, serve families as well as returning residents, and are religiously affiliated.

**Table 2***Overview of Frameworks Guiding Analysis*

<b>National Reentry Resource Center Service Areas</b>	<b>Well-Being Development Model Constructs</b>
1. Safe, stable, affordable housing	
2. Quality treatment and services for behavioral health needs	1. Healthy thinking patterns 2. Effective coping strategies
3. Economic opportunity and mobility	3. Meaningful work trajectories
4. Connections to family and prosocial networks	4. Positive social engagement 5. Positive relationships

## Results

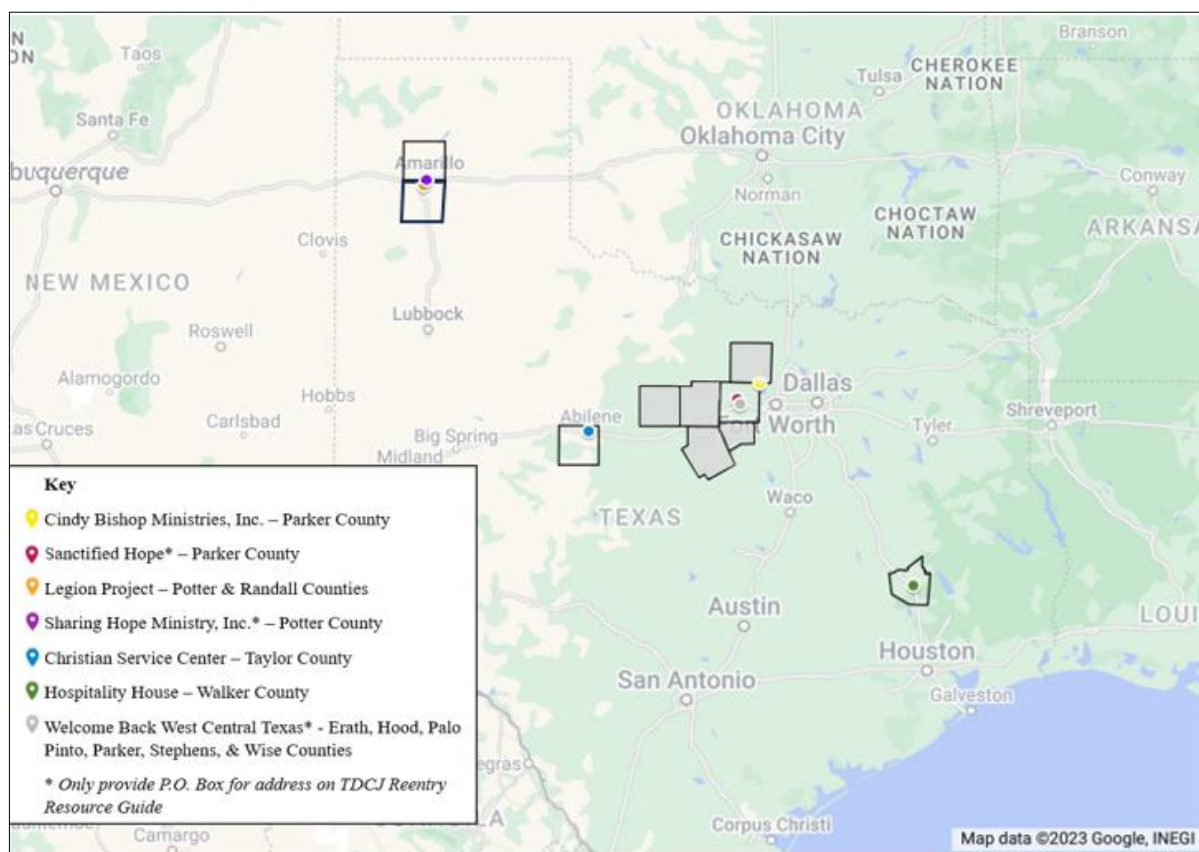
I conducted a directed content analysis of reentry organizations' websites to understand what services are offered to returning residents in non-urban counties in Texas. Seven reentry providers were identified from the TDCJ Reentry Resource Guide (Reentry and Integration Division, 2020) (see Table 3), text was collected from the providers' websites, and data were organized using the RADaR technique (Watkins, 2017). Quantitative metrics centered on services listed in the National Reentry Resource Center's reentry coalition toolkit (2022) and characteristics of the reentry organizations, and qualitative analysis was directed by constructs within the Well-Being Development Model (Pettus et al., 2021).

