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Author(s):	**Christine Lindquist, Janeen Buck Willison, Shelli Rossman, Jennifer Hardison Walters, Pamela K. Lattimore**
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TOPICAL REPORT

Second Chance Act Adult Offender Reentry Demonstration Programs

Implementation Challenges and Lessons Learned

August 2015

Authors: Christine Lindquist, Janeen Buck Willison,† Shelli Rossman,† Jennifer Hardison Walters,* and Pamela K. Lattimore**

*Research Triangle Institute, Research Triangle Park, N.C.; †Urban Institute, Washington, D.C.

This brief is one in a series from the Cross-Site Evaluation of the Bureau of Justice Assistance (BJA) FY 2011 Second Chance Act (SCA) Adult Offender Reentry Demonstration Projects (AORDP). This report describes the implementation challenges and successes among seven grantees who implemented adult reentry programs using SCA funding. Findings are based on information collected through semi-structured interviews with AORDP staff and organizational partners during early 2014, as well as through a Web-based survey administered in spring 2014 to key reentry stakeholders in each site.

The Multisite Evaluation of the FY 2011 Bureau of Justice Assistance Second Chance Act Adult Offender Reentry Demonstration Projects is supported by Award Number 2012-RY-BX-0001, awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the authors and do not necessarily reflect those of the Department of Justice. This work is being conducted by RTI International and the Urban Institute. Questions and comments should be directed to the study principal investigator, Pamela K. Lattimore at lattimore@rti.org or 919-485-7759.

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Report Highlights

Seven grantees were included in the Cross-Site Evaluation of the Bureau of Justice Assistance (BJA) FY 2011 Second Chance Act (SCA) Adult Offender Reentry Demonstration Programs (AORDP). Each program targets adult offenders who are under state or local custody (and who are about to return to the community) for comprehensive reentry programing, with substantial variation in target populations and service delivery approaches. Designed to meet the multiple challenges facing former inmates upon their return to the community, the AORDP programs provide an array of pre- and post-release services, including education and literacy programs, job placement, housing services, and mental health and substance abuse treatment. Risk and needs assessments, transition case planning, and case management are key elements of grantees' SCA projects.

Implementation Challenges. The programs became fully operational fairly early in their grant periods and remained largely stable over time, with modifications commonly including increased in-reach activities and expansions of service delivery networks through additional partners. The most common cross-site implementation challenges included **staff turnover and program administrative barriers; barriers to effective collaboration between corrections and community partners; enrollment, recruitment, and retention of participants; and service provision challenges**, mainly the need for greater customization of service delivery and additional resources to fill specific service gaps (e.g., in housing, employment, and behavioral health services).

Lessons Learned. Grantees considered pre-release engagement with community-based service providers (followed by immediate post-release support) and intensive case management to be the most effective strategies for promoting successful reentry. Recommendations offered by grantees to assist similar programs pertained to **program administration and partnerships** (e.g., gain early buy-in from policymakers, administer the program as a community- rather than law-enforcement based program, fully engage community service providers), **staffing** (e.g., cross-train staff, formalize program policies and procedures, hire staff and volunteers who have criminal histories or a personal connection to incarceration), and **service delivery approaches** (e.g., tailor the program to address participant characteristics and needs, ensure that the location of services is easy for participants to access). Site-specific features and innovations are highlighted in the full report.

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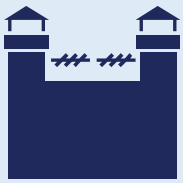
Introduction

Prisoner reentry is a pressing national and local policy issue. More than 623,000 prisoners were released from state and federal prisons across the country in 2013,[1] and another 11.6 million cycle through the nation's jails each year.[2] Chances of successful reentry are low: nearly 68% of state prisoners released in 2005 were rearrested within three years of release, and more than 75% were rearrested within five years of release.[3] Numerous factors contribute to these high recidivism rates. Most prisoners return to the community with considerable deficits: limited education, few marketable job skills, no stable housing, chronic health issues, substance abuse needs, and fragile support networks.[4-11] Some research suggests that successful reentry depends on the degree to which former prisoners' multiple needs—including housing, drug treatment, mental health services, employment training, job opportunities, and family counseling—are addressed.[9,12-14]



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The Second Chance Act: Community Safety Through Recidivism Prevention[15] was signed into law in 2008 with the goal of increasing reentry programming for offenders released from state prisons and local jails. Since 2009, the Bureau of Justice Assistance (BJA) has awarded hundreds of SCA adult offender reentry demonstration grants to communities across the nation to improve reentry outcomes. SCA-funded programs must create strategic, sustainable plans to facilitate successful reentry; ensure collaboration among state and local criminal justice and social service systems (e.g., health, housing, child services, education, substance abuse and mental health treatment, victim services, employment services); and collect data to measure performance outcomes related to recidivism and service provision. Furthermore, grantee programs must create reentry task forces—comprising relevant agencies, service providers, nonprofit organizations, and community members—to use existing resources, collect data, and determine best practices for addressing the needs of the target population. In FY 2011, BJA funded 22 SCA adult offender reentry demonstration projects (AORDPs).

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The Cross-Site Evaluation of the BJA FY 2011 SCA AORDP was funded by the National Institute of Justice in FY 2012 and is being conducted by RTI International and the Urban Institute.

