



The author(s) shown below used Federal funding provided by the U.S. Department of Justice to prepare the following resource:

Document Title: Second Chance Act Offender Reentry Demonstration Projects – Final Implementation Lessons Learned: Factors that Facilitate Successful Program Implementation and Positive Client Outcomes

Author(s): Christine Lindquist, Janeen Buck Willison, Jennifer Hardison Walters, Pamela K. Lattimore

Document Number: 250613

Date Received: February 2017

Award Number: 2012-RY-BX-0001

This resource has not been published by the U.S. Department of Justice. This resource is being made publically available through the Office of Justice Programs' National Criminal Justice Reference Service.

Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Second Chance Act Offender Reentry Demonstration Projects

Final Implementation Lessons Learned: Factors That Facilitate Successful Program Implementation and Positive Client Outcomes



February 2017

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

[†]RTI International, Research Triangle Park, NC; *Urban Institute, Washington, DC

This report is one in a series from the Cross-Site Evaluation of the Bureau of Justice Assistance FY 2011 Second Chance Act (SCA) Adult Offender Reentry Demonstration Projects (AORDPs). This report summarizes grantees' perceptions of factors necessary to successfully implement programs and serve clients in the most effective manner possible. Findings are based on semi-structured interviews with AORDP staff and organizational partners during two rounds of site visits and interim telephone interviews conducted between fall 2013 and summer 2015, with most AORDP grants ending in September 2016.



The Multisite Evaluation of the Bureau of Justice Assistance FY 2011 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.

Cover images from gettyimages.com by: 1-stocknroll, 2-VisionsofAmerica/Joe Sohm, 3-Image Source, 4-Dona Monroe
Photos are for illustration purposes only.

Report Highlights

This brief draws upon two rounds of site visits and interim telephone interviews with staff and organizational partners affiliated with the Adult Offender Reentry Demonstration Project (AORDP) programs in each of the seven sites. It documents stakeholders' perceptions—gleaned from 7 years of experience administering AORDP grants—of the factors necessary to successfully implement programs and serve clients in the most effective manner possible.

Characteristics perceived to facilitate successful program implementation include

- effective planning and thoughtful modifications over time,
- buy-in from corrections partners,
- strong public support for reentry,
- collaboration and communication among partners,
- effective staffing, and
- selecting and working effectively with community partners.

AORDP stakeholders also identified factors they believed were necessary to effectively serve clients. These factors were related to

- motivating clients to enroll and stay engaged,
- accurately assessing client needs,
- working with clients as much as possible before release and providing continuity of care,
- providing effective case management,
- recognizing client success and allowing for extended follow-up support, and
- meeting the key needs of housing, employment, and behavioral health.

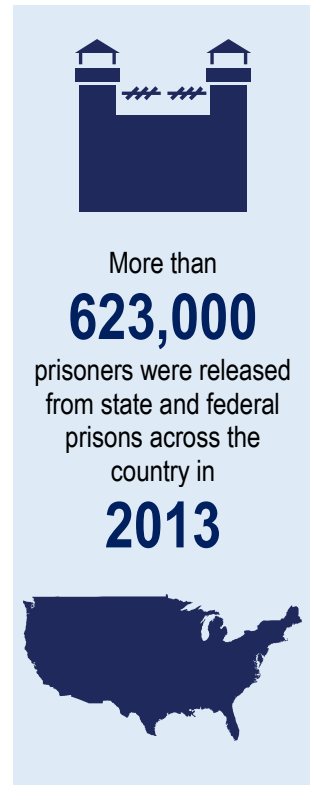
Background

Seven grantees are included in the Cross-Site Evaluation of the Bureau of Justice Assistance Fiscal Year 2011 Second Chance Act Adult Offender Reentry Demonstration Projects. Each project provides comprehensive reentry programming to criminal justice system-involved adults who are under state or local custody and are about to return to the community. Target populations and service delivery approaches vary across sites. Each project, however, addresses the multiple challenges facing formerly incarcerated individuals upon their return to the community by providing 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' demonstration projects.

Introduction

Prisoner reentry is a pressing national and local policy issue. More than 640,000 individuals were released from state and federal prisons across the country in 2015,¹ and another 10.9 million cycle through the nation's jails each year.² Chances of successful reentry are low: Nearly 68% of people released from state prison in 2005 were rearrested within 3 years of release, and more than 75% were rearrested within 5 years of release.³ Numerous factors contribute to these high recidivism rates. Most formerly incarcerated individuals return to the community with considerable deficits: limited education, few marketable job skills, no stable housing, chronic health issues, substance abuse treatment 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}

The Second Chance Act (SCA) of 2007: Community Safety Through Recidivism Prevention¹⁵ was signed into law in 2008 with the goal of increasing reentry programming for individuals released from state prisons and local jails. Since 2009, the Bureau of Justice Assistance (BJA) has made more than 700 awards to grantees across 49 states to improve reentry outcomes. SCA-funded projects 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, and employment services); and collect data to measure performance outcomes related to recidivism and service provision. Furthermore, grantees 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 Project (AORDP) sites. The National Institute of Justice in FY 2012 funded the Cross-Site Evaluation of the BJA FY 2011 SCA AORDP; RTI International and the Urban Institute are conducting the evaluation. See **Appendix A** for information describing the seven projects that are the focus of this evaluation.



The cross-site evaluation is focused on 7 of the 22 FY 2011 Adult Offender Reentry Demonstration Project sites and grantee agencies



California

Women's Reentry Achievement Program (WRAP), Solano County Health & Social Services Department



Connecticut

New Haven Reentry Initiative (NHRI), Connecticut Department of Correction



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, Minnesota Department of Corrections



New Jersey

Community Reintegration Program (CRP), Hudson County Department of Corrections

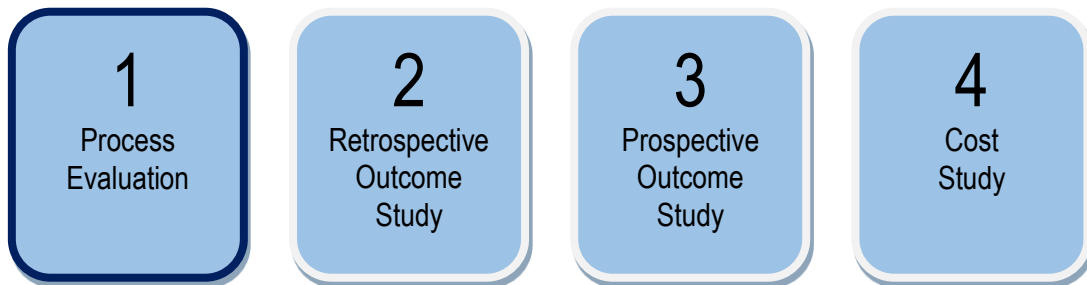


Pennsylvania

ChancesR, Beaver County Behavioral Health and Developmental Services

The primary goals of the evaluation are to

- describe the implementation and sustainability of each AORDP project through a **process evaluation**,
- determine the effectiveness of the programs at reducing recidivism through a **retrospective outcome study** and at reducing criminal behavior and substance use and improving other outcomes through a **prospective outcome study** that includes participants' self-reported information, and
- determine the per capita program costs of each AORDP project through a **cost study**.