Organizations were associated with 10 different counties in Texas, but two of the organizations covered more than one county (see Figure 2). Two counties had more than one reentry provider. Three of the organizations did not provide a specific address in the TDCJ Reentry Resource Guide and listed a P.O. Box instead. For two of these organizations, addresses were found online to create the map of providers presented in Figure 2, but one of the organizations does not seem to have a physical address. This organization (Welcome Back / West Central Texas) provides services in six counties, with services focused on providing information about other local resources in the area for returning residents.

There were significant differences in the amount of data available between different organizations. In total, 266 pages or sections of websites were reviewed from the seven organizations, including 23 pages that were skipped due to irrelevance to this study (these described board members, partners, how to donate, organizational finances, current job openings, and contact information). Unexpectedly, Sanctified Hope and Sharing Hope Ministry, Inc. both had regular newsletters available online going back to 2017 and 2004, respectively. In total,

**Figure 2**

*Map of Organizations within Counties in Texas*



198,883 words were copied from the website pages, including those newsletters. The majority of the data collected came from Sharing Hope Ministry, Inc., as seen in Table 3.

### **Organizational Characteristics**

The providers offering reentry services in non-urban areas were all private organizations that used language referencing faith, church, or Christ/Christian on their website. All the organizations included religious programming as part of their program structure, with providers giving clients religious materials, connecting returning residents to a church community,

**Table 3***Organization Location, County Population, and Language Information*

Organization	County	2020 Census Population	Number of Words Collected from Website (and % of total data)	Terms for returning residents/program participants
Cindy Bishop Ministries, Inc	Parker	148,222	1,310 (.7%)	residents
Sanctified Hope	Parker	148,222	38,678 (19.4%)	formerly incarcerated women
Legion Project	Potter Randall	118,525 140,753	1,325 (.7%)	parolees
Sharing Hope Ministry, Inc	Potter	118,525	139,449 (70.1%)	post-offending women, women in recovery, formerly incarcerated women, ex-offenders
Christian Service Center	Taylor	143,208	4,594 (2.3%)	N/A
Hospitality House	Walker	76,400	2,787 (1.4%)	N/A
Welcome Back / West Central Texas	Erath Hood Palo Pinto Parker Stephens Wise	42,545 61,598 28,409 148,222 9,101 68,632	10,740 (5.4%)	ex-offenders, parolee, returning citizen

providing faith-based mentorship, and/or offering ongoing bible studies or worship services. This religious focus extended to how they describe their program’s purpose: 86% (6/7) of providers mentioned “Christ/Christian”, “God”, or utilize a bible verse in their mission statements; 57% (4/7) of the organizations have a section of their website describing their explicit religious beliefs; and 43% (3/7) of the organizations mention prayer, God, or Christianity in an application process. For example, one of these organizations stated they serve returning residents who are “proven followers of Jesus Christ”, and another described eligibility including being “committed to change to seek first the Kingdom of God.” Cindy Bishop Ministries, Inc. further explained

“Our primary mission is not to provide a place for men to stay; but programs that are Christian Based to help them have a productive life with Christ based skill sets.”

Eight-six percent (6/7) of the organizations mentioned eligibility restrictions within the application process for services. Three of the organizations that provide transitional or permanent housing seem to focus on accepting applications from individuals who are currently incarcerated. Only one organization specified that their criteria excluded individuals with sex offenses and individuals with a monitor; they also stated that eligibility requires being able to “physically do work related training and community service.” As shown in Table 4, 29% (2/7) of the providers served exclusively women, and 29% (2/7) served men. Twenty-nine percent (2/7) of the providers made no specification of whether they offered services to male or female clients. Of these two, one served as a central provider for “low-income people”, and one organization hosted family members visiting their family while they are incarcerated. One organization stated it served men and women and was the only organization without eligibility listed; it mainly served to provide a resource guide to returning residents with information about other service providers.

None of the organizations explicitly described utilizing evidence-based programming on their websites, although one organization employed a licensed chemical dependency counselor, and another offered a therapeutic art program. Forty-three percent (3/7) described utilizing faith-based programming for recovery and workforce needs, and 29% (2/7) referred returning residents to faith-based programming for those needs. More information is needed to know if these programs are evidence-based.

### **Services Offered to Returning Residents**

Utilizing the National Reentry Resource Center’s toolkit (2022), quantitative data focused on the number of organizations that provided housing services, behavioral health services,

employment and financial services, and services promoting family and prosocial networks. The degree to which organizations addressed each service need varied. The information presented in Table 4 summarizes how many organizations offered each kind of service. One organization (Welcome Back / West Central Texas) provided information about housing, behavioral health, and employment needs, but they were not counted towards the total organizations offering the service as they did not offer these services themselves or otherwise facilitate accessing them. Examples of what services were offered in each service domain are presented in Table 5.