The cross-site evaluation is focused on 7 of the 22 AORDP sites and grantee agencies		
	California	Women's Reentry Achievement Program (WRAP), Solano County Health & Social Services Department
	Connecticut	New Haven Reentry Initiative (NHRI), CT Department of Corrections
	Florida	Regional and State Transitional Ex-Offender Reentry (RESTORE) Initiative, Palm Beach County Criminal Justice Commission
	Massachusetts	Boston Reentry Initiative (BRI), Boston Police Department
	Minnesota	High Risk Recidivism Reduction Project, MN Department of Corrections
	New Jersey	Community Reintegration Program (CRP), Hudson County Department of Corrections
	Pennsylvania	ChancesR, Beaver County Behavioral Health and Developmental Services

The primary goals of the evaluation are to describe the implementation and sustainability of each AORDP program through a **process evaluation**, determine the effectiveness of the AORDP programs at reducing recidivism through a **retrospective outcome study**, determine the effectiveness of the AORDP programs at reducing criminal behavior and substance use and improving other outcomes through a **prospective outcome study** that includes participants'

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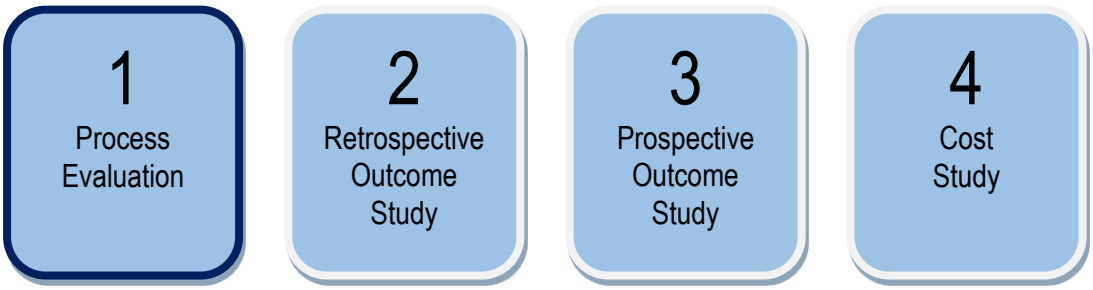
self-reported information, and determine the per capita program costs of each AORDP programs through a **cost study**.



This research brief is based on the first round of process evaluation site visits, which were conducted in winter 2014—a time point approximately three years into the sites' grant period[1]—as well as on data collected from the study's 2013 evaluability assessment and initial administration of an online stakeholder survey in spring 2014.[2] This illustrative brief offers the field a first glimpse of the AORDP sites and their reentry operations. Additional reports will provide a more comprehensive examination of the seven sites' programs.

The AORDP Reentry Programs

Exhibit 1 summarizes the target population and core components of each AORDP site's reentry program, with bolding used to illustrate key features (additional detail is provided in the appendix). Each program targets adult offenders who are under state or local custody (and who are about to return to the community) for comprehensive reentry programing and services designed to promote successful reintegration and to reduce recidivism. Designed to meet the multiple challenges facing former inmates upon their return to the community, the seven AORDP programs provide an array of pre- and post-release services, including education and literacy programs, job placement, housing services, and mental health and substance

[1] The AORDP sites received initial SCA funding from BJA in October 2010 under FY 2011. Process evaluation visits early in 2014, therefore, occurred roughly three years after sites received initial funds.

[2] The Web survey was completed by 218 criminal justice and human services stakeholders (including both agency leadership such as probation chiefs, jail administrators, and executive directors and a variety of front-line jail staff, probation officers, case managers, counselors, etc.) across the seven AORDP sites. The response rate for the Web survey was 71%.

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abuse treatment. Risk and needs assessments, transition case planning, and case management are key elements of grantees' SCA projects.

Exhibit 1. Summary of Grantees' Program Models

Grantee	Target Population	Basic Program Components
California: Solano County	Medium or high risk female offenders currently or recently incarcerated in the Solano County jail	Intensive pre- and post-release case management, **gender-specific cognitive-based therapies**, **peer mentoring**, transitional housing, employment assistance, parenting, and assistance with basic needs
Connecticut: Department of Corrections	Medium or high risk male and female offenders in four Connecticut DOC facilities and who are returning to the target area	A "reentry workbook" program; referrals to the facilities' job centers; pre-release reentry planning with community case managers; a **furlough component** for male offenders; **dual supervision** with parole officer/case manager and community advocate; and **120 days post-release services**
Florida: Palm Beach County	Moderate to high risk male and female offenders who are returning to Palm Beach County from one Florida DOC correctional facility	**Pre-release services at the reentry center provided by counselors, followed by post-release continued support and services provided by community case managers.** Services include education; employment assistance; transitional housing; parenting, life skills, cognitive behavioral change, victim impact; substance abuse and mental health; family reunification; and assistance with basic needs
Massachusetts: Boston	Male inmates at the Suffolk County House of Correction aged 18-30 with histories of violent or firearm offenses and gang associations who will return to one of Boston's high-crime hotspot areas	**Panel meeting** to introduce the program to and invite eligible offenders; **case management support and advocacy** (throughout incarceration, transition to the community, and after release); a two-week **job skills** course (before release); assistance with employment, education, basic needs, and health care; and referrals to community services
Minnesota: Department of Corrections	Male release violators who are returning to the Minneapolis-St. Paul metro area, and have at least 150 days of supervised release in the community	Individualized transition planning and pre-release case management from a **reentry coordinator**, handoff from pre- to post-release case management through a **reentry team meeting;** post-release case management and services **offered at a community hub**
New Jersey: Hudson County	Male and female offenders in the Hudson County House of Corrections who have diagnosed mental health, substance use, or co-occurring disorders	90-day in-jail substance abuse treatment in a gender-specific **therapeutic community** with focus on **cognitive behavioral programming**; pre-release case management and transition planning; post-release case management, linkage to public benefits, and services delivered by **intensive outpatient/day treatment and supported housing providers**
Pennsylvania: Beaver County	Male and female offenders sentenced to the Beaver County Jail who have medium or high need for mental health or co-occurring services	Cognitive-based treatment groups, **highly structured vocational/educational services, transition planning, and case management and reentry sponsorship (mentoring) that begins in jail** and continues in the community

Note: DOC = department of correction.

