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The United States has less than 4% of the world's population, yet nearly 25% of the world's incarcerated people in local jails and state and federal prisons, with more than 74% of jail detainees not yet convicted of the crime for which they are charged. Seventy-seven million U.S. residents have a criminal record, and more than 113 million adult residents have an immediate family member who has spent time incarcerated. The U.S. carceral system has a total cost of more than \$182 billion annually yet the return to prison and jail rates remains high with more than 67% of prison and jail inmates rearrested within three years of release (Sawyer & Wagner, 2020; Wagner & Rabuy, 2017).

In this article, we introduce a rubric that borrows from social and recovery capital theories and overlays a tiered weighting system founded in Maslow's hierarchy of needs. Structured along the industry standard Sequential Intercept Model, the rubric focuses on increased reentry planning and programming and recidivism reduction.

Needs of Reentry Clients

By way of background, Maslow's (1943) hierarchy of needs is a psychological theory comprising a five-tier model of human needs, including:

- physiological,
- safety,
- · belongingness,
- · esteem, and
- · self-actualization needs.

Building on initial recovery insights and incorporating the concept of social capital, recovery capital has been defined as the volume of internal and external assets to initiate and sustain recovery from severe alcohol or other drug use (Cloud & Granfield, 1994; Dewey, 1983; White, 1999). Additional work has included the intersection of incarceration, recovery, and social capital, but none has specifically looked at

reentry capital as its own metric nor have any applied any weighting based on need level (Hattery, 2010; Rose & Clear, 2002).

Reentry clients often focus on wants and desires without having their needs holistically satisfied. For example, a client may indicate he needs a job when he lacks the foundational social and life skills to maintain employment. Or a client may indicate she wants to immediately regain custody of her children but has no safe and stable housing in which to support them. Failure to satisfy those underlying necessities often leads to a breakdown in the client's ability to maintain lasting reentry and recovery, and results in re-incarceration based on the crimes committed to satisfy those baselevel needs.

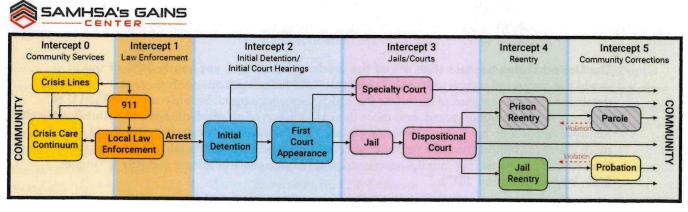
Additionally, incarcerated clients may not totally appreciate that their Maslow level 1 needs are being provided by their correctional facility. Although not ideal, inmates do not need to worry about securing water, food, clothing, and (relatively) safe shelter. Transportation and basic healthcare are provided, sexual activity is prohibited, and personal identification is accomplished via inmate identification cards and wristbands.

Many are not prepared for these basic needs to no longer be guaranteed immediately upon release. Instead, they may intend to rely on relational and governmental support systems to fill in any gaps created upon termination of incarceration. In far too many cases, these intentions are not discussed or assessed for viability with reentry professionals, and individuals are released back to their communities without these basic supports.

In addition, benefits for food, healthcare, disability, and other government-assistance programs are suspended or terminated during incarceration. They can take months post-release for re-qualification and reinstatement, resulting in a significant number of prison inmates and the vast majority of jail-incarcerated people being released without connections to reentry planning or community connections.

In the same manner, when these connections do happen, it is all too common for progress toward need satisfaction to be jeopardized in the community through overly cumbersome conditions of probation and parole that often have little correlation to the true needs of the reentering resident. By overlooking key basic needs, community supervision officers and

Figure 1. The Sequential Intercept Model (SIM) is a tool that can assists communities with identifying resources and gaps in services at each intercept and to develop local strategic action plans.



children services caseworkers may put their clients back in the cycle of return to incarceration via technical violations that only destroy any upper-level need satisfaction that was attained in the community.

