



**Evaluation of Washington State Department of Corrections (WADOC)  
Second Chance Act – Continuum of Care Pilot Program  
Process, Outcome and Cost-Benefit Evaluation**

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## Executive Summary

In late 2012, the Washington State Department of Corrections (WADOC) and King County Office of Performance, Strategy and Budget (PSB) received a Second Chance Act (SCA) planning grant to conduct a gap analysis of reentry services and develop an implementation or ‘action’ plan for a pilot project using a continuum of care case management model. A cross-jurisdictional Reentry Workgroup undertook the development of this reentry action plan with the guidance and feedback from the WADOC/King County Reentry Task Force that was also established in conjunction. The Second Chance Act – Continuum of Care (SCA-COC) program stemmed from a larger push toward fiscal responsibility in criminal justice reentry efforts following budget reductions and the acknowledgement that many inmates reentering the community face complex and long-term challenges, including difficulties accessing housing and employment and other unanswered needs relative to mental illness or chemical dependency. The primary goal of the SCA-COC program is to improve public safety by achieving successful reentry of individuals released from prisons and jails and was designed to specifically address the range of their issues at release. Two of the fundamental components of the program were to provide each participant with individualized reentry planning and to integrate community organizations at the pre- and post-release phases. As such, the SCA-COC program adopts a holistic and coordinated solution to bridge current gaps in reentry services. While maintaining a substantial focus on public safety, the SCA-COC program also sought to reduce correctional costs associated with recidivism and reconviction by justice-involved individuals at reentry. Researchers at Washington State University (WSU) completed a multi-phase evaluation project to examine the implementation, process, outcomes and cost-benefit of SCA-COC.

***Process Evaluation:*** The purpose of this research is to provide a deeper understanding of the development of the SCA-COC pilot program model that launched at the Monroe Correctional Complex in May 2015 and review its implementation and operations with about 500 individuals (men and women) released in King County, Washington. To conduct the current process evaluation, WSU researchers undertook the following tasks: 1) review of documents relative to the program, including the revised program narrative and the participant opt-in form; 2) analysis of the data compiled by the staff member responsible for data management at the end of the grant period to assess the implementation of the SCA-COC program for the duration of the grant; and 3) interviews of SCA-COC program participants at the pre- and post-release phases and with staff members / transition specialists using a focus group format.

Findings relative to the program implementation indicated that the SCA-COC pilot program recruited and offered programming and services to significantly more individuals than the 75 identified by the Planning Committee in 2013. Only about half of program participants met the full eligibility criteria set in the program model. Housing needs was the eligibility criteria that was most often problematic when enrolling participants. This was due to an existing policy that grants a 10-day early release if there is a release address. What was determined by the staff following discussion with the men was that the addresses were solely used to obtain early release but did not truly measure residential needs. As a result, transition specialist staff opted to enroll participants based on their true residential needs. When looking at program completion for all 500 participants, less than half of the individuals who participated completed the program. The usual reasons for program inactivity were lack of engagement, case transfer and relocation. The most frequent services delivered to clients were case planning, cognitive and substance abuse services. Respectively about 80% and 60% of all program participants obtained housing and employment, which is not a small feat considering the risk and needs level of this group of individuals. Finally, individuals who completed the program generally accessed more program components and services compared to those who were inactive.

Findings from the qualitative data analysis of focus group transcripts reveal several major themes for both program participants and staff members / transition specialist. They are summarized as follows:

<b>Program Participants</b>	<b>Staff Members</b>
Perceived Program Effectiveness Program Process Program Staff / Transition Specialists Lack of Program Resources	Perceived Program Effectiveness Transition Specialists' Role in Reentry Realities of Reentry Work

The program is generally viewed as effective by both program participants and staff members. They had a positive discourse about the program components and the voice it gives to individuals who have been previously involved in the criminal justice system. Also prevalent is the theme of lack of resources in the community upon release. It is possible that the scale of the program implementation, which has more than quintupled the size of the cohort of program participants compared to the initial plan, has also resulted in burdens on program resources and staff workload. The staffing model was based upon the 75 target population both pre-release, post-release and aftercare. This has raised concerns about the sustainability of the program over time, notably considering the end of the grant funding period.

***Outcome and Cost-Benefit Evaluation:*** The focus of the outcome and cost-benefit evaluation was to examine if SCA-COC was meeting its intended goals, including the reduction in recidivism and reincarceration and reduction in correctional and associated costs. Utilizing a rigorous quasi-experimental design and making use of a historical and contemporary matched comparison group comprising individuals who were released without participating in SCA-COC), we evaluated these objectives. Overall, the findings of the SCA outcome evaluation are positive and indicate that participants in the SCA-COC program had lower felony reconviction rates (6.7% compared to 12.0% for the comparison group). A subsequent multivariate analysis indicate that participation in the SCA-COC program reduces the likelihood of a felony conviction, the most serious type of reconviction by 37.4%. It is not as clear that a similar reduction is also occurring for any type of reconviction (including misdemeanors). Even so, these patterns establish that the SCA-COC pilot program increased public safety in preventing the reoccurrence of the most serious form of crime (i.e., felonies). Findings from the Cost-Benefit analysis indicated no significant cost difference in total average cost per individual when comparing the SCA-COC program participants to comparison subjects. However, we note an average saving of \$931.44 per program participant compared to comparison individuals not participating in the program. As such, this pilot program holds the possibility of reducing correctional budgets. It should be continued and further researched in the future.

## Section 1: Introduction

This report is written and submitted by researchers with the Washington State University (WSU) Department of Criminal Justice and Criminology in response to the request for a process, outcome and cost-benefit evaluation of the WADOC/King County demonstration pilot of the Second Chance Act - Continuum of Care (SCA-COC) program. This report covers the combined findings from the *process, outcome and cost-benefit evaluation* of SCA-COC.

As part of the process evaluation, this report examines the implementation and operations of the SCA-COC program by the Washington State Department of Corrections (WADOC) for men and women released in King County. Data for the process evaluation were gathered via document review and focus group interviews of program participants (both prior to and after release) and SCA-COC transition specialist staff members. Findings from these various sources are combined to produce a general understanding of how SCA-COC was planned, implemented and operates, when considering the inclusion criteria initially identified in the program model. The process evaluation also identified areas of improvement in the program's operations, allowing for recommendations of useful modifications going forward. The process evaluation also serves to inform the subsequent outcome and cost-benefit studies.

For the outcome and cost-benefit evaluation, this report seeks to determine whether SCA-COC was an effective program, achieving its goals of recidivism reduction by 10% among SCA-COC program participants when compared to a similar group of individuals released without participating in the program. The core focus of the outcome evaluation was to determine if SCA-COC participants had lower reconviction rates, and specifically lower felony reconviction, considering time at risk in the community. Data were collected and analyzed from two sources, including that compiled by the SCA-COC grant manager and WADOC data shared through a Data Sharing Agreement. To conduct the outcome analysis, the WSU research team analyzed the reconviction patterns of all SCA-COC program participants until September 2017. Using a rigorous matching procedure, we created a comparison group that comprised a group of comparable individuals who closely resembled program participants on key demographic characteristics, risk level and criminal history, mental health and chemical dependency and housing needs. All study subjects were followed at their release from prison. Recidivism and reconviction are examined, and we compare each group over the follow-up period. The cost-benefit study for this project focused solely on the allocation of taxpayer dollars as it relates to the various services and programmatic activities of SCA-COC compared to the cost associated with recidivism.

## Section 2: Background

Jail and prison inmates reentering the community face a gamut of complex and long-term challenges, such as housing and homelessness, unemployment, mental illness or chemical dependency, eroded social and familial ties, and physical health needs. Some individuals struggle with a combination of these problems, further complicating their reentry. These challenges can inhibit prosocial reintegration and increase recidivism in released individuals (Baer et al., 2006). While resources exist to address some of these obstacles, they are often fragmented and lack coordination across domains (i.e., criminal justice, health and social services, etc.). Therefore, unifying domains and service providers in order to administer services that are tailored to all important areas of need might hold promise to improve individual outcomes upon release from prison (Haimowitz, 2004; Lawrence, Mears, Dubin, & Travis, 2002; Taxman, Young, Byrne, Holsinger, & Anspach, 2000; Wilson, 2008). This is, in essence, what wraparound services are. It is logical that the multifaceted nature of reintegration similarly requires the implementation of a holistic and coordinated solution to bridge released offenders and their communities to improve recidivism outcomes.

The idea of wraparound services was first implemented in the 1980s in childcare case management with the goal of improving the outcomes of youth with complex emotional or behavioral issues. As such, the wraparound process responded to a demand for more inclusive service delivery for youth with mental health needs and it entailed interdisciplinary and community-based treatment and services (Bruns, Suter, & Leverentz-Brady, 2006). Essentially, the idea behind wraparound was to make vital services accessible for youth clients and their caregivers within their everyday environments, such as their homes, schools, and other local and community settings (Bruns et al., 2006).