Lessons Learned: Factors That Facilitate Successful Program Implementation

This section describes factors that AORDP staff and organizational partners felt were necessary to successfully implement their programs and provides stakeholders' recommendations for achieving each implementation driver. The findings are based on two rounds of site visits during which open-ended interviews were conducted with AORDP administrators, line staff, and representatives from organizational partners. In addition, stakeholders' reflections on their experiences with program implementation were documented through interim telephone interviews with key staff as the grantees neared the end of federal funding. Previous reports from the AORDP evaluation have summarized implementation challenges faced by grantees (see Lindquist et al.)¹⁶ and documented grantees' use of evidence-based practices in their AORDP programs (see Rossman et al.).^{17,18}

Based on stakeholders' experiences implementing their AORDP programs over nearly 7 years,^a several factors emerged as influential drivers of implementation success across sites. When these factors were in place, implementation tended to be smoother. In the absence of these factors, which tended to be more common in the early stages of the grants, implementation was more challenging. The key drivers of implementation success at the programmatic level, discussed in detail below, include:

- effective planning and thoughtful modifications over time,
- buy-in from corrections partners,
- strong public support for reentry,
- collaboration and communication among partners,
- effective staffing, and
- selecting and working effectively with community partners.

Effective Planning and Thoughtful Modifications Over Time

In reflecting on their implementation experiences as they neared the conclusion of their grant period, many stakeholders emphasized the need for a thorough planning process when designing reentry programs. All of the AORDP sites received planning grants in 2010, which provided support for an extensive planning stage. According to some stakeholders, an effective first step is the identification of existing systems and policies related to reentry and a determination of what needs to change. This information should then be used to guide the program design process. Across sites, stakeholders consistently emphasized the importance of an inclusive planning process, in which all partners, including members of the population targeted for services, are involved early on. Given the difficulties that many grantees encountered in working with corrections partners (discussed below), involvement of the correctional partner in the program design phase was perceived to be critical. According to a stakeholder in one site, it is not sufficient for the correctional partner to simply be at the table during the planning process and to express verbal investment, but to get written, clear documentation of everyone's roles and procedures to ensure that each partner is on the same

^a Federal SCA funding was provided from FY2011 through FY2016 (September 30, 2016) for most evaluation AORDP sites, but the grantees' funding was intended to support both the continuation of services and engagement in the evaluation.

page. The importance of engaging all relevant stakeholders in the planning process was also noted in another site, in which a single entity wrote the original grant proposal without collaborating with other key stakeholders. As a result, some proposals were not feasible because the original design did not reflect the abilities and needs of key stakeholders. Assessing each partner's resources and strengths early on is critical. One site (Solano County, CA) included formerly incarcerated individuals in the design of its program and felt that this was beneficial to the planning process.

Despite careful planning, stakeholders noted that reentry work always involves a learning process and that, inevitably, programs will encounter things that did not work and need to be modified (or new components that need to be added). Stakeholders noted that patience and perseverance are required when everything does not fall seamlessly into place at the beginning. Program administrators will need to be adaptable and open to change. With hindsight, one grantee advised designing the program to be flexible enough to accommodate changing contextual factors (e.g., changing job markets, housing availability) so that everything does not have to be renegotiated later in the grant period. Contracting structures within the lead agency (e.g., requirements to competitively bid service provider contracts) and lack of an established relationship with a particular partner can make it extremely time consuming to set up processes for reimbursement for services; these factors should be considered during program design and start-up.

One design consideration of particular importance to future program administrators pertains to the target population and program eligibility criteria. Several grantees made thoughtful decisions about the population believed to most need services (e.g., those with the highest risk of recidivism) and developed eligibility criteria accordingly, only to end up struggling with low enrollment and needing to broaden eligibility criteria over time. In addition to making it difficult for programs to meet enrollment targets, overly restrictive eligibility criteria were also perceived to restrict service delivery from some clients who could benefit from the program. It was felt that some populations not eligible for the program because of factors unrelated to need or risk (e.g., those with active warrants) could have greatly benefited from the services, yet were turned away. These experiences suggest that future program administrators need to plan carefully in order to strike the proper balance

In most of the jail-based sites, stakeholders noted that their enrollment challenges were, in part, related to decreases in their overall jail population. Initiatives such as justice reinvestment and bail reform had reduced the jail population, which prompted some to consider expanding program eligibility criteria.

between serving populations with the greatest unmet need (and highest risk of recidivism) and ensuring that eligibility criteria are not overly restrictive (resulting in low enrollment and unused capacity that could have benefited those excluded).^b Using data in the planning process is also important in establishing realistic enrollment projections based on eligibility criteria.

Once program design decisions have been made, stakeholders noted that the planning process should culminate in clear, written documentation about all parts of the program. This documentation should specify program objectives, describe the process and flow of service delivery (including where and how providers hand off clients), identify the roles of all partners and staff, and outline what is needed for the staff to do their jobs correctly. Not only does such documentation ensure that all partners are on the same page, but it can be used to train new partners and staff who join the programs over time.

Buy-in From Corrections Partners

Support for reentry programming on the part of corrections partners was consistently identified as one of the most important factors in AORDP implementation success. This included buy-in from facility staff, such as jail and prison administrators, correctional officers, and Department of Corrections (DOC) administrators (in sites in which programming was implemented in prisons), as well as community supervision staff (parole and probation officers and administrators). Indeed, one program component perceived to have the biggest impact on client success—“in-reach” by community-based service providers who interact with clients before release to engage in pre-release programming—depended entirely on support from facility partners. The many barriers associated with community-based providers working in the restricted setting of a correctional facility (e.g., staff background clearance, escort requirements, lockdowns, shift changes, restrictions on internet access), as well as lack of appreciation for and resistance to programming on the part of correctional officers in some host facilities, severely constrained many organizations’ ability to work with clients prior to their release. These barriers could only be overcome with strong support from facility administrators. Stakeholders felt that having buy-in at the very highest levels of corrections administration was a necessary precursor

^b The risk-need-responsivity model¹⁹ asserts that the level of service should be matched to the individual’s risk to re-offend, criminogenic needs should be assessed and targeted in treatment, and that the individual’s ability to learn should be maximized by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the individual.

to support from facility line staff. Stakeholders in one jail-based site noted that if the sheriff did not really want the program, it simply would not happen.