The Merci Model vs the Traditional Model for Reentry

Incarceration is complicated with many moving parts, systems, and elected officials—all operating independently. A model was created by the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) to help communities identify resources and gaps in services, as well as to develop local strategic action plans. This model, known as the Sequential Intercept Model (SIM), is used by leaders, agencies, and systems to work together to identify strategies to divert people

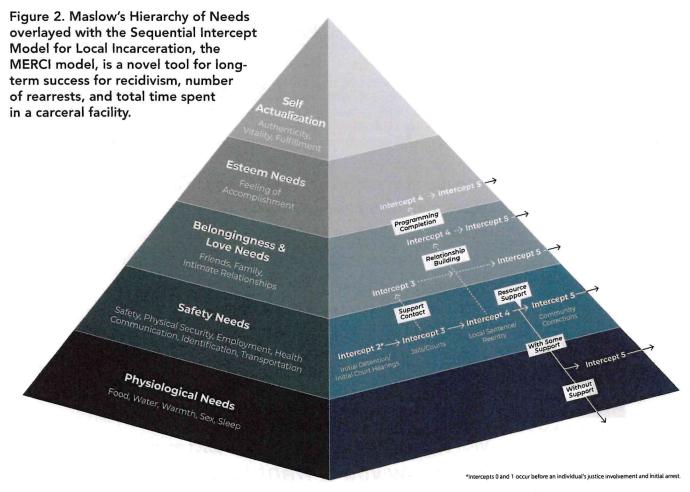
with mental and substance use disorders into treatment and away from the justice system (SAMHSA, 2021).

As shown in Figure 1, the SIM is divided into six intercept points:

- Intercept 0: Community
 Services—Involves opportunities
 to divert people into local crisis
 care services.
- Intercept 1: Law Enforcement diversion performed by law enforcement and other emergency service providers who respond to people with mental and substance use disorders.
- Intercept 2: Initial Court
 Hearings/Initial Detention—
 diversions to community-based
 treatment by jail clinicians, social
 workers, or court officials during
 jail intake, booking, or initial
 hearing.

- Intercept 3: Jails/Courts diversion to community-based services through jail or court processes and programs after a person has been booked into jail.
- Intercept 4: Reentry—supported reentry back into the community after jail or prison to reduce further justice involvement of people with mental and substance use disorders.
- Intercept 5: Community
 Corrections—community-based
 criminal justice supervision
 with added supports for people
 with mental and substance use
 disorders to prevent violations
 or offenses that may result in
 another jail or prison stay.

Our model, shown in Figure 2, applies a weighting factor, giving more emphasis to lower-level Maslow needs, and an ordinal scale of 1–3 (never, sometimes, or always)



to whether a client's needs are being met at the time of the assessment.

- Maslow 1 (physiological) needs include food, shelter, hygiene, and contraception. These carry a weighting factor of 1.0.
- Maslow 2 (safety) needs include phone, employment, identification, access to health care, and access to recovery and reentry support groups. These carry a weighting factor of 1.25.
- Maslow 3 (belongingness) needs include connections to intimate partners, family, children, communities of faith, and community groups outside of recovery meetings. These carry a weighting factor of 1.5.
- Maslow 4 (esteem) needs include personal values, ability to set boundaries, and feeling in control of one's destiny. These carry a weighting factor of 1.75.
- Maslow 5 (self-actualization) needs include a clear sense of self, a purposeful life outlook, hopes, dreams, independence, and sense of humor. These carry a weighting factor of 2.0.

Thus, a client who says that she never (ordinal 1) has food (Maslow 1) is prioritized over that same client's response that she sometimes (ordinal 2) has telephone access (Maslow 2). Scores can range from 1 to 6, and we prioritize any score less than 3 as in need of critical intervention and solutions. Our model also requires a reassessment of needs each time a client moves from one SIM to another, recognizing that needs satisfied at one step of the SIM can evaporate upon entering another level.

An Incomplete Story

We concur with federal reentry experts that reentry begins at time of arrest, and thus focus our efforts on overlaying Maslow with the SIM on SIMs 2-4 (Federal Bureau of Prisons, 2021). We also place great

"Adopting a weighted index will lead to more successful client reentry and reduce incidents of re-arrest."

emphasis on the fact that traditional methodologies that measure "success" focus on recidivism or return-to-incarceration rates. While this is one measure that is easy to obtain, it does not tell a complete story.