### *Housing*

Seventy-one percent (5/7) of the organizations provided housing or emergency shelter. Forty-three percent (3/7) of the organizations provided transitional housing, and one organization provided a furnished apartment to returning residents. The three transitional programs stated there are phases in their housing programs, with Sanctified Hope and Cindy Bishop Ministries, Inc. mentioning more privileges as people progress through the program. One organization

**Table 4**

#### *Organizational Characteristics and Services Offered*

Characteristics of Organization	Percentage of Organizations
Are Religiously Affiliated	100%
Serve Only Women	29%
Serve Only Men	29%
Services Offered	Percentage of Organizations
Housing	71%
Behavioral Health	71%
Economic Opportunity/Mobility	71%
Family/Social Support	71%
Serve Families of Returning Residents	43%

offered a “Work for Shelter” program that provided housing for one week in exchange for volunteering for the organization. 43% (3/7) of the organizations offered home essentials, such as kitchen supplies or linens, for clients that live in their own homes.

### ***Behavioral Health***

Seventy-one percent (5/7) of the organizations offered behavioral health services or assisted in receiving services. Forty-three percent (3/7) of the organizations provided some ongoing programming related to trauma, anger management, or recovery classes. One organization provided a therapeutic art program for children visiting their family members who are incarcerated. Twenty-nine percent (2/7) of the organizations provided information to returning residents about local Al-Anon meetings, and one of these mentioned assisting returning residents in picking up psychiatric medication when they are released.

### ***Economic Opportunity/Mobility***

Fifty-seven percent (4/7) of the organizations mentioned aiding in finding employment. Twenty-nine percent (2/7) of the organizations provided a “Jobs for Life” program, and one organization gave referrals to local agencies or churches that provided the “Jobs for Life” program. Forty-three percent (3/7) of the organizations (all transitional housing programs) mentioned an intern, volunteer, or job training program to gain skills that can be listed on a job application. Twenty-nine percent (2/7) of the organizations provided referrals to Workforce Solutions for job development needs. Seventy-one percent (5/7) of the organizations assisted or provided information to returning residents about obtaining an ID on their websites. One organization made no mention of this on their website but stated on the TDCJ Reentry Resource Guide that they “will assist with getting identification documents if funds are available.” One organization provided laptops for residents, one organization provided cell phones for



participants, and one organization provided information about cell phone assistance programs. Forty-three percent (3/7) of the organizations provided some formal financial coaching, with one of those organizations making this a requirement for receiving rental assistance from the agency. Twenty-nine percent (2/7) of the organizations helped returning residents get connected to GED classes, community college, or vocational training programs.

Transportation needs were addressed by 71% (5/7) of the organizations. Forty-three percent (3/7) of the organizations provided volunteers or other support to get to appointment needs. Forty-three percent (3/7) of the organizations provided a car to participants who pay the organization for the vehicle over time; two of these organizations also mentioned putting the returning resident on a group insurance policy plan. One of the organizations provided bus passes and gas vouchers, with the restriction on bus passes of 2 per person per month and gas vouchers offered every three months. One of the organizations provided information on reduced cost transit services available in rural areas.

### ***Family/Social Support***

Forty-three percent (3/7) of the organizations supported returning residents or currently incarcerated individuals in maintaining connections with family members. One transitional housing program mentioned that family members could visit residents after Phase 1 of their program when they have demonstrated “personal responsibility and spiritual maturity,” but as they did not seem to provide programming or help develop those relationships, this was not counted as supporting the returning residents with family. From three different organizations, services addressing social needs included a “DNA of Relationships” course to participants, which focused on having healthy relationships; support classes for family members about incarceration and substance use disorders; and providing lodging and other basic needs for