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As evident from the exhibit, the sites vary substantially in the populations they target and the service delivery approaches they adopt. Three sites (Connecticut, Florida, and Minnesota) target prisoners returning from state DOCs. The remaining four sites address local jail transition (Beaver County, PA; Boston, MA; Hudson County, NJ; and Solano County, CA). Some sites focus on female offenders (Solano County, CA), individuals reincarcerated for supervision violations (MN), and those with substance abuse or mental health disorders or both (Beaver County, PA, and Hudson County, NJ). Two sites (Connecticut and Florida) move offenders to facilities closer to their home communities, increasing access to community-based resources before release. Some programs frontload case management services, whereas others emphasize community and family supports. The composition and structure of the AORDP programs vary by jurisdiction, with agencies outside the criminal justice system leading three of the projects (Beaver County, PA; Palm Beach County, FL; and Solano County, CA).

Program Evolution and Implementation Status

Increasing Emphasis on Pre-release Contact. At the time of the first process evaluation site visits in 2014, the AORDP programs were fully operational and largely stable. Across the sites, the most common modifications made since the evaluability assessment visits in 2013 were increased efforts to promote pre-release contact with participants by community partners. Five sites had undertaken efforts to increase pre-release contact between participants and community providers, so that relationships could be built before release. For example, in Minnesota, the number of pre-release orientations by community service providers was increased to allow for more opportunities to build relationships with program participants while in prison, with the intention of promoting post-release engagement, which is voluntary. The Florida program strengthened its pre-release component by allowing participants to begin receiving pre-release services further in advance of release. Similarly, New Jersey made concerted efforts to begin linking participants to public benefits before release. This enabled participants to know before they returned to the community what benefits, if any, they were entitled to receive and also shortened the waiting time in the community for individuals to benefit from such programs as Temporary Assistance for Needy Families (TANF), food stamps, Medicaid, and emergency assistance.

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Partner Enhancements. In addition to efforts to enhance pre-release linkages, another commonly reported modification was the addition of new partners to allow for more referral sources. New partners included additional mental health providers, substance abuse treatment partners, community health care clinics, housing partners, educational partners, and employment and training partners. In addition, the Connecticut site viewed the faith-based community as a critical resource for returning citizens and was actively working to engage more faith-based organizations in its reentry efforts in Year 3 of the grant. Although the general cross-site pattern was expansions to the partner network, one site had to drop a community partner that could not comply with a newly enacted living wage ordinance.

Modifications to the Service Menu. Some sites added services, such as a self-esteem group, but others reported that planned services had not come to fruition (e.g., peer mentoring, an employment program) for a variety of reasons, including extensive time and cost requirements,[3] stage of program readiness, and the fact that such services were at least partially available already.

Modifications to Target Populations. Changes related to the target populations included the closing of an all-female work release center in one site, which prevented further enrollment of women, and exclusion of low-risk women from programming in another. Other changes related to enrollment resulted from the strengthening of relationships between the program and other justice entities. In one site, the positive relationship between the courts and probation resulted in some individuals' facing mandatory participation requirements, instead of voluntarily electing the program, as had been the case. Some stakeholders reported that this change seemingly improved participant compliance with community-based programming regimens.

Changes in Program Context. Stakeholders generally reported very few changes in the broader contexts within which their SCA programs were implemented. Stakeholders from California noted that Assembly Bill 109 (Public Safety Realignment)[16] had resulted in more available funding for jail programming and more of a rehabilitation focus within the facility. It also

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[3] One site, which initially defined itself as a clinically based program, embraced the notion that program participants with substance abuse or mental health issues would be able to manage their own lives and find productive employment if the program could help stabilize them. As the program evolved, however, staff realized that the program needed to be more proactive in providing employment services to enable participants to become self-sufficient. Employment services have been developed and are still expanding, but they have required considerably more resources than had been envisioned.

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led to increased use of split sentences (partly because of the greater service availability within the county), with many judges now sentencing women to the AORDP program as a condition of their probation. Stakeholders added that the availability of more resources had increased the program's ability to implement coordinated handoffs for those returning to the community. Additionally, the program began doing in-reach into a few prisons.

Stakeholders from Florida noted that the county's highly active reentry task force had brought numerous, diverse private- and public-sector community stakeholders together to enhance the existing infrastructure and build a coordinated approach to meeting the needs of all offenders returning to the county. The task force is working to address many barriers to reentry, such as lack of identification (for returning individuals), presence of outstanding local detainers that can cause offenders to be reincarcerated in the local jail upon release from state prison, and housing restrictions for sex offenders. Furthermore, Florida respondents said that the issue of prisoner reentry is receiving more attention from local elected officials and state legislators.

Other sites reported that expanded reentry efforts had taken place within the county or the state but that these efforts had not directly affected their programs. Anticipated contextual changes that grantees were monitoring included impending budget cuts and changes associated with the Affordable Care Act.