As per the guidelines subsequently formulated by the National Wraparound Initiative Group (Bruns et al., 2004), there are a number of distinguishing characteristics to this approach. The wraparound approach is first characterized by a plan of care as a central feature. This plan is *comprehensive*: it aims to address all of an individual's substantive areas of need independently of their domain. It is also *individualized*: it is specifically tailored to the strengths and needs of each client and focuses on addressing the unique situation and challenges of the individual. Finally, this plan is *flexible*: it is used as a planning device and can be revised if circumstances change. Hence, the plan of care developed as part of the wraparound approach aligns with the Risk, Needs, and Responsivity approach, as it is tailored to respond to each individual's needs (Andrews & Bonta, 2003). The wraparound approach is also team-based. It involves a collaborative process and brings together service providers who are relevant to the client because they can help with an area of need and have a

vested interest in seeing the individual succeed. This ensures a continuity of care for the client. Another core component of the wraparound theory relates to the presence of a facilitator whose role it is to oversee case management and bring together all service providers who can help the client.

Because the wraparound approach was first and foremost applied to children's case management, it is unsurprising that the evidence base is stronger in support of wraparound services decreasing criminal involvement and reducing recidivism among youth. A recent pilot study found that first-time juvenile offenders had reduced recidivism rates when provided with wraparound social work services (McCarter, 2016). A meta-analysis of all experimental studies conducted between 1986 and 2008 on juvenile-justice outcomes for youth with serious emotional and behavior disorders found a small ameliorating effect of wraparound services (Suter & Bruns, 2009). In a different study involving more than 5,000 adolescents with disabilities, wraparound services were found to be a promising approach to decreasing criminal involvement (Zhang, Hsu, Katsiyannis, Barrett, & Ju, 2011). An evaluation of wraparound services in Clark County, WA, determined that youth involved in the juvenile justice system who received wraparound services had 58% fewer days of detention, 57% fewer days served, and lower recidivism rates than a comparison group (Pullmann et al., 2006). The authors concluded that if only one of the 106 youth participating in the program was deterred from a lifetime of chronic offending as a result of wraparound servicing, the cost savings alone would outweigh the program's expenses during its first year.

There is a lack of comparable, rigorously-designed research about the outcomes of wraparound services for adult offenders reintegrating into the community. However, there is support for a holistic and integrative approach to adult reentry, notably in discussions about the integration of single programs into a broader system of care, termed as the new generation of "what works" approaches (Lösel, 2010 as cited in Hermanns, 2010). Specifically, the idea of service integration has long been hailed as a hopeful reentry strategy. Comprehensive case management programs offer services featuring some of the characteristics of the wraparound approach, such as linking clients to a broad array of services, coordinating services across agencies to assist transition, and often developing reentry plans. In their overview of rigorous evaluations of four reentry programs offering multiple services, Clearinghouse observed that three out of four evaluations identified a reduction in recidivism; thereby, they concluded that comprehensive programs can reduce recidivism (What Works Reentry Clearinghouse, 2017). Specifically, participants in ComALERT (a program providing substance abuse treatment, employment, and housing services for parolees) were less likely than a comparison group to be rearrested and reconvicted (Jacobs & Western, 2007). Similarly, reincarceration was 8% lower

for participants in California's Preventing Parolee Crime program, which affords access to networks of service providers offering drug abuse treatment, job training and placement services, educational skill development, and housing (Zhang, Roberts, & Callanan, 2006). Finally, the participants in a program offering transitional work, occupational training, housing, and comprehensive support services (e.g., the Ready, Willing and Able program) were significantly less likely to be rearrested, reconvicted, and resentenced to jail (Sirois & Western, 2010). In addition, two of these programs generated monetary savings (Preventing Parolee Crime Program and Ready, Willing and Able). Moreover, a rigorous national evaluation of the Serious and Violent Offender Reentry Initiative (SVORI) implemented at 16 different sites indicated a recidivism reduction for adult males, adult females, and juvenile males; however, only adult females experienced positive employment outcomes, and no positive outcomes were noted for housing and substance abuse (Hawkins, Dawes, Lattimore, & Visher, 2009; Lattimore, Steffey, & Visher, 2009; Lattimore & Visher, 2009; Lindquist, Barrick, Lattimore, & Visher, 2009). Although none of these programs are currently considered to be fully evidence-based at this time, they are classified as promising.

Acknowledging the promise of the wraparound approach to address the challenges of reentry, the WADOC in partnership with community and faith-based agencies, developed and implemented the Second Chance Act – Continuum of Care pilot program in King County between 2012 and 2014. This program aimed to reduce recidivism among justice-involved individuals who were at a high-risk of reoffending and were also faced with housing and chemical dependency or mental health challenges. Under SCA-COC, these individuals are now provided with services pre- and post-release, identifying their individual needs and bridging relevant services. This report evaluates SCA-COC's implementation and process, and program outcomes. It also presents findings about cost-reduction goals.

### **Section 3: Document Review: Overview of Second Chance Act – Continuum of Care Program**

The review of a program's documents is an important first step when conducting qualitative evaluation research. Based on these materials, an evaluator can get valuable insight into the program background and operations to better understand the full model of the program and its practice. For the current evaluation, WSU researchers reviewed a series of documents relative to the program, including the revised program narrative and the participant opt-in form. Following is a detailed description of these materials. They are organized around three major themes: (a) the place of the program within the larger socioeconomic background; (b) a description of the program's development, goals, and components; and (c) identification of the program's target population.

The development of the SCA-COC program stemmed from a larger push toward fiscal responsibility in criminal justice reentry efforts following the 2008 economic recession, which resulted in cuts to the Washington DOC and county budgets. These budget reductions caused the closure of three prison facilities, a decline in community supervision capacity, and an overall decrease in programming to support prosocial reintegration of and provide services to individuals upon their release from prison. These significant changes have provided a strong incentive to reevaluate correctional practices, with the overarching goal of implementing evidence-based and cost-effective practices that will promote the successful reentry of justice involved individuals. Ensuring that these men and women can return and successfully transition to the community reduces the fiscal costs of incarceration and recidivism as well as societal costs by improving community safety.

In 2012, under the mandate of the Federal Second Chance Act Grant Program to reduce recidivism and improve outcomes for people returning from prisons, the WADOC and King County pursued and successfully obtained funding to develop and pilot the SCA-COC program in King County. The WADOC collaborated with King County and community partners to develop a coordinated reentry strategy. With input from the Reentry Taskforce and informed by preliminary data analysis, the Reentry Workgroup narrowed the focus of the 2013 SCA reentry grant to a target population of offenders who are reentering King County from prisons or jail facilities into community supervision under the WADOC and who have been assessed by the Department as having a high risk to reoffend. Careful review and planning went into the design of the program, including a collective review of reentry assessments and practices, a gap analysis, and development of a Planning and Implementation Guide. The focus of the SCA-COC's approach to reentry is needs-driven and evidence-based, and works closely with agency staff and community partners to maximize resources

and provide the greatest degree of support available to individuals transitioning back to the community. It was also a goal of SCA-COC to involve community organizations offering services to men and women pre- and post-release.

There are three components of the SCA-COC governance. The *Oversight Team* is in charge of planning and communications to ensure progress in the implementation of the program. The *Workgroup* implements the plan developed by the Oversight Team by conducting the work of the planning process. Finally, the *Task Force* comprises a broad range of stakeholders from various criminal justice and community organizations that provide services directly to the population targeted by the program. Its activities include discussing issues relative to reentry, identifying challenges, sharing specialized knowledge, prioritizing areas of focus, and developing a sustainability plan for the program. The approach undertaken by the Task Force is focused not only on bridging knowledge amongst stakeholders about reentry and its challenges and solutions, but also on identifying gaps and areas of uncertainty that could be the object of subsequent program research.

The primary goal of the federal SCA-COC program is to improve public safety by achieving successful reentry of offenders released from prisons and jails. Reentry is considered successful in the absence of recidivism, which, for the purpose of evaluating the SCA-COC, is defined as any offense committed by an offender within 36 months of being released that results in a Washington State felony conviction. The internal grant management team created a recidivism measure that defined that success as high-risk offenders who complete the SCA-COC pilot program are expected to have recidivism rates 10 percent lower than high-risk offenders who do not complete the program.

An important component of the program is the team management approach, in which a range of resources are available to meet individual needs. This requires coordination and information sharing between jurisdictions to improve transition. Thus, transition specialists have a critical role: they are charged with connecting justice involved individuals to the various programs, services, and resources, and with identifying “champions” who will advocate for and support the individual. They communicate with the offender, community corrections officer, service providers, treatment providers, and other community stakeholders.

The program is executed in two phases. The *pre-release phase* starts six months before release for individuals in prison and three months before release for individuals in jail. This phase involves inmates being placed on the callout list and requires them to attend classes and meetings in which their perceptions about barriers at release are identified and discussed. The offender and transition specialist develop a Release/Transition Plan based on offender’s needs and inventories transitional

services and resources available to best meet those needs. The *post-release phase* starts at the point of release and lasts up to six months. During this phase of the program, the offender continues to check in with his or her transition specialist. An aftercare plan is also put together to ensure the continuity of services after the post-release phase concludes. The *aftercare phase* is not formally part of the program. It represents the program's overall goal, which is for justice-involved individuals to continue to live offense-free in the community by accessing a range of resources and services tailored to their long-term needs.

As part of the program, a Release/Transition Plan, is devised with each participant. This plan actively engages justice involved individuals in the planning of their transition back to society. It is referred to as a "living document" that is updated at different points in time (in prison or jail, in the community, and in the aftercare phase). It is also a concrete document, in which manageable strategies are identified to overcome specific reentry challenges at specific times (at six months and at 30 days prior to release; and at 24 hours, 72 hours, and one week after release).