**Table 5***Examples of Services*


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Housing	<p>Information on local shelter resources</p> <p>Work for Shelter (1 week) program</p> <p>Rent assistance</p> <p>Provide furnished apartment</p> <p>Set up utilities</p> <p>Transitional Home (6-, 12-, and 18-month programs)</p> <p>Home Essentials for returning residents living in their own spaces</p>
Behavioral Health	<p>Information on local Alcoholics Anonymous meetings, Narcotics Anonymous meetings, Celebrate Recovery meetings, ARMS Life Recovery meetings</p> <p>Information on developing coping skills provided in workbook</p> <p>Assistance in acquiring psychiatric medication</p> <p>Assist in signing up for indigent care</p> <p>Anger management, healing damaged emotions, submitting to authority, life skills, addiction recovery, and trauma healing classes</p> <p>Therapeutic Art Program for family visiting family members who are incarcerated</p>
Economic Opportunity/Mobility	<p>Information on Jobs for Life classes, Workforce Solutions programs, and how to acquire cell phone assistance, birth certificates, and drivers licenses</p> <p>Assistance in getting an ID</p> <p>Workbook with resume development information</p> <p>Support for job search</p> <p>Laptop for students</p> <p>Jobs for Life program</p> <p>Job training/Volunteer/intern programs aimed at developing skills for full-time employment</p> <p>Take to open bank account</p> <p>Financial education</p>
Transportation	<p>Information on reduced cost rural transit services</p> <p>Bus passes, gas vouchers</p> <p>Transportation support for appointments, parole and probation visits</p> <p>Volunteer transportation teams</p> <p>Help finance personal vehicle</p> <p>Sign up for group insurance</p> <p>Volunteer-taught class on vehicle maintenance</p>

*Examples of Services*


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Family Connection	Invite family for holidays and social activities DNA of Relationships class Pamphlet with information for supporting children who have incarcerated parents Support classes for families about incarceration and substance use disorders Provide meeting spaces for families (transitional housing programs) Free lodging, meals, laundry for family visiting incarcerated family members
Other Social Support	Assigned mentor Organized leisure and community engagement Community members teaching skills/recreational activities Jail outreach programs Pen pal program to women who are incarcerated nation-wide Designated servant Greeters at local churches

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family members visiting their loved ones who are incarcerated.

Forty-three percent (3/7) of the organizations provided mentors to returning residents. In one of the organizations, this mentor was responsible for setting up housing, utilities, and cell phone service for returning residents in addition to providing transportation to initial appointments upon release and referrals or assistance in applying to a variety of services. The other two organizations utilized mentors more in a social support capacity, with a one-year commitment from one organization and a 2-year commitment requested from mentors by the other organization. One organization set up a network of “Servant Greeters” at churches throughout the area who provide their contact information in a resource guide and are available as a welcoming presence to returning residents who are interested in joining the church community.

## Well-Being Development Model Constructs

Content was also analyzed utilizing the WBDM (Pettus et al., 2021). The five constructs associated with well-being are healthy thinking patterns, meaningful work trajectories, effective coping strategies, positive social engagement, and positive relationships. Veeh et al. (2021) offered an assessment tool to go along with the WBDM, and dimensions within that tool were used when analyzing the data for relevant content.

### *Healthy Thinking Patterns: “A life raft in the sea of helplessness”*

Hope, empathy, and cognitive flexibility were explored within the construct of healthy thinking patterns. Organizations offered hope to current and future participants by highlighting previous clients’ successes. Using previous clients’ stories, returning residents were told they can change future outcomes. A Sharing Hope Ministry, Inc. client spoke about reconnecting to family and having their own housing for the first time and shared, “My life’s just been run by uncontrollable chaos. It’s amazing to know that I can live a confident life and be successful.” Sanctified Hope highlighted successes of their current participants in newsletters online, and they employ two former program participants who utilize their experiences to support other women during reentry. The social supports offered also create a sense of hope for participants, as one woman from the Potter County Jail told Sharing Hope Ministry, Inc.:

I really want to thank all of you, not just for me, but for all the women you help. I hope ya’ll know that ya’ll are a lifeline – when all others have left us for whatever reason. Ya’ll are a life raft in the sea of helplessness we all feel in here.

During analysis, cognitive flexibility was considered for programs that addressed positive thinking, behavior, accepting one’s past, and financial coaching. Sanctified Hope described returning residents as “learning new ways of thinking by a daily renewing of the mind”

throughout other classes and programs. For example, their Jobs for Life course helped “in self confidence as well as teaches our ladies how to talk confidently about themselves in an interview setting while acknowledging their background.” In offering a new way of speaking about their past, this program aimed to help returning residents from feeling mentally stuck by barriers to employment. Sanctified Hope’s director described their goal of changing thinking patterns:

This is a huge part of what we are walking through with these ladies here as they venture through their freedom journey. They are learning grace towards themselves and not to be a people-pleaser. They are learning that it is ok to make mistakes, but to own them and grow and learn from them.