Implementation Challenges

The most common challenges reported during the site visits were related to staff turnover and program administration; organizational partnerships; enrollment, recruitment, and retention of participants; and service provision.

Staff Turnover and Program Administration. Stakeholders in several sites reported that staff turnover had posed challenges to their SCA programs. Some of the staff turnover appeared to be related to grant-funded staff receiving opportunities to advance their careers through other positions. The effects of turnover were not all negative. Stakeholders in some sites commented on the ability of new staff to bring fresh energy to their positions. Other positive consequences of turnover included increased communication to and among stakeholders; improved coordination and staff support; and standardized operating procedures,

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including client tracking and data collection. However, negative consequences were reported, including extended vacancies, the need to rebuild relationships with partners, increased caseloads for existing staff, and lack of training among new staff. Leadership changes were also problematic. One site experienced repeated turnover in facility and DOC leadership, which created instability for the program.

Start-up challenges were documented in the evaluability assessment.[17] Generally, the sites reported few barriers to the initial implementation of their AORDP programs. Delayed startup and lower-than-anticipated case flow were the most prevalent obstacles, followed by conflicting or unclear policies pertaining to the use of grant funds—namely, those pertaining to participant incentives and basic necessities. Staff turnover affected some sites more than others. In general, the incremental nature of grant funding—sites reportedly had to re-compete for funds annually—added uncertainty and an administrative burden that both affected program implementation and operations and complicated long-term planning. Stakeholders reported difficulty in engaging in meaningful long-term planning, cultivating stable programs, and retaining critical staff when funding is awarded incrementally.

Challenges with program administration included general difficulty managing such a large program. (This was the case in a site that had a complex organizational structure entailing subcontracting case management and other services to partner agency staff, who also have complicated supervisory and management requirements.) Barriers associated with implementing a new approach in a highly structured system also posed a challenge. Program staff in one site struggled to implement personalized reentry services in the context of an environment highly focused on custody and security issues. Cumbersome organizational hierarchies and a lack of clarity in roles and responsibilities, lack of standardized case management practices, communications from multiple partners (see sidebar), and changes in grant reporting requirements were also mentioned.

Organizational Partnerships. Although most stakeholders across sites reported that interagency collaboration had generally increased over the course of their programs, several aspects of working with organizational partners across different agencies were identified as ongoing implementation challenges. Some of the challenges pertained to partnerships between correctional agencies and community-based organizations, including time to learn to work with correctional populations, divergent perspectives of correctional partners and service providers (e.g., punitive or helping), lack of communication between supervision agents and community service providers, and

Client Information-Sharing Practices

Nearly half of the Web-based stakeholder survey respondents (48%–52% depending on the item) reported engaging in client-level information sharing on a daily or weekly basis in the three months before the survey. Less than 10% of respondents reported never engaging in such information sharing. Only 30% reported receiving a client's transition case plan from another agency, although 60% reported frequent referrals to other partners for services and programming.

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territoriality among service providers that impedes collaboration. Lack of collaboration among systems that serve ex-offenders was also cited as an implementation barrier, along with general difficulty gaining full buy-in from the DOC or probation/parole department. One theme that emerged from one site's experiences was that programs with formal or informal relationships with multiple community-based providers offering similar services may need to develop ways to balance referrals among the various organizations. Otherwise, some organizations have too many clients and others have insufficient numbers to justify ongoing engagement. In one site, after such imbalances were noted, the referral function was centralized (instead of having pre-release case managers make referrals based on their perceptions of which agency might best serve a client), and a supervisor was charged with allocating referrals across agencies on a rotating basis to ensure more balance among the partners. Additional information about the role of interagency partnerships among the SCA AORDP programs appears in Buck Willison and Hardison Walters.[17]

Enrollment, Recruitment, and Retention of Participants. Although only one site reported difficulty with meeting enrollment targets due to overall decreases in the target facility's population, several grantees struggled with recruitment because of difficulty getting initial buy-in from potential participants. Attitudinal barriers included potential participants' lack of trust of program staff, unwillingness to engage with corrections staff, desire to avoid close monitoring, negative experiences with other programs in the past, and perceptions that the program would not help the participant's court case. Logistical barriers included lack of time to complete services before release and conflicts with work schedules. Stakeholders noted that staff often have to work hard to help participants see the advantages of the program, but that interest in the programs had increased by word of mouth. As an example, in California, staff proactively tried to increase recruitment success by posting flyers about the program in areas where the targeted population would see the information and have their interests piqued. Case managers also made a point of interacting with other stakeholders in various venues. The dual strategies resulted in referrals from an increasingly diverse set of actors (e.g., probation officers, social workers, a drug court judge) and the women themselves. In Massachusetts, which invites eligible offenders to a panel presentation to learn about the program from criminal justice system officials, case managers began meeting with eligible participants individually the day before the panel to explain what would happen at the panel and to provide detailed information about the program. This "pre-panel" time was perceived as helpful in gaining buy-in from potential participants.

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Once participants were enrolled, keeping them voluntarily engaged in programming was identified as a challenge, although the expectations for post-release engagement with the program were highly variable across the sites. Transience during this time period also makes clients difficult to keep track of, and many clients want to avoid any affiliation with the DOC after they return to the community. Furthermore, participants have many demands on their time after release, which makes programming less of a priority. Stakeholders in Minnesota noted that, because post-release services are voluntary, participants have no incentive to attend other than their own motivation for accessing services that can help them improve their lives. As already noted, the site attempted to solve this problem by building stronger relationships between clients and community providers before release. It also began restricting the group housing and housing stipend component in one county, which had a wait list for such services, to those who attended at least one outside program. Another site found that, as participants were increasingly mandated to participate in the program, case managers reported seemingly better post-release compliance, at least for the initial months. Keeping programming interesting was thought to be particularly important for ongoing engagement, as even in the pre-release phase some participants lose interest quickly.