As per the wraparound approach, a fundamental component of the program is to provide each participant with highly individualized reentry planning in order to facilitate access to services and resources supporting successful reentry. As such, in addition to WADOC more traditional reentry activities, the SCA-COC program has worked closely with multiple community organizations providing institutional and reentry services to devise a complete and rich curriculum of programmatic activities, resource referrals and other services to bridge existing gaps in reentry services. The resulting program is comprehensive and provides participants with a continuum of care both at the pre- and post-release phase of the program. In institutions, these activities include group cognitive and behavioral therapy, along with other therapeutic interventions focusing on stress and anger management, change in thinking patterns, pro-social relationships and mentorship, and that involve a direct connection to community service providers. Some other institutional activities emphasize practical aspects to pre-release planning, including job fairs and realistic career planning. Immediately at release, the following services are provided to program participants who need them: pickup from institution, housing referrals and vouchers, furniture assistance and clothing vouchers. Program participants with transportation needs can obtain a short-term public transportation card or enlist in relicensing services to settle their previous tickets and obtain or renew their driver license. The program staff also assist participants sign up for social and health services, including the Affordable Care Act. Other services provided at the post-release phase include employment support; family reunification, meet with DSHS staff to develop a plan for paying non-custodial child support, and

parenting planning; access to education/vocational programs; development of computer skills and other life skills; peer to peer support and mentoring; behavioral health services and counselling, including for addiction and domestic violence. Because of the individualized and flexible nature of the wraparound services provided through the SCA-COC program, there is not a set list of services that is administered to each participant but was based upon their needs.

Participation in the SCA-COC program is voluntary (i.e., men and women opt-in to participate). It is neither court-ordered nor part of the conditions of supervision imposed by the WADOC upon reentry. Program participants must meet four eligibility criteria, determined to represent a nexus of risk factors for recidivism.

- They must be under DOC supervision in King County.
- They must possess a high risk of reoffense, as assessed by an empirically-validated risk assessment tool.
- They must have moderate to high residential or housing needs.
- They must have moderate to high chemical dependency and/or mental health needs.

The initial target population was set at 75 individuals, males and females, for a 36-month period from five institutions at the Monroe Correction Complex (Washington State Reformatory, Twin Rivers Unit, Minimum Security Unit, Special Offender Unit) and Washington Correction Center for Women. Participants are expected to engage in weekly meetings within the institution with their transition specialists and various other service providers throughout the program. Their participation in the program ends if they have three unexcused absences from those meetings or if they commit a crime.

This overview of the SCA-COC program background and model is useful to inform the subsequent process evaluation of its implementation and practice (Section 4), outcomes (Section 5), and cost-benefit analysis (Section 6). In addition, the evaluation of SCA-COC fills an important gap in existing research about the empirical basis and cost analysis of the wraparound approach among adult individuals released from prison, and potentially guides the subsequent implementation of such an approach in other jurisdictions.

#### **Section 4: Process Evaluation: Program Implementation and Focus Group Results**

As part of the process evaluation, WSU researchers completed two main tasks. First, we reviewed the implementation of the SCA-COC program for the 27-month demonstration phase between May 2015 and September 2017. For this purpose, we analyzed the data compiled by the staff member responsible for data management at the end of the grant period (October 2017) to determine concordance between the design of the program model and its actual implementation, with respect to the target population eligibility criteria. We also wanted to learn basic information about the status of program participants and their progress in the program by the end of the grant period, along with their access to various services and programmatic activities. Second, we conducted five focus group interviews with SCA-COC participants, at both the pre- and post-release phases, during spring and summer 2017. One additional focus group was conducted with current SCA-COC staff members in summer 2017. This methodology allowed us to gather information regarding aspects of the program that were positive and challenging both for program participants at various stages of the program and in various institutions, and for transition specialist staff members. Focus groups were completed with a total of 39 program participants, 17 of whom were at the pre-release phase in three different institutions (WCC, TRU, and MSU) and the rest of whom were at the post-release phase, and with seven staff members. All focus groups were conducted by a trained WSU researcher. Each participant was informed that the interview process was voluntary and confidential, and consented to his or her voice being recorded. The focus group interviews for both program participants and staff had similar open-ended questions: they focused on key topics such as personal experience with the SCA-COC program and the individual release plan, positive aspects of the program, and areas recommended for improvement or change. Focus groups with pre-release offenders were held at three different institutions (WCC, TRU, and MSU) and included male program participants only. Focus groups with participants at the post-release phase and with staff members were conducted at the Community Justice Center (CJC) Seattle office. Focus group interviews with program participants averaged approximately one hour, while the focus group conducted with staff members lasted two hours. Audio recordings of focus group interviews were transcribed for qualitative data analysis.

In the sections that follow, a detailed description of the program implementation and focus group findings are presented to provide a rich and detailed understanding of the SCA-COC program status by the end of the grant period.

### Program Implementation

The first component of examining the program implementation was to determine concordance between the design and the implementation of the program model, specifically considering the set of criteria regarding target population size and conditions for eligibility. We present descriptive statistics addressing this question in Table 1. Individuals first opted to participate in the SCA-COC program on May 26, 2015. At the conclusion of the grant on September 30, 2017, there were 520 offenders who had participated in the program in some part or in its entirety. This number is vastly different from the program model specifying a target population size of 75, and it indicates that the program was implemented at a much larger scale than originally designed. This was due largely to the popularity of the program. A decision was made by the Reentry System's Administrator and Transition Team to accept additional referrals from staff and from peers.

*Table 1. Description of SCA-COC Program Participants' Eligibility over the grant period*

<b>Eligibility of participants over the grant period according to the grant model criteria</b>		
		<i>n (%)</i>
Total number of participants		520
Number of eligibility criteria met	Three	292 (56.2)
	Two	178 (34.2)
	One	42 (8.1)
Criteria 1: Risk level	HNV	124 (23.83)
	HV	323 (62.1)
	Mod	33 (6.3)
	Low	38 (7.3)
Criteria 2: Housing needs	High	261 (50.2)
	Mod	69 (13.3)
	Low	189 (36.3)
Criteria 3: Chemical dependency (CD) and mental health (MH) needs	Mod/High for both	215 (41.3)
	Mod/High for CD only	233 (44.8)
	Mod/High for MH only	56 (10.8)
	Low for both	16 (3.1)

Note: Gray cells indicate aspects in which the program eligibility model was not respected.

An examination of program participants' eligibility indicated that just over half of all participants (56.2%) met all of the program model's eligibility criteria regarding risk level, housing needs, and chemical dependency and/or mental health needs. Housing needs was the criterion with the highest level of discrepancy between the program model and the program implementation in enrolling participants. Notably, more than a third of all individuals who participated in the program did not meet the minimum requirement of having a moderate level of housing and residential needs. This is a much higher level of discrepancy than observed for risk level (13.6% of participants did not meet the criterion) and for chemical dependency and/or mental health needs (3.1% did not meet the criterion). WSU researchers followed up with SCA-COC staff members about this issue and discovered that the WADOC measurement of housing needs appears to offer little accuracy in many cases. Specifically, an individual would receive a "low" score on housing needs as soon as he or she provided any release address at intake, without distinguishing whether that meant that this was a place where the offender could live upon release. An individual true housing need was not reflected in the WADOC score, considering how the question was asked at intake at the Reception Center and due to an existing policy granting a 10-day early release when providing a release address. This was determined within the first month of the pilot. Accordingly, in many cases the WADOC housing score was not a primary need factor while the particular circumstances of a case indicated otherwise.

*Table 2. Description of Program Participants' Status at the end of the grant period*

<b>Participants' Status</b>	<b><i>n</i> (%)</b>
Program completed	230 (44.2)
Inactive	187 (36.0)
Continued to participate	28 (5.4)
Class only	75 (14.4)
<b>Reasons for Inactive Status</b>	
Case transfer outside of King County	44 (8.5)
Court	2 (0.4)
Criminal Involvement	3 (0.6)
Death	1 (0.2)
Failure to meet program requirements	13 (2.5)
Lack of engagement (terminated)	97 (18.7)
Relocating	25 (4.8)

The second aspect of the program implementation we examined related to the status of the 520 participants and their progress in the program by the end of the grant period. The descriptive statistics presented in Table 2 show less than half of the 520 individuals who participated completed

the program (44.2%), while 36% of them were inactive at the conclusion of the grant on September 30, 2017. The frequencies of various reasons for inactivity are listed in the lower part of Table 2, with the most prevalent being lack of engagement, followed by case transfer and relocating. About 15% of all program participants are listed as “class only” to reflect a category of participants who were not eligible for the program, but who were allowed to participate in program-related activities at the pre-release phase while institutionalized.

Thirdly, we examined access to various program components, services, and outcomes by participants. Because of the individualized and flexible nature of the wraparound services provided through the SCA-COC program, there is no preset component and service that should be administered to all participants, apart from the Release/Transition Plan, but it is also likely that participants would have similar service needs given the program eligibility criteria.