Similarly, working with clients post-release was perceived to be more effective when information sharing and collaboration with community supervision agencies was greater. In one site, a weak relationship between community-based service provider staff and supervision agents (and lack of understanding about what the program was all about on the part of the supervision agents) resulted in case managers withholding certain information from supervision agents because they did not want clients to be violated based on the information. Stakeholders in this site felt that more frequent meetings between supervision agents and community partners—particularly in the beginning of the grant—would have ameliorated this concern. The effort required to develop trusting, collaborative relationships with community supervision partners appeared to have paid off for the grantees who were able to overcome such barriers. One site noted that the positive relationship between probation and community service providers was instrumental in providing better assistance to clients—the probation department was able to do things that community service providers could not; in return, the individualized services provided by community service providers (e.g., transportation to and from appointments) helped the probation department. The Connecticut DOC grantee employed a unique strategy to promote buy-in on the part of parole. In this site, the grant budget included a set-aside to cover a portion of the director of parole’s time. Stakeholders felt that this level of involvement resulted in greater involvement of this administrator and a top-to-bottom buy-in that prioritized the program.

In sum, the inherent tension between the objectives of correctional agencies (e.g., maintaining control, enforcing community supervision requirements) and social service agencies (e.g., rehabilitation) required careful navigation, mutual respect, and an understanding of one another’s goals. One stakeholder noted that applying a social service framework to a culture traditionally focused on maintaining or enforcing order and control requires a cultural shift. Each side faced a learning curve. Community-based service providers had to learn the nomenclature, procedures, and rationale behind security concerns, which led them to appreciate the perspective of correctional partners. Similarly, correctional partners had to develop an understanding of the objectives of the AORDP program and an appreciation for what was expected of them. In several sites, developing buy-in from corrections partners took a substantial amount of time. This was the case even in sites where corrections or other criminal justice agencies served as lead agency for the grant. In one site, it took a full year to develop a

memorandum of understanding with the probation department because of resistance to the program and “institutional inertia.” However, most sites were eventually able to overcome these barriers and develop the level of support from corrections and community supervision partners necessary to successfully implement their programs.

Collaboration and Communication Among Partners

Most AORDP grantees established partnerships with a number of organizations, including criminal justice agencies and social/human service organizations. These grantees consistently identified strong collaboration and open, regular communication among all relevant partners as critical factors in successful program implementation. Stakeholders highlighted the importance of strong leadership, the identification of all relevant stakeholders that could help meet various clients’ needs, routine partner meetings, equal treatment of all partners, and openness to one another’s ideas and approaches. One stakeholder from the corrections system noted that corrections cannot survive without support from the other branches of the criminal justice system and other stakeholders; and that treatment is more successful when corrections, probation, and service providers are all involved. In some sites, grantees struggled with communication and collaboration, noting that more open lines of communication were needed with the various organizations that work with clients. Weak relationships with individual organizations (e.g., the public defender’s office, probation officers, school systems) were identified in some sites. However, grantees largely seemed to develop strong, collaborative relationships with relevant partners over time and worked hard to maintain those relationships throughout their grant periods. In addition, many grantees drew upon pre-existing partnerships to implement their programs, which facilitated collaboration and communication.

Stakeholders in nearly all sites discussed the need for good coordination to ensure that efforts are combined and services are unified. In one site, stakeholders spoke of the importance of coordination and noted that reentry programming need not take a large investment of new capital, but can instead be accomplished using existing resources, as long as coordination is handled effectively. In this site, one stakeholder observed that the program’s target population is actually the same population that partner agencies are already serving under a different label, such as “homeless” or “mentally ill.” Therefore, the stakeholder recommended avoiding referring to the population as a “reentry population” because it can create a silo among agencies (in addition to unnecessary stigma for the clients). Training partners on each other’s roles and “systems” was perceived to be helpful in several sites because the programs had to be able to

work collaboratively around many relevant systems. For example, the Beaver County, PA grantee trained all relevant partners and vendors to better understand one another's fields and agencies. Keeping a common goal in mind, sharing resources and time, and providing clear expectations to partners were also emphasized.

Stakeholders in nearly all sites discussed the importance of communication among relevant agencies. Both formal and informal information-sharing about clients' needs and progress appeared to be key to successful collaborations and program implementation. In one site that held regular meetings to discuss each client among all partners, this model ensured that the partners worked as a cohesive team. Some sites struggled to find ways to share information across partners, particularly information in hard copy form or where multiple systems needed to be navigated. Using a universal release form to allow all providers the authority to access information about clients, including assessment results, was perceived to be very helpful in the sites that implemented this process. Some sites also developed a central database that allowed each service provider to enter notes (and that could be accessed by other providers); however, these systems took a long time to establish and it was unclear that they were used in the manner intended. Some stakeholders noted that detailed documentation (e.g., medication dosage) was lacking within their system. Several stakeholders felt that such a system would need to be accessible remotely and via smartphones for service providers to be able to update information in real time.

Strong Public Support for Reentry

Stakeholders in several sites reflected on the general importance of community support and public awareness of reentry in facilitating program success. For example, it was important for community members to view reentry programming as something that helps individuals and families, as well as improves public safety. In addition, some stakeholders perceived having community leaders who care about the program as necessary for sustainability. Community education and awareness-raising efforts were highlighted as key activities that generated support for the AORDP programs. Stakeholders from the Solano County, CA, program, which incorporated a public graduation ceremony as a key program component, felt that the ceremony generated a very high level of awareness and support, increasing the political popularity of the female-focused program. The ceremonies were increasingly attended by stakeholders within the criminal justice system (including probation staff, prosecutors, public defenders, and judges) and covered by the media, with the publicity serving to "humanize" the clients. Greater visibility

allowed the program to make new connections, as well as acknowledge the success of the participants and the hard work of the team. Another strategy for increased visibility was participation in the cross-site evaluation. Stakeholders from the Palm Beach County, FL, program felt that participating in the AORDP evaluation improved the program's visibility within the county and ultimately increased county officials' support for the program.

Effective Staffing

A number of staffing considerations appear to have had an impact on implementation success. In most sites, stakeholders felt that the program had hired the right people, particularly the staff who worked directly with clients.

Hiring experienced, seasoned staff who understood the corrections context was perceived to have been instrumental to the programs' ability to function. In addition, a number of interpersonal skills were identified as necessary for successful work with clients, including coping skills, passion, desire to help people, and ability to be respectful.

Despite hiring the "right" staff, many sites struggled with staff turnover throughout their grants. Turnover in staff hired directly by the grantee agency as well as in staff within partner organizations plagued several grantees. Some sites had prolonged vacancies, which adversely affected the program. And while some stakeholders felt that turnover could be beneficial in some circumstances (when new staff with fresh perspectives were brought in), most sites found that staff turnover had a negative impact on clients who had built relationships with staff and disrupted interagency partnerships that had been cultivated. One site that maintained the same

Stakeholder Support for Reentry

An online survey administered to stakeholders at the AORDP sites at two points in time^a found that the most supportive and engaged stakeholder constituencies were *social service providers* (3.60 mean score), *nonprofit community-based providers* (3.56), and *community corrections/court services* (3.55). Conversely, *neighborhood associations* and the *business community* were rated as *least supportive and engaged*, with average scores of 2.56 and 2.20, respectively; *child support services* (2.42) and the *housing authority* (2.53) also received low ratings at one or both waves.