Cooperation, Trust and Barriers to Collaboration

The Web-based survey measured barriers to collaboration by asking respondents to rate how problematic eight factors (e.g., turf issues, lack of trust, policies limiting access to clients in a correctional setting) were for agencies working together in the three months before the survey. Respondents rated each factor using a 4-point scale, in which 1 signified "not a problem" and 4 signified a "serious problem." Scores were averaged to calculate an overall measure of intensity: the higher the average score, the more problematic the factor. Resource and time limitations (2.69), policies limiting the sharing of client information (2.10), and access to clients in treatment facilities (2.09) emerged as the issues most problematic for collaboration. Competition for resources (1.90) and a lack of trust (1.94) were rated as least problematic, which suggests that a solid foundation for collaboration exists among the AORDP sites.

While resource and time limitations tend to be common barriers felt by many jurisdictions, they reflect realities best negotiated by individual agencies. In contrast, policies that limit cross-system or cross-agency client information-sharing or access to clients themselves represent policy issues that may fall within the scope of the grantees' executive-level decision-making bodies (i.e., issues the grantee could positively affect through its task force, which tends to be staffed by agency leaders).

Service Provision. Programs involving community-based partnerships for service provision are often affected by the changing service landscape in the local area, which may alter or eliminate services for reasons unrelated to program partnerships or agreements. For example, a service organization may lose critical leadership, staff, or other resources it had hoped to make available to program participants. In one site, the loss of a lease made it infeasible for one provider to continue offering its previous suite of services, and leadership and staffing changes undermined another provider's ability to continue offering the full group of

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services (e.g., housing, employment readiness, entrepreneurial skills building) that program participants had been receiving. In each case, arrangements were made to cover as much of the shortfall as possible using other partner organizations that had already been involved. The changing service landscape also affected the employment partner's role in another site, which found that decreases in unemployment rates had made it much easier for their clients to obtain jobs themselves rather than through the employment partner. This shift led to the decision to refocus the employment partner's role on employment readiness and coordination between employers and probation/parole officers rather than on employment placements.

Another service provision challenge was that the characteristics of the participants who enrolled in the programs sometimes differed in meaningful ways from the profile anticipated when the program was designed. In one site, program administrators found that program participants were more likely to have mental health problems and less likely to have substance abuse problems than administrators anticipated when designing the program. Such participant differences can wreak havoc with formal service agreements: the characteristics of participants may translate into some services' being needed in greater numbers than planned, whereas other resources are underused. The high level of need coupled with the diversity of clients served also led stakeholders in two sites to identify the need for greater customization of participants' service receipt on the basis of their needs and readiness.

Barriers to Reentry Services

In the stakeholder Web survey, respondents were asked to rate how problematic 16 issues related to the receipt and delivery of reentry services and resources were in the three months before the survey. Respondents rated each issue using a 4-point scale, in which 1 signified "not a problem" and 4 signified a "serious problem." Scores were averaged to calculate an overall measure of intensity: the higher the average score, the more problematic the issue. Average scores ranged from 1.79 (difficulty in obtaining client releases to share information) to 3.59 (lack of housing for ex-offenders). As might be expected, sites rated these barriers differently. Sites with a strong mental health component, for example, were less likely to report a lack of mental health programs.

Lack of housing for ex-offenders (3.59), lack of mental health programs (2.89), and policies excluding certain types of offenders from services (2.81) were rated by respondents across the sites as the most problematic barriers to service delivery. More than two-thirds (67.6%) of respondents across the seven sites identified housing and employment as the biggest issues facing individuals recently released from prison or jail.

Least problematic for service delivery were obtaining client releases to share information (1.79), lack of reliable client assessment data (1.89), and lack of relevant data (1.96). This suggests that the AORDP sites were well positioned to collect and share information critical to service delivery, although several significant service gaps were identified.

Grantees' experiences working with program participants identified a number of specific service gaps across sites, including the following:

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- **Affordable housing**, including transitional housing; housing options for sex offenders; and housing for clients with drug distribution charges, former gang affiliations, or special needs due to disabilities or health issues.
- **Better employment opportunities** for participants who have limited academic/educational proficiencies, little work experience, and criminal histories. Importantly, opportunities are needed in fields for which participants have been trained.
- **Additional behavioral health services**, including mental health assessments, individual counseling services (to address past trauma), family counseling, staff training in mental health, substance abuse treatment and aftercare services, and services that address family addiction and mental health issues.
- **Assistance obtaining identification**, including addressing conflicting state procedures or procedures that are not being followed.
- **Health care**, including lack of medical insurance, which prevents clients from accessing needed health services, and difficulty getting medications for participants who are released from the facility with only a one-week supply.
- **Family services**, including programming that engages participants' significant others when needed and services that help participants deal with family members or relationship issues that impede their ability to make behavioral changes and comply with program recommendations.