*Table 3. Description of Program Participants' Access to Core Components of SCA-COC Program*

<b>Program Components</b>	All program participants <i>n</i> (% of 520)	Participants who completed <i>n</i> (% of 230)	Inactive Participants <i>n</i> (% of 187)
Case Plan	430 (82.7)	208 (90.4)	127 (67.9)
Employment Referral	122 (23.5)	82 (35.7)	15 (8.0)
Housing Referral	197 (37.9)	117 (50.9)	42 (22.5)
Housing Vouchers <sup>a</sup>	151 (29.0)	102 (44.3)	25 (13.4)
Mental Health Services	193 (37.1)	102 (44.3)	44 (23.5)
Cognitive Services	325 (62.5)	154 (67.0)	105 (56.1)
Substance Abuse Service	254 (48.8)	144 (62.6)	60 (32.1)
Affordable Care Act	268 (51.5)	158 (68.7)	62 (33.2)
ORCA Card (Bus Pass)	197 (37.9)	131 (57.0)	34 (18.2)
Clothing Voucher	124 (23.8)	74 (32.2)	15 (8.0)
<b>Outcomes</b>			
Employment Obtained	315 (60.6)	179 (77.8)	80 (42.8)
Housing Obtained	425 (81.7)	217 (94.3)	146 (78.1)

<sup>a</sup> Received \$500/month for up to six months to cover the cost of housing. Payments made directly to the housing vendor.

As presented in Table 3, 82.7 % of program participants received case planning help. Other frequently accessed services were cognitive and substance abuse services (respectively 62.5% and 48.8%) and help in gaining health coverage under the Affordable Care Act (51.5%). We also included the same access statistics in participants who completed the program and those who were inactive in the two right columns of Table 3. Unsurprisingly, a quick examination of these numbers indicates that program completers consistently accessed more program components and services compared to those

who were inactive. Finally, we examined program participants' success at obtaining employment and housing, two important reentry issues (Baer et al., 2006). The frequencies listed in the lower part of Table 3 indicate that 81.7% of program participants obtained housing and 60.6% obtained employment. Participants who completed the program were able to secure housing and employment in larger proportions than those who were inactive.

### Focus Group Results

Findings from the qualitative data analysis of focus group transcripts reveal important themes for both program participants and transition specialist staff members. They are summarized in Table 4 and presented in more details in the following subsections of the report.

*Table 4. Themes from Focus Group Results*

<b>Program Participants</b>	<b>Staff Members</b>
Perceived Program Effectiveness Program Process Program Staff / Transition Specialists Lack of Program Resources	Perceived Program Effectiveness 'Transition Specialists' Role in Reentry Realities of Reentry Work

**Results of Focus Groups with Program Participants:** Overall, participants talked positively about the program and perceived it to be effective. They rated its process and the program staff as important components of this effectiveness. However, they did note some difficulties in accessing the program, gaps in the mental health support provided, and an overall lack of program resources. What follows is a description of each of the themes and subthemes, with quotes from participants to support our interpretations. We have not corrected errors in participants' quotes in order to fully represent their patterns of speech.

**Preliminary theme: Perceived program effectiveness.** The SCA-COC program was perceived to be effective by program participants at the post-release phase and they spoke enthusiastically about the opportunity for change and prosocial reentry offered by participating in the program. Although no question directly asked participants to discuss program outcomes, outcomes were discussed at length and emphasized in participants' post-release focus group interviews. The following quotes convey the positive tone used by participants. As a point of caution, conclusions about the SCA-COC program's effectiveness and outcomes for its participants can only be reached when using a quantitative and methodologically rigorous quasi-experimental design, which is presented in Section 5 of this report.

*Second Chance, it's a beautiful name for the program because that's exactly what it is, second chance.*

*These programs are what's going to change life and change your life with matters. I confirm truth. I confirm the heart. I confirm the soul.*

*It brings a sense of freedom not liberation. That's liberty that's more material things but freedom is more spiritual aspect that taking all the responsibility, empower yourself to see even outside of this program.*

*The second chance program invest on us that we have a potential for the future. I'm somebody important. [...] I am [participant's name]. I am employed. I am respected. I am a good example.*

This enthusiasm about the SCA-COC program often resulted in calls to ensure the continuation of the program, and even potentially its expansion, after the grant termination.

*Make sure every single person has an opportunity to take this program.*

*We make this available for more people so that way my key would say you can expand your reach.*

*We do all because Second Chance is a good program. We know all our progress ... do the study, and more people get to hear about it and see it and they see it, it is effective. You know, it will be around for long period of time.*

Overall, this theme of perceived effectiveness and satisfaction is useful, as it provides background information about the context and tone in which the program process was subsequently discussed. The following themes should be interpreted in this context.

**Theme 1: Program process.** Fidelity between the theory and practice of a program is sometimes challenging to implement. As part of the qualitative focus group interviews, we asked program participants to discuss the nature of their personal experience with the SCA-COC program, and their answers emphasized important aspects of the program process. Under this theme, there were several subthemes that emerged around the release plan and the work it requires, the difficulty of accessing the program at the pre-release phase, and the lack of a program component focused specifically on mental health and trauma.

**a) Release plan.** As was stated previously, an individualized release plan is a core component of the wraparound approach and an integral part of the theory behind the SCA-COC program as designed. Overall, the large majority of program participants in the pre-release phase spoke positively about making individualized plans and tailoring them to their needs.

*I am able to come up here on a weekly basis and put together some release plans and be able to engage with the different non-profit organizations to gather more information.*

*It helps me to know what my needs are going to be, and how to get that map in the street, where to find a resource and how to find resources, how to communicate.*

*I'm actually proud of my release plan because I feel that it's a living document and it does specifically talk about what we want to do but also talk about the things that I can accomplish.*

Participants in the post-release phase echoed these ideas, emphasizing the usefulness of this planning work for navigating reentry while accessing necessary resources after their release.

*They ask me certain things to tailor fit what work for me and they took all that consideration so once I got out then they was able to do the road map and give me everything that I needed for me.*

*I told them I did 10 and a half year in prison and I have a copy of my release plan. I said "Look this is how serious my life is". Do you have a plan for your life? Because this is my life. This is my five-year, 10-year goals, my treatment, my counseling. This had break down my crime, why I did it, why I was thinking, my errors, my triggers, what my plans from my budget is, my transportation.*

*Release plan in my opinion helps to sustain ownership of our reentry and where plan is going to be.*

*I have seen a lot of continuous which is above beyond systems out there wherever really help us to navigate that is this the world, these are your new obstacles, here's how we navigate them pro-socially as a responsible citizen, this is how you need to do to work with this parameter.*

*One of the benefits that I see was developing individualized release plan is, it puts responsibility in our persons but it also empowers them. Once you come and invest in taking the time to create a plan and you are surrounded with the right people and you have developed sometimes support like your connections and community.*

Coming up and creating an individualized release plan involves work for participants, but doing this work appeared to offer them an opportunity for self-reflection about their values and lifestyle, how they contributed to their incarceration and what awaits at release. Participants often emphasized the learning process inherent to developing their release plan, and conveyed a sense of commitment and ownership over the final document and corresponding change in attitudes and behaviors.

*I think it's a lot of work for people who want to make most of it.*

*I think it depends on the individual, your effort.*

*It is giving me a chance to deal with inside of myself and like see this classes they teach me how to find values within myself.*

*The great part of my release plan, I think it's been the reflective part about making me look at the situation about what it is that caused me to come to prison and first place.*

*You can start asking yourself real hard questions, you know, questions like what do I really want to do with my life, what career path do I really want to take what is my passion in life. That release plan is an introduction into you.*

*I show them my release plan which was about 30 pages long. ... I took my release real serious, I took my personal time serious.*

*It was my will and I decided to change*

*It's healthy, healthy activities instead of doing what I used to do which is negative.*

Program participants identified the creation of an individualized release plan as a fundamental aspect of the SCA-COC program that made a difference.

**b) Support provided immediately upon release.** In addition to expressing appreciation for the framework offered by the individualized release plan, many program participants found value in the support offered immediately at release, considering the number of hardships and stressors they experienced during this time period.

*The night before you released, you are not sleeping. That's not a thing. Your anxiety through the roof, OK? They give you \$40 for game money. You walk out of the prison, nobody's there for you, right? You go now McDonald's and meals are 8 bucks. There is no dollar meal. So a quarter of your funds is now gone and you go get on the bus and you get to Seattle okay and you got to catch the bus. You don't have bus tickets. So now you gotta go to change but nobody wants to give you change unless you buy something. So now you're going to buy something, costs probably about a dollar right? Then you get the change and they are rude to you because you are asking I need dimes, nickels, and quarters a dollar amount. You go and get on the bus. And you have to go to Department of Social Services, you got to go to your probation office, you got to go to Social Security and you don't know their address, so you have to figure out all that. So your first day of release you are going to spin eight to ten hours on the buses by the end of that first day, your money is gone, it's gone, you got a no money. These people [SCA-COC staff members] are coming to pick you up and taking care of all of that and then giving you food and helping you out and giving you this card. They give you \$100 clothing voucher.*

The SCA-COC program, and specifically the support it offers immediately at release, appears to make a salient difference for program participants.

**c) Difficulty accessing the program.** While participants generally spoke positively of the program process in initiating and supporting prosocial change at release, one of the issues that many participants discussed was program accessibility. They first noted a lack of information about the program at the pre-release phase, recalling difficulties in finding information about the SCA-COC program and enrolling in it.