There were some noteworthy differences between sites: the Massachusetts site rated the sheriff and police among its most engaged and supportive stakeholder groups, while the Pennsylvania site rated county jail staff (Wave 2) as highly supportive and the California and Florida sites rated public defenders as highly supportive—constituencies that played key roles in these sites' AORDP reentry projects.

^aAs part of the AORDP process evaluation, an online survey was administered to more than 300 stakeholders—criminal justice and social services leaders, directors of community-based human services agencies, and frontline staff from partner agencies— across the seven AORDP sites in April 2014 and April 2015. The survey gathered information about program operations and system functioning. The survey also measured constituency support and engagement by asking respondents to rate how supportive and engaged 20 different stakeholder groups, ranging from employers and the business community to child welfare agencies, social services providers, and specific criminal justice system actors, were on the issue of reentry. Respondents used a 4-point scale (the higher the score, the more perceived support).

case managers over the course of the grant felt that continuity was one of the key factors in the program's success because of the staff members' unparalleled knowledge of the curriculum, understanding of community resources and how to access them, and experience working effectively with corrections and community supervision partners.

Strategies that grantees recommended for preventing turnover included hiring people who have a passion for the work; ensuring that boundaries with clients are respected (to prevent staff burnout); attempting to manage staff stress, including monitoring staff needs, working on their own trauma experiences, addressing secondary trauma, and teaching self-care to recharge; and increasing salaries. Stakeholders in several sites shared that a more difficult factor to overcome with the grant-funded positions was the inevitable uncertainty about job security as the end of the grant period drew near.

In addition to hiring and maintaining effective staff, other staffing strategies were discussed by stakeholders as important in program implementation. Avoiding high caseloads, providing extensive training (and doing this early in the implementation process), having program staff co-located (to facilitate continuous communication and collaboration), and using a strong referral process were felt to be effective. Having dedicated staff for particular responsibilities was also noted as important. For example, a single point of contact between the DOC and community partners was highly advised in one site. Others recommended having a dedicated community supervision officer to supervise program participants or matching supervision officers to a set of clients with specific service needs, to allow for a greater specialization of skills.

Select and Work Effectively With the Right Community Partners

Grantees shared several aspects of their work with community service providers that they felt future reentry programs could benefit from considering. In many sites, some service providers did not have a lot of experience working with reentry populations prior to the grant. In a few sites, some partners were replaced because of their lack of expertise with the target population. However, providing basic training to providers was perceived to be helpful in overcoming inexperience, and many grantees identified their community partners' increased capacity for reentry work as one of the major successes of their program.

Regardless of partners' pre-existing capacity to serve formerly incarcerated individuals, stakeholders felt that to be effective, partnering organizations had to be culturally competent. Consistently across sites, stakeholders emphasized the need to select partners who are representative of the clientele (i.e., service providers who have a similar racial and ethnic background as the population they serve) and who are located in the communities where clients live.

Once community partnerships were developed, most AORDP grantees appeared successful in maintaining effective relationships with these partners over the course of their grants. Some stakeholders highlighted the need for using benchmarks and achievements to make decisions about ongoing affiliations with vendors. Stakeholders also recommended developing a full understanding each community provider's strengths, to facilitate effective referrals for specific clients. One site worked with the National Reentry Resource Center, the SCA training and technical assistance provider, to develop a strategy to link clients with different service providers based on the risk level of the clients (rather than the geographic location of providers).

Some issues around funding allocations and reimbursement models appeared to plague several grantees and threaten program operations. The amount of funding allocated to service provider organizations was considered to be too little in some sites. Community partners felt a less top-heavy approach to budget distribution would have been better, with them receiving a greater share of the funding for direct services for clients. In addition, mechanisms for reimbursement were challenging for many community service providers, particularly the wait period for reimbursement associated with the "fee for service" model, in which the provider bills the grantee agency after a service is rendered. In several sites, community partners struggled with the wait period for reimbursement because they did not have the financial capital necessary to financially sustain themselves during this time. Therefore, approaches in which organizations receive some money up front should be considered by future program administrators as a strategy for seamless program operations.

Lessons Learned: Effective Strategies for Working With Clients

In this section, strategies that were perceived to facilitate successful work with clients—based on stakeholders’ insights from implementing their AORDP programs—are discussed.

These strategies are related to

- motivating clients to enroll and stay engaged;
- accurately assessing client needs;
- working with clients as much as possible before release and providing continuity of care;
- providing effective case management;
- recognizing client success and allowing for extended follow-up support; and
- meeting the key service needs of housing, employment, and behavioral health.

Many grantees struggled to be successful in these areas, therefore, substantial attention is given to the specific challenges that grantees encountered and promising approaches to overcoming the challenges.

Motivating Clients to Enroll and Stay Engaged

Most of the AORDP programs were designed to be voluntary^c and nearly all sites struggled with motivating clients to participate. Across sites, stakeholders generally felt that the program was more successful for those who were genuinely motivated to receive the services. Community-based service providers tend to prefer to work with clients who want to be there, and one stakeholder felt that client motivation should be used to distinguish those who want to help themselves from those who want help provided to them. However, other stakeholders recognized the importance of serving the “hard to serve” and not just the highly motivated. The AORDP grantees employed strategies to increase client buy-in early in their participation. These included engaging clients directly in the program planning process and developing trusting relationships with staff, which included informal contact prior to formal enrollment, as well as

^c Even in the one program that was mandatory for those assessed as eligible, clients were given substantial freedom to choose how much to engage in post-release services.

ongoing contact after enrollment. One stakeholder observed that it takes a long time to convince the clients that anyone genuinely cares enough to help, so many contacts are required to develop buy-in with clients.

However, even after clients made the decision to enroll in the program, many sites struggled to engage clients in services, particularly after their release. Many clients perceived to need offered services did not show up to receive them. This led many stakeholders to think about the benefits of mandating post-release participation (e.g., making it a condition of supervision and providing sanctions for nonparticipation). Some stakeholders felt that a lack of consequences for nonparticipation in post-release components undermined the mission and success of the program and that mandating a minimum number of services (e.g., select a support group to participate in and attend at least two meeting) would be beneficial. However, opinions about this issue were mixed, with some service providers not wanting clients to be punished for nonparticipation and hoping, rather, that supervision officers could do more to encourage participation in a less punitive manner. The benefits of mandating participation were evident with clients on electronic monitoring in one site; stakeholders noted that clients tended to do much better while they were being monitored than after their monitoring ended. In addition, clients who were mandated to participate through any type of supervision were perceived to be easier to engage and retain than those who were not mandated to participate.

Another strategy for encouraging post-release participation—one that was consistently highlighted as effective across sites—was increasing the pre-release in-reach from community-based service providers. Many stakeholders felt that building relationships and trust with clients earlier in the process was critical for post-release engagement. (Pre-release engagement is discussed in more detail later in this report.) In some sites, stakeholders felt that the lack of client engagement post-release was due to lack of pre-release contact.

Tangible forms of assistance were also suggested as strategies to better engage clients post-release. For example, given that the immense pressure to find employment limits clients' availability to participate in programming, a community partner in one site suggested providing a stipend for participation in programming. Providing incentives and recognizing accomplishments were other strategies suggested by grantees.