Consider a resident who is arrested 20 times in a year, spends an average of 10 days each time for a total of 200 jail nights. (This is not an uncommon scenario for the most frequent jail-incarcerated persons in many jurisdictions.) If, after applying the MERCI model and focusing on base-level stabilities, this client is arrested twice in the next year and spends a total of four jail nights, a measurement of recidivism would mark this as a total failure—100% recidivism.

This is obviously misleading, as the individual has been arrested (and thus processed, arraigned, assigned counsel, appeared in court) 18 fewer times and has spent 196 fewer nights in jail. A conservative estimate would indicate a savings to the municipality of nearly \$20,000 in jail nights alone and approaching \$40,000 in total resources expended. Thus, "success" is more than a return to jail. It includes level of offense, number of arrests, and time spent in the carceral facility.

Asking "what do you need?" without an in-depth analysis of needs versus desires may lead to immediate client gratification but not to long-term success. Failure of reentry workers to take a deep

dive into all of the Maslow levels is a disservice to clients and does nothing to contribute to longerterm reductions in re-incarceration. Overlooking physiological and safety needs can place clients in jeopardy of victimization and homelessness. And a lack of attention to belongingness, esteem, and self-actualization can leave clients feeling disconnected from the community, which in turn can contribute to addiction relapse, cessation of mental health maintenance, and subsequent re-incarceration.

Survey Analysis

The MERCI model also allows community corrections staff to employ a strengths-based recovery plan rather than a traditional "risk analysis" to maximize success and reduce risk of reoffending. We have surveyed people incarcerated in Shelbyville, Indiana and can validate our model via a needs analysis of those survey participants. Results from the survey included:

- Women surveyed (n=32) showed results indicating belongingness being the most urgent need (weighted mode score 2.8).
- Men surveyed (n=100) indicated urgent intervention needed in safety (2.3) and belongingness (2.7).
- Both groups showed mostly met physiological needs (3.0, 3.0).
- Both groups reported satisfaction with esteem (5.3, 3.1) and self-actualization (6.0, 6.0).

We need to note here that men's weighted scores generally fell below women's scores, indicating a significant need for intervention with men in the safety, belongingness, and esteem categories. Too often systems only direct services targeting these categories to women in the justice system. Our data clearly refute that practice.

We also have empirical data showing this approach to have a significant impact on female inmates—namely the Pathways for Women program in Franklin County, Ohio. When looking at the Pathways model, it incorporates ongoing needs assessments of clients pre- and post-release, significant pre-release planning and post-release follow-up all of which prioritize what equates to Maslow level 1-3 needs and rely on Maslow 4-5 skills. That program has shown a three-year impact of a 79% reduction in jail bed nights and a 70% reduction in bookings/ recidivism. Cost savings for the 80 female participants is estimated at more than \$865,000.

Conclusions and the Next Step

Our intention is to advocate for use of this weighted MERCI index as a tool at intake (for in-jail programming, Franklin County, Ohio) and sustained use at release (for community resource planning, Shelbyville, Indiana) to continue honing the model, and to publish updates as appropriate.

Immediate lessons learned include:

- The MERCI model does not seek to "recreate the wheel" for finding food, clothing, and shelter resources specific to justice-involved persons.
 Rather, it creates a holistic need identification that builds on the assets/capital each individual has and translates that information into a living plan.
- MERCI combines the basic needs of human beings with the practical priority wants of those in recovery/reentry and the entities that supervise them. Using employment as an example, we can focus on recovery and reentry-aware employers and workforce development strategies with wrap-around services that create a sense of family and community in the workplace.

- While recovery and reentry are a critical part of self-actualization for the target population, opportunities for individuals to participate in civic life outside of "sober" events or 12-step meetings are crucial to better address the category of belongingness.
- Successful reentry and recovery supports must foster connectivity with the community during incarceration, including participation in holiday activities, engagement with children and family, and provision of specific supports for those connections to continue at release.
- We strongly advocate for return to incarceration affiliated with technical parole/probation violations as an absolute last resort so as to not destroy the fragile progress achieved by returning residents during their reentry journey.

In 2017, 1.7 to 2.7 million children have experienced the incarceration of at least one parent (Martin, 2017). Today, women are the fastest-growing segment of the incarcerated population. With such statistics as these, jails and prisons need to expand their search to look "outside the box" for strategies that can them reduce their recidivism rates. The Maslow-Enhanced Reentry Capital Index can help. ■

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