*Just a simple fact that nobody knew about this program.*

*My counselor he could not even find it [the program].*

*Even in the DOC database, when you go to your classification officer and say "hey, I wanna be a part of second chance." They look it up and say there's no such thing.*

*I think that if DOC would allow, bring into the second chance group to have more opportunities to extend their knowledge about the program, what is offered, like flyers or whatever, and put them up in the units and have in depth understanding to extend people about the program, what the program is about and what the benefits it has to people who are sincere about transitioning back into society to succeed.*

This lack of integration of the SCA-COC program within the larger activities of the WADOC in various institutions also led some participants to struggle to fit their participation in program activities into their schedule at the pre-release phase, specifically if they were involved in other programs such as work release. The program was expanded to Work Release in the King County Work Release area.

*The ridiculous schedule I was working at work release.*

*We had "Successful Pathways" .... We had students going school and trying to work part time. We still have a cumbersome type of a relationship with work release .... They didn't see us.*

**d) Lack of a mental health and trauma component.** Finally, program participants also observed that one prevalent area of need that was not properly addressed in the current implementation of the SCA-COC program was mental health and trauma treatment. They identified this as a component of the program that needed more development. Participants pinpointed this gap in program coverage only at the pre-release phase. None of the post-release participants identified this component as unfulfilled under the current program implementation, so it is possible that mental health and trauma treatment is an area of need that is localized at the pre-release phase.

*You can deal with that emotional trauma. I don't like the word, mental health, I like the word, trauma, because people don't get mental health.*

*There is some issues that a traumatic issues that need to be addressed to make people understand how to or get these tools and skills to be able to handle.*

*Being in this group itself is therapeutic but also professional therapeutic components that's kind of missing that could be again you know how specifically address that issue. That could be profound.*

**Theme 2: Program staff members / transition specialists.** While the program model was not explicit in how the program staff would specifically contribute to creating change in participants, the focus group results highlighted the staff's importance in this process. Significantly, no specific question was asked about the SCA-COC staff in the qualitative interviews, yet they emerged as a consistent and

positive theme among participants at both the pre- and post-release phases. Under this theme, there were two core characteristics of the staff members that were viewed favorably: their care and humanizing treatment of participants and their previous involvement in the criminal justice system.

**a) Care and humanization.** The program staff's warmth and caring attitudes appear to be an important aspect of the program. The staff members' humanizing attitudes were opposite to the way program participants had been treated previously, often as criminals. This resulted in participants often distinguishing between SCA-COC staff members and WADOC correctional officers, even though both were technically employed by the WADOC. One WSU researcher recalled a participant laughing while telling about an encounter with one of the staff members who had to ask participants their DOC numbers, because they only knew participants by their names. This recognition of their humanity is prevalent in participants' discourse.

*They treat me like a human being, like I have potential.*

*They give you that feeling like "you can call me."*

*I'm not afraid anymore to ask them for help.*

*I was able to just call [transition specialist name] "what am I going to do?" and he said "don't worry we got you".*

*My favorite thing would be the compassion. They are showing their compassion by their actions.*

*To me, that's inspiration and that instills an hope within myself because they believe in me.*

*You feel with that program people have your success to heart.*

*I need, any assistance, you know, we touch base on regular basis and he is great contact. You know, it's about the network and he keeps me plugged in.*

As a result of this humanization, many of the participants described increased confidence and an improved sense of self-worth as outcomes from program involvement.

**b) Previous involvement in the criminal justice system.** Some of the staff members had themselves been involved with the criminal justice system earlier in their lives. Many program participants viewed this positively and considered these staff members as peer mentors who had "walked the talk." Their example and advice was particularly appreciated because they had been in the participants' situation previously. They were seen as success stories that could be used to provide motivation and inspiration to participants once back in the community.

*Past big felons coming facilitate program is genius.*

*I like to associate myself with successful people and listen to what they have to say and how they are utilizing their plan to succeed and continue surrounding myself with successful people.*

*Hey this guy has a success story ..., then you have proof that it works*

Many participants reported their appreciation for the mentorship and support offered by the staff members who had first-hand experience of the criminal justice system as inmates. They were often characterized as role models who helped participants keep on the right track. Even though the first subtheme of care and humanization by staff members was not restricted to staff members who had been previously involved in the justice system, but was reported as a theme describing all staff members of the SCA-COC program, previous involvement was highlighted as one of the positive aspects in the focus group interviews. Therefore, it is possible that adding a few members who have been previously involved in the justice system to a reentry team might be valuable.

**Theme 3: Lack of program resources.** Another theme for focus group participants was their concerns about the SCA-COC program's lack of proper resources. As findings about the preliminary theme indicated, many participants perceived the program to be effective, and as such, recommended that the program be at least maintained, if not expanded, upon completion of the grant period. Many pointed to a lack of resources, funding, and investment as potential problems for the SCA-COC program's process and sustainability.

*They are limited to what they can provide.*

*The biggest problem is lack of resources that they have.*

*They need more people to help this program but I think with funding issue they can't hire as many people as we need.*

*It should be a stronger investment in that process.*

*The state has to put the money about this. If they want to reduce recidivism and reduce crime and then literally take the money to help, address the issues for people have reentry.*

If anything, the program participants' concerns about the lack of proper resources of the SCA-COC program provide further indication of how positively they view this program and that they believe it is useful enough to advocate for its sustainability.

**Results of the Focus Group with Transition Specialists:** The focus group for transition specialists offered a complementary perspective to that of program participants in terms of experience with the SCA-COC program with several similarities. The transition specialist focus group emphasized the

perceived effectiveness of the program and identified the important role of peers in shaping the program. Peers were on the planning committee that developed the Continuum of Care model and 2 out of the 6 transition specialists were hired by WADOC specifically because of their personal experience with prison. While transition specialists' interviews yielded new insight about the nature of their work, including perks and challenges, their concerns with workload and budget further echoed some of the participants' concerns with program resources. In the sections that follow, these themes and their subthemes are detailed and supported with quotes.

**Preliminary theme: Perceived program effectiveness.** Similar to program participants, transition specialists also reported high levels of confidence in the effectiveness of the SCA-COC program. They recalled various anecdotes in support of their assertions, which are presented next. Once again, we recommend caution in interpreting these assertions. The following quotes should be read in conjunction with the quantitative analyses reported in Section 5.

*I can say with a 100% confidence that this program work.*

*We do have several success stories. Individuals who have come out of the institutions who make more money than I do.*

*For male and females, a lot of individuals we have involved with, are for once in their life, enjoying quality living.*

*We just graduated nine guys to a peer mentorship program. ... Each one of them obtained employment within two weeks of being released at 18 plus dollars an hour. And now they are in a position that not only can they care for themselves, but also for their family.*

*Not only as it [the program] reduced recidivism, but it actually changes the culture within the institution as well in a big way almost that has immediate impact.*

**Theme 1: Transition specialists' role in reentry.** The program model described in Section 3 establishes an important role for transition specialists. We asked them to discuss their personal experience as transition specialists, and their answers emphasized important aspects of their role in relation to the program process and components. Under this theme, there were several subthemes that emerged about teamwork, personal responsibility of program participants, and the role of individuals formerly involved in the criminal justice system.

**a) Teamwork.** The program staff saw their role as one of facilitation, but also as constituting only a piece of the reentry puzzle. They recognized they could not undertake the full charge of reentry themselves, but were part of a larger system.

*This is a teamwork issue. Reentry is a teamwork issue. ... Here, we have a three-team approach. We have the institution team, we have the transition team -which is us-, and we have the community team, that have to come together in order to make this work. And we have to complement each other.*

*Because it takes a team to do this. It's not just DOC, it's also the community. How do we keep it going ?*

*We're actually networking with those resources in the community. We're inside and outside.*

*It's no longer about having isolated programs inside the institutions.*

In addition, they approached their work as transition specialists similarly, by emphasizing the strengths of each member of the transition team and utilizing them to provide program participants with optimal outcomes.

*The staff is so knowledgeable. Every one of us has a different skill that we bring to the table.*

*The backgrounds we have, what we specialize in individually, we all have individual areas that we bring to the table.*

*We kind of all fall into where our niche is.*

*One of the biggest of the success of what we've had is because of the team environment. ... The way that we work together, like the A team, the way that we help each other out ... it's a huge part of the successful transition of individuals.*

This emphasis on teamwork, observed at the micro-level in the transition specialist team and at the macro-level when bridging resources from carceral institutions to the community, appears to be a distinguishing feature of the SCA-COC program, and certainly one that is prevalently featured in the role of transition specialists.

**b) Personal responsibility.** While acknowledging that their role as transition specialists is critical to the successful reentry of program clients, the staff members interviewed also attributed the responsibility of reentry to each individual. Therefore, it is up to the participants to do the work, plan properly, and ask for help as they go through the post-release phase of the program.

*It comes down to them. It's their responsibility. The best thing we could do is advocate change.*

*As they start seeing their class counsellor as a person they can go to to get connected to resources and they see their own responsibility. If I feel that it is not my responsibility to prepare for my release, then I am not going to do it.*

This subtheme of personal responsibility also entails one of personal success. This means that the success of reentry is also credited to the program participants. This theme from staff members shares

similarities with the one of ownership noted in program participant focus groups when discussing their release plan.