Stakeholders in several sites felt that more extensive outreach by case managers was needed. Respondents discussed the difficulty in tracking down clients post-release and

lamented that their programs left it up to the clients to connect with service providers on their own.

The geographic location of community service providers was felt to be influential in post-release service engagement. One site implemented a hub approach, where a number of services were provided in a central location. Although this was felt to be very successful for effectively serving clients, not all clients lived close enough to the hub to get there easily. Providing transportation directly or offering transportation assistance (e.g., bus fare, gas cards) was perceived to be successful in the programs that included this type of assistance. Those that did not originally include transportation assistance recommended setting money aside for help with transportation. Almost universally, stakeholders noted the transportation challenges faced by clients, with limited public transportation options. One site provided county cars to case managers, who were allowed to drive clients to appointments, and found this arrangement to be effective in not only transporting clients to needed services, but also developing a rapport between clients and staff.

Future reentry programs should anticipate the challenge of low motivation among clients and put in place strategies to ameliorate this challenge, including involving clients in planning, having early informal contact with program staff, allowing for multiple contacts with community-based service providers before the client is released, closely tracking clients post-release, and offering tangible assistance (e.g., transportation) to transport clients to community-based services.

Accurately Assessing Client Needs

When reflecting on their experiences implementing their AORDP programs, grantees emphasized the importance of assessing client needs. Stakeholders recommended conducting needs assessments as early in the process as possible—and well in advance of release—so that appropriate planning could take place and clients could begin treatment while incarcerated. The accuracy of assessments was also emphasized as an important factor in client success. Stakeholders noted that relying on risk assessment scores is insufficient, with one stakeholder noting that two clients could have the same score on a particular assessment tool but have entirely different needs.

When reflecting on the types of needs covered in assessment tools and the accuracy of scores, stakeholders in a few sites noted the need for better assessment instruments for

identifying mental health needs and trauma. In addition, some stakeholders felt that assessments should do a better job measuring client readiness for change, or motivation. This was directly relevant to the struggles that many programs faced with regard to lack of client engagement in services. Stakeholders observed that some clients may only enroll in the program for specific forms of assistance (e.g., housing assistance) and have no intention of actually completing the programming. The extent to which stakeholders felt that such “readiness for change” assessments should be used to restrict entry into the programs was unclear, however.

Using the results of needs assessments to customize treatment plans for clients was felt to be instrumental in client success. A client-centered approach that targets programming to work on high-need areas was repeatedly emphasized. Stakeholders almost universally emphasized that every client’s needs are different and that customizing services based on this consideration was much more effective than giving all participants every service offered by the program. Indeed, one stakeholder observed that it was a big step for the program to realize that not every client actually needs all of the services on offer.

Working With Clients as Much as Possible Before Release and Providing Continuity of Care

Perhaps the most universal lesson learned among the AORDP grantees about how to effectively work with clients was the critical importance of pre-release work. Many grantees felt that the timing of their work with clients was crucial and that assessment, programming, and contact with community-based service providers (and community supervision officers) needed to start as early in clients’ sentences as possible. Some stakeholders noted that clients can focus on addressing needs while incarcerated easier than they can after release, where they may be more apprehensive and have many competing demands on their time. Therefore, maximizing the extent of pre-release programming (while having community-based services lined up to begin immediately after release) was recommended. Chemical dependency treatment was believed to be a particularly important service that should begin during incarceration. To accommodate more clients and rapid turnover of incarcerated individuals, some stakeholders recommended that classes be established as open-ended so that people can start and finish at different times.

In addition, as discussed previously, early engagement, before release, was critical for building the relationships with community-based service providers that, in turn, helped to ensure continuity of care and client engagement after release. Stakeholders felt that clients needed consistency during the transition phase, and noted the lengthy process required for a service provider to build a trusting relationship with a client. Getting to know the clients while incarcerated was felt to change the whole dynamic of what individuals plan to do when they get out. Indeed, several sites designed their case management components to have the same case managers assigned to clients before and after release; in one of the sites that did not, some stakeholders felt that the program could have been more effective if the same case managers had worked with clients both before and after release.

One stakeholder from the Solano County, CA, program, which served women reentering from jail, noted that the women came in “so damaged” that it was essential to have the opportunity to build relationships and trust in a structured environment, help them create stronger reentry plans, and put the pieces together. Once trusting relationships were established on the inside, this provided a strong foundation for when clients were released and faced even deeper challenges.

Beginning the process right before release was perceived to be insufficient, and situations where service providers did not even get a chance to meet clients on the inside were felt to be extremely ineffective. Some service providers noted that they were getting clients too late in their stay and only had a few weeks to work with them before release.

The most common approach to connecting clients with community-based service providers before release was to bring the providers into the institutions. While some facilities accommodated this model, policy changes were needed in other sites. The Connecticut DOC program employed a different approach to connecting clients with service providers—one that also required strong facility support and policies that permitted such contact. This site’s furlough program entailed periodically granting clients temporary release and transporting them to community-based service providers and community supervision officers so that they could develop relationships with providers and plan ahead for community-based services. This component was perceived to be extremely effective at increasing the likelihood of voluntary post-release engagement with service providers, particularly for clients with mental health issues. It was also felt to remove some of the pressure for returning individuals (given the many things that need to be accomplished before release) and reduce culture shock for clients who had been incarcerated for an extended time. It allowed clients to become more familiar with their communities (including the location of service provider agencies) ahead of time and to feel

better prepared. Indeed, the furlough was perceived to be so instrumental to client success that it was one component of the Connecticut DOC program that stakeholders reported was being considered for replication and expansion in the state.

Not surprisingly, given the restrictions in correctional settings, many grantees struggled to accomplish sufficient levels of pre-release work with clients. Those who were able to make this happen felt that it was instrumental in client success; sites where pre-release contact

“Case management links all disparate services into one human entry point and makes it manageable for clients. Service provider agencies want to serve our clientele, but clients find it almost psychologically undoable—considering their histories of incarceration and inabilities—to navigate bureaucracies, find secure transport and time to apply for these benefits. The one powerful catalyst is the case manager system, and is arguably the most powerful because they develop a trusting relationship with clients and help clients begin the long dreary process of reintegration into civil society.”
—NJ Stakeholder

was insufficient felt that their programs could have been much more effective if more pre-release work could have been accomplished.

Providing Effective Case Management

As reported in a companion topical report (see Rossman, Buck Willison, Hardison Walters, and Lattimore¹⁷), case management was a foundational practice in all AORDP sites, although sites differed in the intensity of the case management and the specific model employed. When reflecting on factors that were most instrumental in client success, stakeholders in nearly every site recognized the importance of the case management component. Given the overwhelming level of need among reentry populations and difficulty navigating existing service delivery systems, having a one-on-one relationship with a staff member responsible for assessing needs, developing a service plan, making referrals to services, and following up to ensure that clients are receiving needed services was perceived to be critical for client success. As one stakeholder noted,

In many sites, stakeholders described the extremely high needs of the populations served by their AORDP programs and noted the importance of the case management component, including individualized services of a sufficiently high intensity to meet such needs. The clients identified as among the most challenging to serve included:

- younger clients, who are generally not as ready for change and face additional struggles due to peer pressure;
- clients with cognitive limitations or developmental delays; and
- clients with co-occurring disorders or undiagnosed mental illnesses.