Developing empathy was not a prevalent theme within the organizations’ websites, but Cindy Bishop Ministries, Inc. and Sanctified Hope mentioned program participants conducting community service in their community. Other “cognitive thinking” programs may address empathy, but it was not clear in the data. Understanding more of the content and structure of programming would provide more evidence for reentry providers helping returning residents develop healthy thinking patterns.

***Effective Coping Strategies: “Equipped to take the hard road to change”***

Coping strategies were analyzed using the concepts of active coping and support coping. The reentry programs largely focused on faith-based approaches. Mentors directed returning residents to churches and bible studies and provided spiritual accompaniment. Sharing Hope Ministry, Inc. explained their perspective on spiritual and behavioral change:

These women are living the consequences of their actions but how will they find a way to change their behavior and their cycle of bad decisions? Is it by sending them back to their same lifestyles unequipped to take the hard road to change? We can not change their

behavior but God can change their hearts. He alone can put the desire to withdraw from their comfort zone and change lifestyles.

Without more information, it is difficult to assess if the Bible studies and social support offered facilitate effective coping, but it is notable that 6/7 organizations required attending Bible studies or provided biblically based materials to participants.

With the volume of data available, it was possible to see an expansion of services addressing coping strategies in Sharing Hope Ministry, Inc.'s program over time. Sharing Hope Ministry, Inc.'s initial focus was to offer a recovery bible to any woman at a correctional or recovery facility nationally that wrote to the organization and requested the recovery bible. This grew into offering to anyone who requested an aftercare packet which described coping with anxiety and planning for relapse prevention, followed by building a transition home with a supportive community and providing educational classes for family members to understand substance use disorders.

Effective coping strategies were also offered in physical and mental health activities. Sanctified Hope promoted activities to improve physical health, offering nutritional and exercise classes to "treat the whole woman." An outside organization visited and taught their participants worship dance as a way to exercise, and they play softball and go swimming as a community. A partner organization with Hospitality House (art against the odds) aimed to support family members of individuals currently incarcerated, through a therapeutic art program that "[provided] care, mentoring, and hope for the children of the incarcerated and their families." As described above, behavioral health services were offered by multiple organizations, but the details of these services were not presented within the website content. Celebrate Recovery

Groups were offered or referenced by multiple organizations, in addition to other behavioral support classes.

***Meaningful Work Trajectories: “Discover your purpose”***

The construct of meaningful work trajectories goes beyond job placement and focuses on educational and employment aspirations and satisfaction. The Jobs for Life program, which is offered by Sanctified Hope and Sharing Hope Ministry, Inc. and received referrals by Welcome Back / West Central Texas, aims to “help you discover your purpose and God’s plan for your life.” Developing meaningful work trajectories is accomplished by reentry providers through offering job training opportunities themselves, partnering with local educational programs, developing a network of employers who will train returning residents with limited workforce experience, and supporting returning residents who desire to attend college or vocational school. As Sanctified Hope acknowledged, “For some, their jobs are a stepping stone for things to come, others hope to make a career out of them.” The data showed reentry providers supporting returning residents in their educational and employment aspirations, but it did not clearly show a focus on returning residents’ satisfaction with their work or education.

***Positive Social Engagement: “Laughing and enjoying fellowship”***

Social engagement was assessed in two main spheres: community participation and leisure activities. The two women’s transitional homes (Sanctified Hope and Sharing Hope Ministry, Inc.) had substantially more content related to positive social engagement than the other reentry service providers. One woman served by Sharing Hope Ministry, Inc. at a local jail stated “I need help reconnecting in the community. I felt like I had inmate on my forehead. It affected my self-esteem so bad. I already had problems with self-esteem, then after I went to prison it seemed worse.” (Reassurance of worth is further addressed in positive relationships.)

Sanctified Hope highlighted activities such as celebrating birthdays, local community members teaching recreational classes, and Sunday Fundays where they described outings focused on spending time together and having fun. One volunteer took the program participants to a state park, where they “all appreciated being out in God's creation, laughing and enjoying fellowship.” In addition to attending church events and women’s conferences, other positive social engagement found in both Sanctified Hope and Sharing Hope Ministry, Inc. included crafting together, community gardening activities, and having animals (Sanctified Hope has chickens and Sharing Hope Ministry, Inc. has a community dog).

As a transitional housing program, Cindy Bishop Ministries potentially offered positive social engagement through participation with other housing members as well as the community service that is part of its programming. Additionally, The Legion Project and Welcome Back / West Central Texas both emphasized returning residents being connected to a local church community. As previously mentioned, Welcome Back / West Central Texas maintains a network of “Servant Greeters” to better assist returning residents in joining a church community.