**c) Voices of those previously involved in the criminal justice system.** The transition specialists spoke positively in their interviews about getting insight from individuals who had been previously incarcerated. The experiential knowledge of these individuals was deemed both valuable in the development of the SCA-COC program and in hiring staff members, as it created a bridge and positive role models for the program clients. This subtheme neatly replicates the discourse of program participants, who reported finding inspiration in staff members who had been previously involved in the criminal justice system.

*For the state to hire formerly incarcerated individuals is huge in itself, and it's just blazing a path and to be able to be a voice for those who really don't have one.*

*Today 50% of our team [of transition specialists] are formerly criminal justice involved individuals.*

*This program was built by the community, it was built by formerly incarcerated individuals. ... They were telling the department [DOC] was those needs were, what it was to transition to the community with nothing, what reentry looked like for them. ... We took these ideas.*

*So using peers as a way to take that message back into the institution. Not just any peers but successful peers who had overcome these obstacles.*

*I do appreciate that I am formerly incarcerated because I have seen both sides. ... A lot of individuals can relate with me knowing that I have been in this situation, that I have been in that struggle.*

In addition, one transition specialist who had himself been incarcerated remarked on the positive impact that a member of correctional staff can have on one's reentry process.

*My transformation came from my association with correction staff within the institution ... It was actually a correctional officer that inspired me and continued to support me.*

Another core aspect of the SCA-COC program is this focus on the voices and experiences of formerly incarcerated individuals who have first-hand experiences of reentry challenges and their solutions.

**Theme 2: Realities of reentry work.** During discussions about the nature of SCA-COC staff members' positive and negative experiences of working in the program, a number of subthemes emerged centered around the realities of conducting reentry work. Under this theme, interviewees pointed to the substantial rewards of conducting the work of transition specialists, but also identified a heavy workload and difficulty in maintaining a work-life balance, the challenges in navigating contrasting views on offenders and reentry within the WADOC at large, and some of the financial

constraints resulting from working on a project with limited funding. These subthemes are presented in the next sections.

**a) Rewards.** Every single staff member interviewed discussed at length his or her level of enjoyment and satisfaction from doing the work of a transition specialist.

*It's been challenging but it's been rewarding and I think the rewards outweigh the challenges.  
Exciting to watch it takeoff.  
It's been a lot of fun.  
I love this position. It's an amazing job.  
Seeing all of that play out is exciting.  
I believe in what we do.  
I don't even feel like I am working. I love what I do. I really do. ... We are making a change.  
Sometimes things can be stressful, but I still don't feel like I am working*

As part of the qualitative focus group interviews, we specifically asked staff members to discuss their experience with the program and to identify perks and areas of improvement to their jobs. Respondents offered overwhelming anecdotal accounts of the various rewards built into their tasks, and their answers emphasized important sources of satisfaction in their work, even as they discussed some of the inconveniences in their role as transition specialists.

*Knowing that we have these partnership with these programs and see them [program participants] start succeeding and they have a chance now ... Now they get to be successful. I have been loving being a part of this. For me, it's been an adventure. It's just been great.  
The uniqueness of this position is I am not in an authority position. When we meet with them, we meet on even turf. We're not CCOs, we're not classification counsellors. We are not going to enforce things.  
It's a level of creative freedom.  
When you see success, that's amazing. That's amazing to be part of.  
The resource fairs are a joyful experience.  
You get to be a part of change, you get to be a part of hope.  
They [program participants] tell us all the time how much they appreciate us being there and us caring enough to do whatever it is that we have to do to help being successful.  
We are able to make a lot of these dreams happen. ... Not only do we get to listen and make it happen.  
It's just really amazing to see the change not only in the individuals but in the staff because we are kind of reframing how it is looked at as a whole, humanizing people's transition back out into the*

*community and building pathways and bridges to all kinds of organizations. And seeing all of that come together as a whole is kind of amazing.*

**b) Workload.** Unsurprising in light of the analysis having revealed the lack of concordance between the planned target population size and its actual size during the implementation of the pilot program, one of the most significant themes to emerge from the transition specialist focus group is the need for more reentry and transition services.

*There is 17,000 of them, 3,000 in King County and 6 or 7 of us.  
It's overwhelming because there is such a high need, I mean there is so much need coming at you. It's a very complex issue.  
There is so much work to be done still.  
There was a definite need for a larger population and also for individuals that did not meet that criteria. ... It tugs to your heart because you want to be able to serve them all.  
The need is so overwhelming, you won't ever finish.*

This profound need for reentry services results in imbalances in the workload and work-life balance of many of the staff members interviewed. Most of them report working more than the typical 40-hour week, and felt stress because of their workload.

*It's go go go.  
It doesn't always fit in the 40 hours [of a work week].  
Long hours, sometimes those boundaries get very blurred. Working on the weekends, late at nights.  
But very gratifying and stressful cause you are dealing with people, people's life. And they are in a state of crisis, maybe not your crisis, but to have the ability to recognize the importance it is to them is critical, and to respond accordingly so that to do feel like that are worth it and it matters.  
There is stressful parts of it, finding a balance between work and home, and separating the two.  
I get pretty stressed out.  
We can't continue working 80 or 90 hours a week. ... It would have been nicer to have a larger team.  
You start with this much to do, and whenever you stop, there is still this much to do.*

From the perspective of transition specialists, these subthemes paint an image of work that is both rewarding and fulfilling, but that also presents a set of challenges due to lack of resources and understaffing.

**c) Contrasting cultures.** Another emerging subtheme from the transition specialist focus group describes the challenges of navigating contrasting cultures between the reentry group and the

WADOC as a whole while maintaining a working relationship. As an example, one staff member reported being identified as “an offender hugger” by other WADOC correctional staff. The following quotes further exemplify part of the context in which program staff perform their tasks.

*The rewards are big emotionally but there are some frustrations trying to change a resisting culture and having to deal with a lot of political and networking aspects.*

*I always says I have two hats. One hat is to go inside and mobilize the ... population to start getting ready to come home. The other side is to change the attitude of the staff.*

*Inside the department [DOC], we still have our own silos and our own polarizations and gaps that we need to look at.*

This culture difference in perceptions of offenders and reentry was at play during the implementation of the SCA-COC pilot program, as it was necessary for transition specialists to have their role known by WADOC correctional staff who often acted as a first point of contact between potential program participants and program activities inside institutions. Because of this interplay, it was important to maintain a good working relationship. However, the grant eligibility criteria complicated the development of such relationships, in part because SCA-COC staff members had to turn away referrals from other WADOC correctional partners.

*We didn't anticipate getting as many outside referrals as the system was set up. We started getting referrals from class counsellors, CCOs, community partners, of individuals. And it's the hardest thing in the world to say no. That was the hard part.*

These contrasting cultures—one that is policy-focused and emphasizes safety, and the other that believes in personal agency and redemption scripts—were another dimension that was at times difficult to navigate by transition specialists as part of their role in the SCA-COC pilot program.

**d) Financial constraints.** Another reality of staff members' work in the SCA-COC program was the limited program finances, the final subtheme emerging from the transition specialists interviewed. It was first expressed as a concern over the limited financial resources of a program to address a very high level of need for many individuals, which explains why the number of participants enrolled into the program was so far off the target size of 75.

*Do we need more money? Yes, of course.*

*There was a lot of positive that came from the work ... but the budget again kind of restricted a lot.*

*We had a target population of 75 and that is was very difficult to keep to the 75. Now when we look back, ... there was a lot of excitement, we were all very overzealous.*

*I think a lot of times gets very complicated and if you want everybody to be successful then you say yeah, let's fund them so that's part of the reason why the funding is gone and is ending now.*

These financial concerns were also apparent in staff members who questioned the sustainability of the program over time when facing significant budget constraints.

*The most frustrating thing for me is seeing how much work [transition specialists' names] put into developing the whole program and then how much effort we spent ... just to have the grant end*

*Until we have a permanent source of income, we will continue to have to start over, regroup, use new criteria that were different from the last time.*

Another area of concern for staff members related to the effect that the grant money appeared to have on some of the community partners.

**Summary.** Review of the program implementation indicated that the SCA-COC pilot program recruited and offered programming and services to a lot more individuals than initially planned. In addition, only about half of these individuals met the full eligibility criteria set in the program model. Subsequent qualitative analysis of focus groups demonstrated that the program is generally seen as effective by both program participants and staff members. They had a very positive discourse about the program and the voice it gives to individuals who have been previously incarcerated, seeing it as a change to the traditional correctional culture. However, the much larger scale of program implementation has also resulted in burdens on program resources and staff workload, and it has raised concerns about the sustainability of the program over time.

## Section 5: Outcome Evaluation

Outcome evaluations assist determining if an intervention or program improves the short and long-term outcomes for the participants in a program compared to the traditional system. We presented earlier the focus group results which indicated that both participants and staff members believed the SCA-COC program is effective but answering the question of a program effectiveness requires a specific methodological approach. In the current section of the report, we first identify the key questions we sought to answer regarding the program effectiveness and describe the methodological design and statistical analyses we implemented to answer these questions. Finally, the results section provides evidence to determine whether the SCA-COC program was effective in achieving its goals of recidivism reduction at release in program participants when compared to individuals released who did not participate in the program.