Other service gaps that were each identified by a single site included: transportation (either actual transport or subsidies to offset travel expenses) to enable participants to access needed services; assistance with fees and fines owed by participants; higher intensity cognitive behavioral programming; victim impact components; more culturally-specific programs; longer-term work with women, who seem to require ongoing services beyond their graduation from the program; service delivery strategies that facilitate self-sufficiency among participants rather than dependency on case managers; and supportive services for participants who have distribution charges and are prohibited from receiving public assistance (e.g., housing, health care) other than food stamps. Staff in one site also expressed the need for more providers who use evidence-based curricula.

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Lessons Learned: Innovative and Effective Strategies

Common cross-site themes emerged regarding the most effective strategies for promoting successful reentry, including those related to pre-release engagement with community-based service providers and intensive case management. Stakeholders in several sites felt that in-reach by service providers during participants' incarceration, followed by immediate post-release support (including in-person work with clients immediately upon release) was an effective model. It promotes continuity, allows clients to start working on goals before release (and continue their work after release), and leads to higher levels of comfort and trust between participants and service providers. Indeed, the pre-release in-reach by community service providers and intensive transition assistance (including immediate post-release contact and wraparound services from before to after release) were identified as innovative features of the SCA programs by stakeholders in several sites.

Many stakeholders said that the case manager role and ability of case managers to connect clients—and often their family members—with a variety of wraparound services were critical to client success. Rapport between clients and case managers was also thought to increase the likelihood that participants would remain involved with the program even when they had completed it, which was perceived to be a critical factor in success. One site (Florida) highlighted its nontraditional case management approach as an innovative feature of its program. Its case managers are partners with participants and identify strongly with them because they are from the same communities as participants.

Other site-specific program features identified as effective by grantee staff in promoting client success were the following.

During the site visits, stakeholders identified a number of early program successes at the participant, partnership, and systems levels. Positive changes for participants included finding jobs, finding adequate housing, not getting rearrested, improving personal relationships and reuniting with family, obtaining improved identification for services, remaining drug-free, and improving their attitudes.

At the partnership level, stakeholders in many sites reported that the size of their partnership network had increased, allowing for a more comprehensive approach to addressing participants' needs. They also improved collaboration and had more clarity on roles. Systemically, some noted that attitudes and policies on the part of correctional agencies had improved, staff were better trained, and community partners had increased their capacity for working with ex-offenders. Other improvements attributed to the SCA programs included an increased focus on the specific target population, the provision of a sample model for reentry that could be used statewide, additional programming in the correctional facility, and more connections for post-release services.

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- The Massachusetts program's focus on employment. Before release, BRI clients participate in a two-week job skills training class (developed and instructed by BRI staff) that covers resume writing, interview skills, dressing for success, financial literacy, and offenders' rights with respect to their criminal history records. After release, some BRI participants are eligible for a soft skills job readiness program offered by one of the program's key community partners. Participants receive a stipend to attend the 25-hour program.
- The dual reporting structure and furlough program in Connecticut. Clients routinely attend joint meetings with the designated NHRI parole officer, who supervises an NHRI-only caseload, and their Easter Seals/Goodwill Industries case manager. The parole officer/case manager pairing works to collaboratively supervise and encourage client compliance. For the furlough program, male inmates are transferred from prison to the New Haven correctional center and allowed to leave (accompanied by either a case manager or the program's probation officer) to receive services in the community.
- The use of a single location ("hub") for community-based services in Minnesota. The hub is where the reentry team meetings (attended by the facility-based reentry coordinator, county probation/parole officer, community-based case manager, employment coach, other community-based service providers, and client) take place, as do post-release case management, employment services, group mentoring, and other programs.
- The provision of transportation to clients in California allows case managers to spend valuable time with clients and increases the likelihood that appointments are kept.
- The ability to provide short-term financial assistance for housing to clients (Florida).
- Routine drug testing by several of the provider partners in New Jersey. The site believes that the testing holds the participants accountable, enables providers to know if or when participants require more intensive substance abuse treatment, and has contributed to participants' success in remaining drug free.

Several dimensions of interagency collaboration were also named as innovative program features. Stakeholders in several sites reported that the strong interagency collaboration, buy-in from high-level administrators, and information sharing among those involved with the AORDP program were innovative. In New Jersey, housing and other service providers maintain daily telephone contact with one another regarding participants' status (e.g., any housing infractions, dirty urines, individuals' service-specific progress, and client-driven requests for assistance). Providers stated that this level of communication enabled them to work effectively as a unified team in monitoring and supporting participants. Communication also sent a strong message to participants that providers were aware of their behavior and that participants would be held accountable. Some grantees highlighted the inclusion of both community service providers and correctional agencies and the increased accountability that results from having both types of

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agencies involved in post-release service coordination. Stakeholders in one site observed that the autonomy afforded to community partners allowed for greater flexibility when serving clients. Indeed, the fact that the program operated from a community-based perspective was believed to be innovative and was perceived to offer benefits to clients that may not exist with a DOC-run program, such as greater knowledge about the community and services that are available, as well as the ability to establish trust with clients because staff are not affiliated with the criminal justice system.

Lessons Learned: Considerations and Recommendations for Other Reentry Programs

The AORDP stakeholders identified several additional considerations for other reentry programs seeking to implement similar programs. Recommendations related to **program administration, partnerships, and staffing** included the importance of gaining early buy-in from policymakers to promote collaboration, administering the program as a community-based rather than a law enforcement-based program, and fully engaging community service providers (including using their strengths and building on existing services). In addition, several recommendations pertained to training. Stakeholders emphasized the value of training corrections staff on reentry practices (for example, in Florida, all facility staff received Thinking for a Change training) and of cross-training non-corrections staff on corrections-related issues. For example, in Connecticut, the lead community-based agency secured training for its staff on reentry issues and developed policies and procedures to guide staff in working with a reentry population. The Pennsylvania site offered an array of staff cross-trainings for its partner agencies: motivational interviewing, co-occurring disorders, sex offender training, and reentry job training. Similarly, the California grantee agency cross-trained partner agencies on its core curriculum, Helping Women Recover, during early implementation of the program.