***Positive Relationships: “Needed love and acceptance”***

The construct of positive relationships was considered utilizing ideas of reassurance of worth and quality of relationships. Sanctified Hope and the Christian Service Center emphasized a reassurance of worth through a spiritual lens. The Christian Service Center explained that their vision includes sharing with clients “how God loves them and that He gave His only son to pay the price for our sins, rose from the dead and offers a love relationship with us.” One of the graduates of the Sanctified Hope program spoke to her fellow graduates by stating “I know those struggles are going to come, but remember whose child you are and you just need to take a step out in faith because YOU are a child of the King.” Sanctified Hope also touched on reassurance



of worth at birthday celebrations, stating that “we always gift that person with “the gifts I see in you.”” Sharing Hope Ministry, Inc. has a jail pen pal program where they write to women who would like Christian mentorship during incarceration, and they have a volunteer team that responds to prayer requests from women who are incarcerated.

In efforts to develop positive relationships, The Legion Project, Sanctified Hope, and Sharing Hope Ministry, Inc. all included mentorship as part of their reentry programming. Creating a family-like environment was emphasized by the two transitional homes for women. For example, Sharing Hope Ministry, Inc. shared that “one of the women wrote on an evaluation, ‘It feels nice to be around positive people, it feels like what I think a functional family should be.’” Another woman explained that “nobody knew how much I needed love and acceptance,” and that she was surprised to be greeted with many people who demonstrated love and support when she came to the transitional home. This supportive environment extends past program participation: graduates from the Sharing Hope Ministry, Inc. transitional home program are welcome to come back for holiday celebrations and stay involved with the community.

As mentioned in the Family/Social Supports section, maintaining family relationships was addressed by a few of the reentry providers. Hospitality House aims to maintain the quality of relationships between individuals who are currently incarcerated and their family members. Sanctified Hope offered the DNA of Relationships course, Cindy Bishop Ministries arranged designated visiting times for family members, and Sharing Hope Ministry, Inc. provided family support classes as well as a meeting space for family members and participants to use. These efforts may work to maintain or improve the quality of relationships that returning residents have with their family members.

In the TDCJ Reentry Resource Guide, there were many counties with no resources, and numerous supports listed that are not specifically oriented to helping returning residents. Analyzing the reentry organizations' websites showed that providers in non-urban areas of Texas vary in the services they offer, have different policies regarding who they serve, and demonstrated the constructs from the WBDM in multiple ways. The reentry providers who offered transitional or permanent housing offered more of the other services listed by the National Reentry Resource Center. The organizations who provided transitional housing for women had the most content available online, and their content reflected more of the Well-Being Development Model constructs than the other organizations. An overview of which services and constructs were represented within the organizations' websites is presented in Table 6.

**Table 6***Summary of Services and Well-Being Constructs Represented in Providers' Websites*

Reentry Organization	Cindy Bishop Ministries, Inc.	Sanctified Hope	Legion Project	Sharing Hope Ministry, Inc.	Christian Service Center	Hospitality House	Welcome Back / West Central Texas
Service Areas							
Housing	x <sup>a</sup>	x <sup>a</sup>	x	x <sup>a</sup>	x <sup>b</sup>		
Behavioral Health	x	x	x	x		x	
Economic Opportunity/ Mobility	x	x	x	x	x		
Promote Family Connection		x		x		x	
Other Social Support		x	x	x			x
WBDM Constructs							
Healthy Thinking Patterns	x	x		x	x		
Effective Coping Strategies	x <sup>c</sup>	x	x <sup>c</sup>	x	x <sup>c</sup>	x	
Meaningful Work Trajectories	x	x		x			
Positive Social Engagement		x		x			x
Positive Relationships		x	x	x	x	x	

<sup>a</sup> Transitional housing program.<sup>b</sup> One-week work for shelter program.<sup>c</sup> Extent of promoting coping strategies is through Bible Studies/offering biblical materials

## Discussion

This study aimed to explore services offered by reentry providers in non-urban areas of Texas and how their services meet key needs of returning residents. This was accomplished by a directed content analysis of the organizations' website content utilizing the National Reentry Resource Center's reentry coalition toolkit (2022) and constructs within the Well-Being Development Model (Pettus et al., 2021). Reentry providers were selected as organizations included in the TDCJ Reentry Resource Guide that specifically listed individuals involved in the justice system in their service description, served adults, offered a variety of services, did not have other population limitations (such as not serving individuals actively on probation or only working with veterans), and offered services in counties considered non-urban, determined from 2020 Census data. From this work, the most important finding was that 29% (2/7) of the reentry providers included in the study published content on their website that represented all four key service areas and all five constructs within the WBDM. These organizations demonstrated developing services over time to meet the needs of returning residents. However, this finding also highlights how few organizations are dedicated to the needs of returning residents in non-urban areas.