**Research Questions.** As was presented in Section 3, the primary goal of the SCA program is to improve public safety by achieving successful reentry of justice involved individuals released from prisons and jails and seeks recidivism reduction. The definition of recidivism adopted for the purpose of the SCA-COC evaluation is: any felony offense committed by an offender within 36 months of being released which results in a Washington State conviction. For analytical purposes, we adjusted the follow-up to 25 months considering the length of the SCA-COC demonstration phase. Based on this goal, the core focus of this outcome evaluation was determining if SCA-COC participants are less likely to be reconvicted at a greater rate than a matched comparison group. The general research question examined was:

*Do SCA-COC participants display a reduced likelihood for reconviction than comparison subjects?*

Two specific questions were comprised under this question of reconviction:

- 1) Do SCA-COC participants display a reduced likelihood for any reconviction than comparison subjects?*
- 2) Do SCA-COC participants display a reduced likelihood for felony reconviction than comparison subjects?*

Specifically, it was expected as part of the program model that high-risk offenders who completed the SCA-COC pilot program would have lower recidivism rates than high-risk offenders who do not complete the program. This hypothesis was tested using robust methods to isolate the program impact and analyze the distinctions between program participants and a comparison group. Next a description of the study design is provided, including: the sampling procedure and study groups, measures, and matching technique used to ensure the comparability of the groups.

**Study Design.** We used a retrospective quasi-experimental design to study the impact of SCA-COC across a variety of outcomes contrasted between a first group comprising program participants and a second comparison group created from historical and contemporary offenders. Because the SCA-COC program was planned and implemented before the start of the current evaluation work and in respect of the principle of motivation and voluntary participation in programmatic activities, a randomized and/or prospective study was not feasible.

**Study groups.** Two study groups were created, which comprised first a group of SCA-COC participants and second a group of comparison subjects that were also supervised by WADOC. This second group was identified at the conclusion of the pilot project. Intervention subjects (i.e., SCA-COC participants who were released and went into the post-release phase of the program during the grant period) constituted a first group of analysis. This group comprised both participants who completed the program and those who did not. This group amounted to a total of 452 subjects. The second group of analysis comprised comparison subjects. Because the SCA-COC was a pilot program and was not implemented in all institutions statewide, there were a number of individuals released at the same period as program participants without having participated in the program and, as such, they constituted a first group of contemporary individuals to which SCA-COC offenders could potentially be matched ( $n = 9,942$ ). Additionally, we created a historical comparison group comprising those offenders released between January 2012 and December 2014, prior to the implementation of the SCA-COC program. This extended sample frame allowed for a larger population of potential study subjects to which SCA-COC offenders could be matched and compared ( $n = 11,472$ ). All potential comparisons subjects were included in the pool if they met the following criteria: subjects had a release date that fell between January 2015 and January 2017, and the subjects had to have been released to either King, Pierce, or Snohomish County. Once the pool of potential comparable subjects was constituted to include both historical and contemporary subjects, we proceeded with propensity score modeling (a procedure which is described in more details later on this section) to select from this pool only those participants that were similar to SCA-COC program participants on key demographics, criminal history, mental health, chemical dependency, and housing need variables. The size of this reduced comparison group amounted to a total of 797 subjects.

**Measures.** To conduct the propensity score matching procedure, we used items measuring four domains: 1- demographic characteristics, 2- risk and criminal history, 3- mental health and chemical dependency needs, and 4- residential needs. These domains were selected because they were congruent

with the eligibility criteria into the SCA-COC program and would ensure that we would include members in the comparison groups that closely resemble program participants on the risk factors addressed by the program, in addition to matching them on key demographic characteristics. Under the first domain, the specific demographic characteristics used were sex, race, age and high school diploma or GED. With regards to risk and criminal history, we considered risk level classification (classified between low, moderate, high non-violent, and violent, based on WADOC risk assessment), offense type (categorized between violent, sex, property, drug and other), total number of convictions, total number of felony convictions, total number of misdemeanor convictions, and lifetime years incarcerated at release. In the third domain considered (i.e., mental health and chemical dependency needs), we used mental health needs score, drug needs score, mental health problem ever recorded, documented mental illness, alcohol problem ever, and drug problem ever that were based upon the Offender Needs Assessment administered by corrections staff. Finally, residential needs score and history of homeless/transiency were utilized to measure the fourth domain of housing needs also taken from the Offender Needs Assessment.

Several measures were collected to serve as dependent variables to examine the study questions identified previously. As per the program model, recidivism was operationalized as reconviction upon release. Two types of reconvictions were collected, including *Any Conviction* (including both misdemeanors and felonies) and any *Felony Conviction*. Conviction was assessed for each subject as a dichotomous measure (No/Yes) to capture the occurrence of each type of recidivism after release. Because subjects were released at different dates, we did not have a standardized follow-up length. Instead, we utilized release dates to compute a continuous measure of *Time at Risk*, which measured the number of days spent in the community upon release until either the end of the analysis period or until a recidivism event occurred.

**Matching Procedure: Propensity Score Modeling (PSM).** Although a randomized design would be ideal to eliminate biases stemming from group selection, ethical considerations along with feasibility restrictions prevented the utilization of this gold standard of research to analyze the SCA-COC program outcomes. Instead, a quasi-experimental study design was utilized to collect a sizable pool of eligible historical and contemporary comparison group subjects. However, retrospective designs commonly have unanticipated selection bias issues, which could prevent our ability to isolate the impact of SCA-COC. Propensity Score Modeling (PSM) is a technique that can be used to correct for selection bias in observational studies. Briefly, PSM entails the creation of a propensity score, which

is used to match participants from the treatment condition to participants from the control condition. This matching process creates balance between treated and untreated participants and it reduces selection bias. As such, it simulates a randomized design, and typically returns a comparison group that is similar to the treatment group on many key characteristics (Guo & Fraser, 2010; Rosenbaum & Rubin, 1983, 1985).

We created two PSM matches, matching program participants (E) to eligible offenders from our historical comparison (HC) group pool members and then a second match was performed between the E group and a pool of contemporary comparison (CC) subjects. Subjects were matched on all 25 available items, creating a robust match.

The procedure begins by assessing the differences between the comparison groups and the E group pool on the 25 items. Bivariate comparisons are completed and significant differences between groups are assessed. Standardize Differences (STD) tests were also completed, where a standardized absolute bias equal to or greater than 20 percent was used as an indication of imbalance (Rosenbaum & Rubin, 1985). Finally a backwards, stepwise binary logistic regression was used to eliminate items that were not found to be significant at the multivariate level. Using a somewhat liberal alpha, those item comparisons indicating at least a marginal significance ( $p < 0.1$ ) pre-match were included in the PSM. It should be noted that only cases with complete data on the selected predictor items were included in the matching procedure. This process reduced the E group size from 456 to 400.

The propensity score modeling routine was completed with a one-to-one, greedy matching procedure, utilizing a selection caliper (less than 0.05 of a standard deviation unit). A total of 400 HC subjects were selected and matched to the E group and 397 CC subjects<sup>1</sup> were found to have identified matches, for a total sample size of 1,197. Summary statistics of post-match results are also provided in Table 5.

The results of the matches revealed suitable comparison group matches for both the HC and CC groups. These matched groups were then used to examine the study questions. Specifically, 13 of the 25 items used differed significantly ( $p < .05$ ) and five items differed substantially ( $|STD| > 20$ ) when comparing the CC to the E group. Furthermore, the global estimate of group differences used, the Area Under the Curve (AUC) statistic, indicated that the items used in the match were substantial predictors of group assignment ( $AUC = 0.69$ ), which is a moderate effect size (see Rice & Harris, 2005). Following the match, zero items were found to be significantly, or substantially, different between the

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<sup>1</sup> Due to the restraints of the stated match criteria, three E group subjects were not identified to have suitable matches in the CC group.

groups and the global measure indicated negligible-to-small differences between the groups (AUC = 0.55).

With regard to the HC and E group comparisons, 20 of the 25 items used differed significantly ( $p < .05$ ) and 14 items differed substantially ( $|\text{STD}| > 20$ ) prior to the match. The global measure indicated a strong level of differences between the two groups prior to conducting the matching procedures (AUC = 0.75). Following the match, zero items were found to be substantially different between the groups and only one item remained significantly different ( $p < .05$ ); however this represents only 4% of the items tested, where it is anticipated that 5% of test may differ significantly post match due to chance alone. Again, the global measure indicated small differences between the groups post-match (AUC = 0.56).

Overall, the findings of both matching procedures indicated high quality matches between the E subjects and their respective HC and CC group matches. Based on these analyses we proceeded to examine recidivism outcomes and cost-benefit estimates using the matched groups. This means that all unmatched subjects from both the HC and CC groups are no longer considered in the remaining analyses.

**Analysis Plan.** Following the PSM procedure, statistical analyses were completed for each of the study questions. First, we computed cross-tabulations and conducted chi-square tests to examine differences in reconviction type after release between groups, and provide an answer to questions 1a) and 1b). We also conducted semi-parametric Cox proportional hazards regression models in order to study the association of groups (i.e., experimental or comparison) with time to recidivism to examine group trends across the supervision follow-up period. By incorporating time-to-event information, our approach is more powerful than simply examining the occurrence of recidivism. It has the added benefit of examining not only occurrence of an event of interest but also its timing. As such, we focus not only on whether reconviction occurs, but also examines when it occurs during the follow-up period, to deepen our understanding of the pattern of recidivism in time.