Given the challenges associated with staff turnover at several sites, another recommendation related to **staffing** was to improve recordkeeping so that staff turnover is not as disruptive. Other recommendations were to attempt to have overlap between the current and new staff member during the transition phase (to allow for better orientation and training), formalize program policies and procedures (including clear flowcharts conveying a staff

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responsibility matrix and the reporting structure) in staff and client handbooks, and share the program's history (including the initial development phase) with new organizational partners.

Recommendations related to the **service delivery approach** pertain to tailoring the program to address participant characteristics. Stakeholders noted that some individuals need a longer amount of time in the program and a more customized approach. Group-based services should thus be tailored to fit the population characteristics (e.g., race, age) and needs (e.g., trauma, stress management). They also recommended that the location of services be considered carefully so that all participants can easily access community-based services. For example, one site moved its gender-specific support groups from their initial location, which was proximate to a day care center, to another community-based provider to ensure that clients with sex offense histories could attend the group. As noted previously, one of the features of the Minnesota program was the co-location of post-release services at a community hub in a central location.

Stakeholders from several sites felt that it was helpful to have staff and volunteers who have criminal histories or have family members who were or are incarcerated. That kind of street credibility not only helps the staff understand participants' perspectives but also helps participants feel that they are being assisted by someone who is empathetic and whose model for life changes they might be able to emulate. In Connecticut, the program fully incorporates former offenders into meaningful peer advocates/quasi-case managers (community reentry advocates) who meet with inmates before release through program orientation and in the community. The California program has graduates return to graduation ceremonies as speakers, not only so participants can see their success but also so the program staff can learn from their experiences. Similarly, Florida arranged for two former program clients to return to the facility (about one year after their release) to talk to current program clients about their successful experience with the program. California is also trying to build an alumnae group so that the women can help one another in the future.

Conclusions and Next Steps

The seven AORDP programs represent a diverse set of approaches for managing successful prisoner reentry, with variability evident in the target populations and service delivery approaches. The programs became fully operational fairly early in their grant periods and remained largely stable over time. One of the most common modifications was

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designed to increase in-reach activities, a critical reentry practice[10] designed to connect participants with community-based service providers before release and increase the likelihood of continued service engagement after release. Another type of modification expanded the programs' service delivery network through additional partners.

The AORDP evaluation will continue to document the evolution of the seven programs during the final year of their grants, including strategies implemented by the grantees to sustain the programs after the grant ends and additional system-level changes attributed to the program. Findings from the process evaluation will also be used to provide context for the outcome and cost components, enabling a better understanding of effective strategies for promoting successful reentry.

The most common cross-site implementation challenges included staff turnover and program administrative barriers; barriers to effective collaboration between corrections and community partners; enrollment, recruitment, and retention of participants; and service provision challenges, mainly the need for greater customization of service delivery and additional resources to fill specific service gaps (e.g., housing, employment, and behavioral health services).

The importance of pre-release engagement between participants and community-based service providers was emphasized. Another key lesson learned from grantees was the provision of intensive case management designed to meet the multiple challenges facing former inmates upon their return to the community.

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Appendix Program Models Employed by AORDP Sites

Appendix Exhibit 1. Program Models Employed by AORDP Sites

Grantee	Target Population	Basic Program Components	Rationale for Program Model
California: Solano County	Female offenders currently or recently incarcerated in the Solano County jail, who are assessed as medium or high risk on the Women's Risk and Need Assessment or the Level of Service/ Case Management Inventory, and who will be returning to (or are currently living in) Solano County	Intensive pre- and post-release case management, **gender-specific cognitive-based therapies (*Helping Women Recover* and *Beyond Trauma*)**, **peer mentoring**, transitional housing, employment assistance, parenting, and assistance with basic needs (i.e., food, clothing, identification documents, eligibility, transportation)	The Women's Reentry Achievement Program [WRAP] predates the state's realignment legislation and its associated changes and resources. Focus groups and one-on-one interviews with women previously incarcerated in the Solano County jail informed the program's design and heightened awareness of community-based resource constraints. Continuity of service, including a "warm handoff" from facility to community, is a core goal of the WRAP, such that most core program elements are offered in the jail and in the community.
Connecticut: Department of Corrections	Male and female offenders in four Connecticut DOC facilities who have been assessed as medium to high risk for reoffending on the Connecticut DOC's Treatment and Programs Assessment Instrument (TPAI) and who are returning to New Haven, West Haven, or Hamden	Risk and needs assessment; a "reentry workbook" program (12- to 13-booster session program that reinforces previous cognitive-behavioral programming and job readiness classes); referrals to the facilities' job centers; pre-release reentry planning with community case managers; a **furlough component** involving pre-release service receipt in the community (currently available for male offenders but planned for females as well); **dual supervision** involving a parole officer/case manager pairing for supervision and engagement in services, supported by a community advocate (former offender); and **120 days post-release services**	The New Haven Reentry Initiative [NHRI] builds on Connecticut's extensive prior reentry work under the Connecticut Prison Reentry Initiative (CPRI) in 2006. The CPRI grant, which initially targeted Hartford and then expanded to Bridgeport in 2008, while generally regarded as highly successful, had limited eligibility requirements. One outcome of the SCA grant was that it widened the pool of offenders eligible to receive services. NHRI also emphasized and expanded the role of community-based providers in providing services before and after release. Former offenders were also incorporated into a formal advocacy role and serve as key members of the case management team.