Notably, of the 237 counties included on the TDCJ Reentry Resource Guide, 31 counties had no resources listed, and of the 33 counties with one resource listed, 19 were the Department of Public Safety office located within their county (Reentry and Integration Division, 2020). This study only found seven providers that fit the inclusion criteria, reaffirming that there are few organizations serving returning residents in rural areas (Kellett & Willging, 2011; Singer & Kopak, 2021; Tiruneh et al., 2022; Willging et al., 2016). Additionally, three of the organizations that provided housing described a specific selection process and limited numbers they could

serve each year, consistent with Scroggins & Malley's (2010) findings that reentry providers are limited by service capacity.

The reentry organizations' websites were analyzed for services fitting into four areas addressed in the National Reentry Resource Center toolkit (2022). These areas included housing, behavioral health, economic mobility, and family/social connections. The seven reentry organizations offered different services, and some of the providers connected returning residents to other organizations to meet their "complex network of obligations" (Nordberg et al., 2022, p. 524). Aligning with findings that housing is critical for returning residents (Bowman & Ely, 2020; Scroggins & Malley, 2010; Singer & Kopak, 2021; Willging et al., 2016), four of the organizations within this study provided transitional or permanent housing for returning residents. However, the eligibility criteria required does not seem to follow the National Reentry Resource Center's recommendation of low barriers for entry to housing programs (2022). A significant way that the providers supported returning residents in meeting their obligations was by offering car financing options, allowing them to access other services or commitments more easily and meeting a consistently observed significant need for returning residents (Nordberg et al., 2022; Sachs & Miller, 2018; Ward & Merlo, 2016; Willging et al., 2016). Five of the organizations assisted returning residents in obtaining identification documents, reducing one of the barriers to obtaining housing (Sachs & Miller, 2018).

Behavioral health services offered by the reentry organizations emphasized recovery or life skills programming. While the program structure was not clear from data, it seems consistent with previous studies showing that peer recovery specialists and mentors fill in the need when formal behavioral health services are unavailable (Kellett & Willging, 2011; Miller & Miller, 2017; Sachs & Miller, 2018; Singer & Kopak, 2021). Only two organizations offered ongoing

recovery-oriented classes broadly to the community, not just to residents in their housing program. Aligning with findings that returning residents are concerned about employment (Muentner & Charles, 2020; Nhan et al., 2017; Ward & Merlo, 2016), reentry providers also seemed to prioritize job placement by developing local networks and job training opportunities. Only one organization offered community support groups for family members who are navigating supporting someone who has been arrested or someone with a substance use disorder, a particular need identified in previous studies (Grieb et al., 2014; Tiruneh et al., 2022). While the two women's transitional housing programs offered some resources to promote connection to family, neither of the men's programs that offered housing did so.

The WBDM was applied as a framework to see how reentry providers might address constructs related to well-being in their services to returning residents (Pettus et al., 2021). All five constructs were found within the reentry providers' websites, with two of the organizations describing all five constructs (healthy thinking patterns, meaningful work trajectories, effective coping strategies, positive social engagement, and positive relationships). Including faith-based methods, promoting the use of effective coping strategies was identified in the most organizations. While literature highlighted family members feeling dependent on personal motivations of returning residents during reentry (Grieb et al., 2014; Hood & Gaston, 2022), these reentry providers emphasized a choice to rely on God for personal change in the returning resident's life. Positive relationships were found in the next highest number of organizations. Reentry providers emphasized finding a church community or building spiritual relationships with mentors and other community members. Reentry providers are demonstrating some alignment with the WBDM, and formal assessment tools and interventions could be

implemented to provide structure to this and increase well-being among returning residents (Pettus-Davis et al., 2019; Veeh et al., 2021).

The reentry providers in non-urban areas of Texas are addressing key service domains and well-being for returning residents, but few organizations are addressing all these areas. From the outside, they may be considered the main service point for returning residents, since not many organizations focus on this population (Nhan, 2017). However, without understanding what is offered, this may make it seem like the needs of returning residents are being covered by the services available. Highlighting what is being offered (such as one reentry organization providing a list of services available in six different counties but not offering any services themselves) can help the service network grow in capacity and accessibility for returning residents during reentry.