It was generally felt that case managers needed to invest more time to meet the needs of these clients.

in addition to connecting clients with basic services, having dedicated staff who can supply the “peripheral stuff around the edges” to make clients successful (e.g., paying phone bills, assisting with drivers licenses) was one of the unique—and extremely beneficial—features of the AORDP program.

A number of qualifications were attributed to successful case managers. Intimate familiarity with the services in their communities and broad-based competencies in agency, county, and state requirements to be able to connect clients across bureaucracies were commonly identified as necessary skills for effective case managers.

Stakeholders consistently emphasized the ability of case managers to develop close, trusting relationships with their clients as one of the main reasons for the effectiveness of the case management component. Relationship-building skills were felt to be important because it takes time for clients to warm up and many will only disclose their issues if they trust that the case manager is going to be there and help them get their lives back together. Some stakeholders felt that clients can develop much higher levels of trust with staff who do not have the power to respond to noncompliant behavior (unlike community supervision officers). The level of investment and follow-through on the part of the case managers appeared to be extremely instrumental to developing this rapport. However, although passion for the work was perceived to be critical, at the same time, being able to maintain boundaries was felt to be necessary because some clients test boundaries.

Importantly, stakeholders in several sites highlighted the ability of case managers to personally connect with clients as the foundation of their relationships. Hiring case managers who were culturally competent and could relate to their clients (because they had personal experience with incarceration or addiction, were of the same ethnicities, and lived in the same neighborhoods) were cited as critical to building strong relationships and, indeed, brought an element of credibility with clients and thereby helped improve client buy-in of the overall program. Some sites purposefully hired case managers based on their experience with the criminal justice system. For example, the Connecticut DOC program incorporated formerly incarcerated individuals in the formal, paid role of community advocates. The community advocates provided support to clients in addition to the formal case management provided by a community-based partner. These individuals brought a familiarity with the prisoners that few “regular” employees have, and an unparalleled knowledge of the communities in which the participants live, including not only resources but also informal networks and issues affecting clients. In addition, these individuals were perceived to offer a perspective that the DOC does

not have and to have helped change the culture within the DOC by having “worked their way up” to become respected employees. Stakeholders from this site noted that often in reentry programs, formerly incarcerated individuals only serve as peer mentors. In contrast, their model of paid case advocacy means that formerly incarcerated persons are part of the official supervision process.^d Overall, in sites in which case management staff were hired with an eye toward credibility with clients because of shared personal experience, stakeholders felt that not only did clients develop more trusting relationships with case managers, but also that program staff were less likely to be deceived by clients. According to one stakeholder, their [culturally competent case management staff] “cannot be fooled and [they] speak the truth in ways that can be heard by the clients and other stakeholders.” An additional benefit of this approach is that such staff serve as positive role models and can have a huge role in motivating clients to improve their lives.

Regardless of whether case managers had direct experience with incarceration, basic interpersonal skills, such as the ability to treat clients as human beings, were highlighted as important to establishing open relationships between clients and staff (and making clients feel human again), along with other qualities including empathy, humility, and patience.

Recognizing Client Success and Allowing for Extended Follow-up Support

When reflecting on which aspects of their programs produced positive effects for clients, stakeholders in some sites noted the importance of recognizing clients’ progress throughout their participation and allowing for extended follow-up support even after clients have “completed” the program.

All of the programs monitored clients’ progress during their participation, typically involving formal and informal status reviews by some combination of community supervision officers, case managers, and service providers. This tracking of successes and failures was perceived to be very important for client success, along with a team approach to brainstorming strategies for improving client outcomes. Stakeholders in some sites felt that clients were held

^d A few sites that attempted a more traditional mentoring component, involving peer support groups or other unpaid mentoring strategies, struggled with implementation and low attendance. Representatives from the Connecticut program felt that their men’s support groups worked well; however, the case advocate was very connected to this group which was likely responsible, in part, for its success.

more accountable as a result of this monitoring than they would have otherwise experienced. Consistency and structure were perceived to be important. Leniency for minor infractions was encouraged (with a punitive mentality felt to be counterproductive), as was rewarding clients' progress.

Stakeholders felt that even small achievements by clients should be celebrated. The Solano County, CA, program's formal graduation ceremonies were perceived to be extremely effective for clients. According to stakeholders from this site, the fact that the women were given the opportunity to tell their stories and receive certificates for their accomplishments was very effective because most had not previously graduated from anything. The ceremonies, which were open to the public and included numerous stakeholders from the criminal justice system, allowed a number of stakeholders to celebrate the clients' success. In addition to the benefits to individual clients, the ceremonies also allowed the team's success and hard work to be acknowledged, and, as discussed earlier, were perceived to be a major strategy for increasing public support for the program.

Importantly, however, stakeholders felt that reentry programs should continue to offer support for clients even after they complete the program. Several grantees felt that their AORDP program model did not allow enough time to work with clients, and that clients should be able to continue to receive services and support for an extended period of time, whenever they need it. As noted by one stakeholder, "Clients' issues are chronic conditions and need to be treated as such." Another stakeholder recommended establishing an "alumni association" and drop-in center that would allow for ongoing support for at least 1 year post-program. Therefore, future reentry programs should consider strategies for facilitating long-term support.

Meeting Key Service Needs: Housing, Employment, and Behavioral Health

Among the myriad needs of reentering individuals, the service areas that typically receive the most attention from reentry programs are housing, employment, substance abuse treatment, and mental health care. Across the AORDP sites, stakeholders felt that addressing these needs was critical for clients to be successful after returning to the community,^e and the

^e These four needs were heavily emphasized in open-ended interviews with program stakeholders. They were also identified in the online stakeholder surveys administered by the evaluation team as the top issues facing reentering prisoners. Among stakeholder survey respondents, 38% identified housing and 37% identified

grantees that were able to make progress in meeting these needs counted this among their major achievements.

Housing. In almost every site, grantees felt that housing options for their clients were extremely limited and that without stable housing immediately upon release, clients could not attend to other service needs, especially treatment. Particular effort was needed to find safe and stable housing for clients with physical and mental disabilities who were unable to work. Halfway house opportunities for women were also felt to be very limited.

Housing challenges were often directly related to local and state restrictions for formerly incarcerated individuals. One site noted that the city's efforts to expand zip code restrictions for sex offenders and change other zoning related to group housing had increased the cost of rent. Another site identified a number of regulations that create barriers to successful housing, such as requiring waiting periods and excluding those who earn a minimum salary or receive Social Security benefits.