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Appendix Exhibit 1. Program Models Employed by AORDP Sites (continued)

Grantee	Target Population	Basic Program Components	Rationale for Program Model
Florida: Palm Beach County	Male and female adult offenders who are returning to Palm Beach County from one Florida DOC correctional facility located in the county and are assessed as moderate to high risk on the Level of Service Inventory–Revised (LSI-R)	**18–36 months at Sago Palm Reentry Center**, where **pre-release counselors** provide supplemental services, case management, and transition planning (including risk needs assessments). **Community case managers** provide **continued support and services after release for 12 months.** Services offered before and after release include education; employment assistance; transitional housing; parenting, life skills, cognitive behavioral change, and victim impact programming; substance abuse and mental health treatment; family reunification; and assistance with basic needs.	The Regional and State Transitional Ex-Offender Reentry (RESTORE) Initiative was developed by the Palm Beach County Criminal Justice Commission, in partnership with the Florida DOC, to enhance reentry efforts in Palm Beach County. RESTORE builds on a history of smaller reentry initiatives in the county. It is the product of stakeholders' shared vision and commitment to addressing the challenges faced by individuals incarcerated in state prison and transitioning from prison back to their communities. A key element of RESTORE is the designation of Florida DOC's Sago Palm as a reentry facility located in the county.
Massachusetts: Boston	Male inmates at the Suffolk County House of Correction (SCHOC) between the ages of 18 and 30 with documented histories of violent or firearm offenses and gang associations who will return to one of Boston's high-crime hotspot neighborhoods and the adjacent areas	**Panel meeting**, which uses a carrot-and-stick approach to introduce the program to and invite eligible offenders; **case management support and advocacy** (throughout incarceration, transition to the community, and after release); a two-week BRI-specific **job skills** course (before release); assistance with employment, education, basic needs, and health care; and referrals to community services	The Boston Reentry Initiative (BRI) was established in 2000 as a strategy to reduce violent crime in Boston. It uses a joint public safety and social service approach to serve "high-impact players"—offenders with extensive, serious criminal histories who pose the highest risk for committing violent crimes and recidivating upon their release from SCHOC. The BRI has experienced some changes over the years; however, the program's approach and target population have not changed significantly since initial implementation.
Minnesota: Department of Corrections	Male release violators who are committed to the Minnesota Correctional Facility—Lino Lakes, are returning to one of four counties in the Minneapolis-St. Paul metro area, and have at least 150 days of supervised release in the community	Individualized transition planning and pre-release case management from a **reentry coordinator**, handoff from pre- to post-release case management through a **reentry team meeting;** post-release case management and services (employment assistance, transitional housing assistance, life skills, mentoring groups) **offered at a community hub**	Release violators have historically not received reentry support services in Minnesota DOC facilities and were therefore identified as a unique, high-risk population appropriate to be targeted under the SCA grant. The program's design was influenced by several preceding statewide reentry initiatives, and the National Institute of Corrections' Transition from Prison to Community (TPC) model was the framework for the overarching case management approach employed.

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Appendix Exhibit 1. Program Models Employed by AORDP Sites (continued)

Grantee	Target Population	Basic Program Components	Rationale for Program Model
New Jersey: Hudson County	Male and female offenders in the Hudson County House of Corrections (HCDOC) who have diagnosed mental health, substance use, or co-occurring disorders (nearly 20% are mandated to the program as part of drug court); have arrest and incarceration histories; and are returning to Hudson County. Most are sentenced to less than one year and are eligible for early release under electronic monitoring.	**Risk and needs assessments using standardized instruments** (e.g., Correctional Offender Management Profiling for Alternative Sanctions [COMPAS], Test of Adult Basic Education [TABE]); 90-day in-jail substance abuse treatment in a gender-specific **therapeutic community** (for those with substance abuse issues) with focus on **cognitive behavioral programming**; pre-release case management and transition planning; post-release case management for up to three years; and linkage to public benefits, community-based services delivered by **intensive outpatient/day treatment, and supported housing providers**	The program strategy was to leverage existing welfare system resources and use approaches consistent with **social learning theory** to reduce recidivism of HCDOC's "frequent flyers"—chronically jailed offenders who frequently evidence unaddressed mental health, substance abuse, or co-occurring disorders that require intensive services, at least for limited periods
Pennsylvania: Beaver County	Male and female offenders sentenced to the Beaver County Jail who have medium or high need for mental health or co-occurring services (as identified through the Global Appraisal of Individual Need Short Screener)	Screening and assessment to identify behavioral health disorders, cognitive-based treatment groups that feature the *Seeking Safety* curriculum, **highly structured vocational/educational services, transition planning, and case management and reentry sponsorship (mentoring) that begins in jail** and continues in the community	The ChancesR program builds on Beaver County's extensive efforts over the last decade to construct a comprehensive, evidence-based system of care for individuals with mental health or co-occurring disorders focusing specifically on individuals involved in the criminal justice system. The grant brought intensive pre-release services to the jail for individuals with mental illness and co-occurring disorders.

Note: DOC = department of correction; SCA = Second Chance Act. Bold text indicates key components of interest.

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