## **Conclusion**

Returning residents face a number of barriers during reentry, and there are limited supports available for this population. As the justice system focuses on reducing the number of incarcerated individuals, a firmer grasp of what is offered in the current reentry system is needed. This study aimed to understand the state of reentry services in non-urban areas of Texas through a directed content analysis of reentry provider websites. This analysis was directed by four key service areas and five well-being constructs. Reentry providers who focused on transitional housing were most alike in the services they offered, and they offered more services as well as demonstrated more of the well-being constructs than other organizations. This study found that two of the reentry providers included all the key service areas and demonstrated all the well-being constructs within their website content. This is significant in showing that reentry providers in non-urban areas have built capacity to offer an array of services. These programs can be evaluated for effectiveness, with results implicating either targeting the organizations for advocacy to utilize more evidence-based programming or modeling similar programming in other areas.

## **Limitations**

The use of the TDCJ Reentry Resource guide to find the providers for this study is a limitation as it has not been updated since October 2020. There were many organizations in the guide who were no longer operating, and it is likely to be missing organizations that are serving returning residents. By utilizing within the inclusion criteria that organizations had to specifically describe serving returning residents, it also limited the scope. Organizations that serve returning residents in Texas but either have a separate “primary purpose” or advertise their services differently would have been missed. These organizations are meaningful contributors in serving



returning residents, and it is possible that local stakeholders know who these organizations are, whether or not they list themselves as serving “returning citizens”, “formerly incarcerated persons”, “ex-offenders”, etc. This study focused on the content of service providers’ websites, which is limited in the assumption that an organization’s online presence accurately represents the services available to program participants. However, this study was limited to the same information to any other person looking for services on the TDCJ Reentry Resource Guide would find when they look up the organization.

### **Future Research**

The emphasis on religious-based programming from the providers in this study warrants its own study and discussion in the future. Gaining insight into the implementation of the services offered through interviews or evaluations would provide a richer understanding of the reentry service landscape. The providers utilized volunteers in many capacities. While there is some research surrounding peer mentorship, there is a need to understand how volunteer program facilitators are trained and the effectiveness of their use. Within their service provision, the organizations also developed a number of partnerships, and mapping out the service network in non-urban areas would build understanding of the different stakeholders involved. Future research could also include incorporating the county-level services, services while incarcerated, or how the probation or parole department might intersect with non-governmental reentry providers. Finally, a comparison of the non-urban reentry provider data to content from urban area providers would demonstrate if there were differences in services or provider characteristics.

### **Implications for Social Work Practice**

With efforts continuing to decrease the overall size of the incarcerated population, returning residents are actively facing pressing needs in their lives after incarceration. Former

Attorney General Loretta Lynch emphasizes the human toll that the gaps in reentry services cause (U.S. Department of Justice, 2016):

Sometimes the sheer size of these numbers ... blunts our sensibilities to what they truly represent: people. Every number is a person. Behind every person is a family and surrounding every family is a community. These are people who could contribute to our economy, who could support their families and who could transform their communities into better places to live. If we are truly going to make the most of this precious resource, this human capital, we must ensure that these individuals have the tools and the skills and the opportunities they need to return to their communities not just as residents, but as leaders; equipped not only to survive, but to succeed.

With few organizations dedicated to the needs of returning residents, social workers across service areas need an awareness of how involvement with the justice system may be impacting their clients and service accessibility. Social work practitioners in housing, food access, behavioral health, job development, and family support services can connect to reentry organizations to understand how to better serve the needs of returning residents, assess the accessibility of their programming for returning residents, and form partnerships with the organizations to offer services of returning residents. They can also advocate for more accessible service points within their organization to reduce the client navigation burden returning residents face.

Social workers working within reentry organizations may find it useful to utilize the WBDM, especially if it already aligns with some of their programming. The constructs within the WBDM are operationalized to be measurable and addressed through evidence-based programming. Social workers working within organizations with a heavy focus on faith-based

programming may face practice dilemmas related to the ethical implications of restricting eligibility to returning residents who “fit” the mission of the organization. Separate from the concern of restricting eligibility based on religious ideology, if those are the only providers in an area, there are no options for returning residents who have other spiritual practices. Social workers in reentry services can also make sure updated information is available about their organization and shared with other stakeholders; the TDCJ Reentry Resource Guide had many broken links, typos in links, and outdated information that seems frustrating for anyone seeking to use it to find services for themselves or their clients. These efforts can help improve the service landscape for returning residents in Texas.

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