The main challenges to securing safe, stable housing were the high cost of housing, limited housing inventory, and restrictions on individuals with a history of criminal convictions. Simply allocating money to cover housing costs did not appear to be sufficient; one grantee ended up with housing money left over because many clients could not find landlords willing to rent to individuals with criminal convictions. Therefore, stakeholders felt strongly that policy changes were needed. Building personal connections with landlords and housing partners were emphasized as an effective—though time-consuming—strategy. One stakeholder noted that it was necessary to identify housing options in the county and make personal connections. Sometimes talking with individual providers (including landlords) and “pitching” a case would allow exceptions to restrictive policies to be made. Developing partnerships with nonprofit organizations that serve the homeless was another strategy that was helpful in some sites, although some stakeholders noted that many of the biggest housing providers (who are set up to deliver services to the homeless) are ill-prepared to deal with individuals with substance use disorders and that mixing general homeless populations with clients with substance abuse histories undermines client success due to poorly monitored substance use on premises.

A few AORDP grantees included a group housing component for qualifying clients, but encountered mixed success with this component. Some programs that were able to provide

employment as the central issue facing people returning to the community after incarceration. Seven percent identified substance abuse, and 5% identified mental health.

short-term housing felt that the time they were housed was insufficient. In addition, one program that used transitional housing felt that the monitoring of clients needed to be strengthened, including drug testing and medication management. One site that originally offered a group housing component later added a housing stipend component, which entailed participants being given rental assistance once they had a job. This housing stipend was perceived to have motivated many men to find employment and to have reduced recidivism among those who received it. However, this model could only be attempted in communities where landlords are willing to rent to formerly incarcerated individuals.

Employment. Finding a job immediately after release is one of the biggest priorities for many reentering individuals. Given the substantial barriers to securing employment faced by those with felony records and who often also have limited work experience, employment assistance is one of the key components of many reentry programs. In nearly every site, stakeholders noted that job opportunities were scarce and that many clients lacked formal work experience or skills. According to program staff, formerly incarcerated individuals quickly become disillusioned if they do not find employment. And even when they do find jobs, they are often entry-level positions that leave clients unable to afford the cost of living in many cities.

Employers are not going to change their perspective without a wholesale change in public opinion, which may only come with policy changes. People need to understand that employing ex-offenders is a shared responsibility.
—NJ Stakeholder

The AORDP programs employed a number of strategies to attempt to overcome these challenges. Several programs connected clients with vocational training and job readiness programming, although some stakeholders felt that more funding for vocational training offered during incarceration was still needed. Many grantees partnered with vocational centers or employment specialists to help place clients in jobs. Some grantees exerted substantial effort to identify employers and get businesses on board. Such “job developer” positions were perceived to be very effective at getting backing from individual companies to hire formerly incarcerated individuals. One stakeholder noted that it was important for

Site-specific contextual factors had a strong influence on grantees’ perceptions of their success meeting clients’ employment needs. While several sites noted that their local economies were extremely tough, one site experienced several favorable changes: a decrease in the local unemployment rate, an increase in the state minimum wage, and state-level support for a ban-the-box initiative (to prevent pre-employment criminal history inquiries)—all changes thought to have a positive impact on client employment success.

employment specialists to develop business relationships specific to the population of formerly incarcerated individuals. Educating employers about the benefits of hiring this population was perceived to be necessary. Stakeholders from the Solano County, CA, program joined in a grassroots effort to establish an employers' forum to talk about taxes, credits, wage subsidies, and training/education available in correctional facilities. However, stakeholders also noted the need for the government to do more to incentivize the private sector to hire formerly incarcerated individuals. Other strategies such as social impact bonds were suggested as areas for future policy work.

In addition to trying to connect clients with jobs, some grantees focused on continued training opportunities so clients could advance to better paying jobs. Several stakeholders from the New Jersey program brought up the discrepancy between wages and the cost of living in many geographic areas. These stakeholders emphasized that employment needs to be “self-sustaining” and that the program had lacked a basic understanding of how educational advancement intersects with competing demands of employment (and housing). According to stakeholders from this site, clients often feel trapped because they cannot afford training opportunities while they are involved in employment that is below the full measure of their talents. The site is partnering with Columbia University to determine what level of training is most promising in reducing recidivism and to create a model where individuals can be self-sustaining while concurrently getting more education and training for future career advancement.

Addressing Behavioral Health Issues. Given the high prevalence of mental health and substance abuse issues among reentering individuals, the AORDP programs had to address these issues for their clients to be successful. Two programs (Hudson County, NJ, and Beaver County, PA) targeted individuals with co-occurring disorders and focused service delivery accordingly. For programs that heavily emphasized treatment, stakeholders felt that this emphasis was instrumental in client success. Unfortunately, however, service deficits in these areas were noted in several sites.

Many correctional institutions offer therapeutic communities for individuals who have a chemical dependency. Stakeholders in sites that offered this type of treatment perceived it to be beneficial to client recovery (followed by intensive outpatient treatment after release). However, frequent interruptions during residential treatment (due to meals, lock downs, fluctuating schedules) often threatened its effectiveness. In addition, community-based resources were often reported to be limited. Many stakeholders perceived both outpatient and residential

services to be lacking in their communities. Long waiting lists for residential treatment for women was identified as a particular problem that undermined clients' success. Some stakeholders also noted that it was difficult to get clients into residential treatment if they were not actively using substances. To help address such resource gaps, stakeholders in a few sites observed that the programs could have benefited from a funded partner whose sole focus was mental health and chemical dependency.

Continuity of care before and after release for program participants with behavioral health issues was perceived to be critical to client success. However, arranging for this continuity—particularly for clients with mental health needs—was a challenge noted by several grantees. According to some stakeholders, although releasing clients with a 2-week supply of prescription medicine was fairly easy to accomplish, arranging for in-person appointments with mental health providers in a timely manner was much more difficult, with clients often experiencing long waiting times after release. In the Minnesota DOC program, the role of the reentry coordinator in helping clients navigate the mental health system was perceived to be very important to the program's success. In this site, clients who were screened by the reentry coordinator could set up their appointments before release and be seen right away, whereas normally, only people with serious and persistent mental health issues would receive this degree of psychiatric pre-release planning.

Some sites struggled with what stakeholders perceived to be poor assessment of mental health issues. In addition, better training of case managers on the addiction subtypes and how to deal with each was suggested as something that could have made one program more successful. Some stakeholders also felt that reentry programs need to do a better job addressing trauma. A community partner in one site felt that most young men involved in the criminal justice system had likely experienced significant trauma in their lives that the system fails to address. The Minnesota DOC site's culturally specific empowerment groups were conceptualized as a way to address such trauma in a group setting.

One issue that was perceived to undermine treatment in several sites was the competing demands of employment versus treatment. Stakeholders noted that the pressure for job placement (whether required as a term of probation, self-directed by the client, or both) tends to take precedence over treatment. Program staff struggled with helping clients slow down and focus first on recovery, then on employment. Striking the right balance between ensuring that clients get the treatment they needed and allowing the time necessary to search for jobs was noted, particularly given time limits on public assistance and pressure from probation.

Other issues that were felt to undermine treatment were negative housing situations that harm progress and, for clients on electronic monitoring, lack of leverage after this component ended. In one site, strong communication among treatment providers and supervision officers was identified as critical for treatment to be reinforced.

In sum, many AORDP sites clearly struggled with the numerous and complex challenges to addressing clients' substance abuse treatment and mental health care needs. Although some promising approaches were implemented, grantees generally struggled with limited mental health and substance abuse treatment resources and experienced a number of issues that undermined treatment. Careful consideration of these issues is necessary to develop future strategies for effectively meeting the behavioral health needs of reentering individuals.

Conclusions

Based on the experiences of the AORDP grantees over 7 years of implementing their programs, a number of factors appear to influence the likelihood of implementation success. Key implementation drivers at the program level include buy-in from corrections partners, strong collaboration and communication among partners, having staff with the necessary skills, and having the right community partners on board. Program implementation generally improved when these factors were in place and, although some grantees struggled in a few areas, most grantees were able to overcome barriers to get their programs fully functioning.

A number of factors associated with effective work with clients were also identified, including client motivation and engagement in services, pre-release in-reach and continuity of care, effective case management, and meeting clients' key service needs. The AORDP grantees identified promising approaches to overcoming numerous and often complex challenges in these areas, and their experiences can be useful to other organizations seeking to implement reentry services using similar program models.

References

1. Carson EA. Prisoners in 2013. Washington, DC: Bureau of Justice Statistics; 2014.
2. Minton TD. Jail Inmates at Midyear 2012—Statistical Tables. Washington, DC: Bureau of Justice Statistics; 2013.
3. Durose MR, Cooper AD, Snyder HN. Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010. Washington, DC: Bureau of Justice Statistics; 2014.
4. Lattimore PK, Visher C, Steffey DM. Prisoner Reentry in the First Decade of the 21st Century. *Victims and Offenders*. 2010; 5:253-267.
5. Lattimore PK, Visher C. The Impact of Prison Reentry Services on Short-Term Outcomes: Evidence from a Multi-Site Evaluation. *Evaluation Review*. 2013; 37(3-4):274-313.
6. Holl DB, Kolovich L, Bellotti J, Paxton M. Evaluation of the Prisoner Reentry Initiative. Bethesda, MD: Coffey Consulting; 2009.
7. McDonald D, Dyou C, Carlson K. The Effectiveness of Prisoner Reentry Services as Crime Control: The Fortune Society. Boston, MA: Abt Associates Inc; 2008.
8. Petersilia J. What Works in Prisoner Reentry? Reviewing and Questioning the Evidence. *Federal Probation*. 2004; 68(2).
9. Mears DP, Winterfield L, Hunsaker J, Moore GE, White RM. Drug Treatment in the Criminal Justice System: The Current State of Knowledge. Washington, DC: The Urban Institute; 2003.
10. Solomon A, Gouvis C, Waul M. Ex-Prisoners in the District: Ingredients for Successful Reintegration. Summary Report to the Neighborhood Re-Investment Corporation. Washington, DC: The Urban Institute; 2001.
11. Travis J, Solomon AL, Waul M. From Prison to Home: The Dimensions and Consequences of Prisoner Reentry. Washington, DC: The Urban Institute; 2001.
12. Morley E, Rossman S, Buck J, Gouvis C. Linking Supervision and Services: The Role of Collaboration in the Opportunity to Succeed Program. Washington, DC: The Urban Institute; 1998.
13. Gaes GG, Flanagan TJ, Motiuk LL, Stewart L. Adult Correctional Treatment. In: Tonry MH, Petersilia J, eds. *Prisons*. Chicago: University of Chicago Press; 1999.
14. Cullen FT, Gendreau P. Assessing Correctional Rehabilitation: Policy, Practice, and Prospects. *Criminal Justice 2000: Policies, Processes, and Decisions of the Criminal Justice System: 3*. Washington, DC: Department of Justice; 2000.
15. Second Chance Act: Community Safety through Recidivism Prevention. 42 U.S.C. §17501; 2008.

16. Lindquist C, Buck Willison J, Rossman S, Hardison Walters J, Lattimore PK. Second Chance Act Adult Offender Reentry Demonstration Programs: Implementation Challenges and Lessons Learned. Research Triangle Park, NC: RTI International; 2015. Available at <https://www.ncjrs.gov/pdffiles1/nij/grants/249188.pdf>.
17. Rossman S, Willison JB, Lindquist CH, Walters JH, Lattimore PK. Second Chance Act Adult Offender Reentry Demonstration Program. Evidence-Based Practices: Case Management. Rockville, MD: National Criminal Justice Reference Service, Office of Justice Programs; 2016. Available at <https://www.ncjrs.gov/pdffiles1/nij/grants/250470.pdf>.
18. Rossman S, Willison JB, Lindquist CH, Walters JH, Lattimore PK. Second Chance Act Adult Offender Reentry Demonstration Program. Evidence-Based Practices: Screening & Assessment. Rockville, MD: National Criminal Justice Reference Service, Office of Justice Programs; 2016. Available at <https://www.ncjrs.gov/pdffiles1/nij/grants/250469.pdf>.
19. Andrews DA, Bonta J, Hoge RD. Classification for Effective Rehabilitation: Rediscovering Psychology. Criminal Justice and Behavior. 1990; 17:19-52.

Appendix A: The AORDP Reentry Projects

Exhibit A1 summarizes the target population and core components of each AORDP reentry program, with key features shown in bold. Each program targets adults who are under state or local custody (and who are about to return to the community) for comprehensive reentry programming and services designed to promote successful reintegration and to reduce recidivism. Designed to meet the multiple challenges facing formerly incarcerated individuals 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 abuse treatment. Risk and needs assessments, transition case planning, and case management are key elements of grantees' Second Chance Act projects.

Appendix Exhibit A1. Summary of Grantees' Program Models

Grantee	Target Population	Basic Program Components
California: Solano County	Medium- or high-risk females 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 Correction	Medium- or high-risk males and females incarcerated in four Connecticut DOC facilities and returning to the target area in and around New Haven	A "reentry workbook" program, referrals to the facilities' job centers, pre-release reentry planning with community case managers, a furlough component for males, dual supervision with parole officer/case manager and community advocate, and 120 days of post-release services
Florida: Palm Beach County	Moderate- to high-risk incarcerated men and women 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	Men incarcerated 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 individuals; case management support and advocacy (throughout incarceration, transition to the community, and after release); a 2-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 , and post-release case management and services offered at a community hub

(continued)

Appendix Exhibit A1. Summary of Grantees’ Program Models (continued)

Grantee	Target Population	Basic Program Components
New Jersey: Hudson County	Men and women incarcerated in the Hudson County House of Corrections who have been diagnosed with 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 adults 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

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 rest address local jail transition (Beaver County, PA; Boston, MA; Hudson County, NJ; and Solano County, CA). Some sites focus on women (Solano County, CA), individuals reincarcerated for supervision violations (Minnesota), and those with substance abuse or mental health disorders or both (Beaver County, PA, and Hudson County, NJ). Two sites (Connecticut and Florida) move returning individuals 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).