Table 5. Propensity Score Modeling and Sample Descriptives

Predictors	Pre-Matching					Post-Matching				
	E Group	HC Group		CC Group		E Group	HC Group		CC Group	
	Mean	Mean	STD	Mean	STD	Mean	Mean	STD	Mean	STD
Male	0.81	0.87	15.25***	.88	17.98***	0.81	0.78	6.33	0.82	3.82
White	0.51	0.63	23.40***	.64	24.11***	0.51	0.47	10.00	0.53	3.52
Age	39.43	40.71	12.35**	38.17	12.21**	39.43	38.70	4.83	38.92	081
Hs/GED	0.71	0.69	4.34	.69	3.35	0.71	0.70	2.75	0.74	4.46
Risk Level										
<i>Low</i>	0.06	0.10	16.63***	0.07	4.29	0.06	0.05	5.26	0.06	2.20
<i>Moderate</i>	0.06	0.15	33.07***	0.09	11.86**	0.06	0.05	7.09	0.07	4.14
<i>High Non-Violent</i>	0.25	0.24	3.24	0.24	2.11	0.25	0.25	1.14	0.21	11.53
<i>High Violent</i>	0.62	0.51	22.02***	0.59	6.22	0.62	0.65	7.19	0.66	7.27
Current offense type										
<i>Violent</i>	0.34	0.28	12.56**	0.26	17.69***	0.34	0.36	3.68	0.38	10.15
<i>Sex</i>	0.14	0.12	4.87	0.12	4.47	0.14	0.13	3.60	0.15	3.61
<i>Property</i>	0.28	0.25	7.05	0.27	2.11	0.28	0.25	5.58	0.24	8.94
<i>Drug</i>	0.09	0.17	28.58***	0.17	28.05***	0.09	0.10	2.59	0.07	8.65
<i>Other</i>	0.01	0.02	7.91	0.02	3.98	0.01	0.01	8.22	0.01	6.19
Total Convictions	9.03	7.39	33.53***	8.15	18.11***	9.03	9.27	6.84	8.87	3.09
Total Felony Convictions	4.05	3.19	39.21***	3.44	27.72***	4.05	4.02	0.57	3.94	4.12
Total Misdemeanor Convictions	4.97	4.2	23.67***	4.71	8.11	4.97	5.25	9.71	4.93	1.79
Years Incarcerated	6.33	3.49	43.62***	3.64	41.31***	6.33	5.44	10.12	5.91	1.84
Mental Health Needs Score	2.51	1.9	16.82***	1.95	15.35***	2.51	2.38	3.10	2.58	3.29
Drug Needs Score	6.60	5.64	29.73***	6.36	7.37	6.60	6.11	14.40*	6.69	3.03
Alcohol Problem (ever)	0.74	0.68	13.41**	0.72	4.58	0.74	0.69	10.78	0.73	1.71
Drug Problem (ever)	0.90	0.82	30.11***	0.87	12.31**	0.90	0.89	3.37	0.88	7.61
Mental Health Problem (ever)	0.44	0.59	30.37***	0.56	23.80***	0.44	0.47	3.52	0.45	0.01
Documented Mental Illness	0.55	0.40	30.99***	0.43	25.01***	0.55	0.53	3.01	0.55	0.01
Residential Needs Score	5.38	4.43	22.93***	4.97	9.92	5.38	4.80	13.49	5.23	3.34
Homeless/Transient	0.33	0.23	20.94***	0.33	0.62	0.33	0.30	6.37	0.31	5.33
AUC		0.75		0.69			0.56		0.55	

**Results.** Findings for the primary study question are presented in Tables 6 and 7. To test study question 1 and determine if the SCA-COC group was less likely to be reconvicted than the comparison group, we examined differences between groups on the two conviction outcomes identified previously, using cross-tabulations and chi-square tests. In contrast to the comparison group, SCA-COC participants were found to have reduced propensities for Any Reconviction. Specifically, the proportion of individuals from the SCA-COC group who were convicted for any type of offense was 15.4% whereas the proportion from the comparison group was 22.0%. The difference in proportions is significant ( $\chi^2 = 7.194$ ,  $p < 0.01$ ), and indicates that individuals who did participate in the SCA-COC were less likely to have Any Reconviction during follow up. Similar results were obtained to examine question 1b), “Do SCA-COC participants display a reduced likelihood for felony reconviction than comparison subjects?”. Specifically, 6.7 percent of SCA-COC subjects had a felony conviction during the follow-up period, compared to 12 percent of individuals in the comparison group. This difference is significant ( $\chi^2 = 8.242$ ,  $p < 0.01$ ) and indicates that individuals who did participate in the SCA-COC possessed reduced propensities for felony reconviction.

Table 6. Reconviction Event Comparison by Experimental and Comparison Groups

	Comparison Group	Experimental Group	$\chi^2$	p-value
Any reconviction	22.0%	15.4%	7.194	.007
Felony reconviction	12.0%	6.7%	8.242	.004

To also account for the impact of time on reconviction risk and deepen our answer to study question 2) “Do SCA-COC participants display a reduced likelihood for felony reconviction than comparison subjects?”, we also conducted Cox regression analysis to examine possible differences in the hazard rates<sup>2</sup> of the experimental SCA-COC and comparison groups. The results indicated hazard differences between the two groups only in Felony Reconviction ( $\chi^2 = 4.086$ ;  $p = .043$ ) but not Any Reconviction ( $\chi^2 = 1.909$ ;  $p = .167$ ). For each model presented in Table 7, the regression coefficients ( $\beta$  values) should be interpreted as follow: 1) they identify the risk of reconviction occurring; 2) positive coefficients indicate higher risk of reconviction; 3) negative coefficients indicate a lower risk of

<sup>2</sup> Cox regression is a statistical method that produces estimates of risk (or hazard) for an event of interest in the presence of covariates. In the present study, hazard estimates correspond to the risk of reconviction by study at a given time.

reconviction. In the Felony Reconviction model, results indicate that the Experimental SCA-COC had lower hazard rates than the comparison groups. This indicates that participants in the SCA-COC group had a lower reconviction risk than comparison subjects. Specifically, the Felony Reconviction risk among program participants were 37.4% lower.

Table 7. Cox Regression Coefficients for Any Reconviction and Felony Reconviction models

Model		$\beta$	$\exp \beta$	SE	$p$ -value
Any Reconviction	Experimental SCA-COC group	-.216	0.81	.157	.168
Felony Reconviction	Experimental SCA-COC group	-.468	0.63	.233	.045

This difference in risk can be observed more clearly in Figure 1 in which the survival curve of both experimental and comparison groups are presented. It shows that a higher proportion of SCA-COC program participants “survive” felony reconviction (i.e., do not get reconvicted) as time elapses.

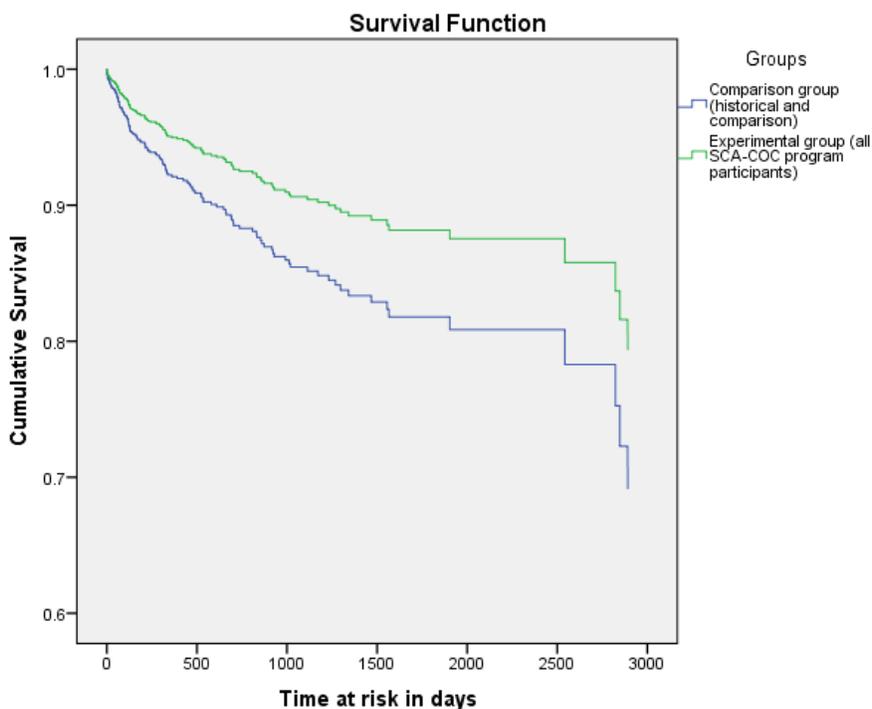


Figure 1. Survival function - Felony Conviction by Experimental and Comparison Groups

Note: Time at risk in days extrapolated over the follow-up period based on value of  $\beta$  coefficient

While we were also planning to compare the two study groups on their number of days of reincarceration after reconviction, it became apparent when examining the data provided by the Administrative Office of the Courts (AOC) that there were some data quality issues that prevented us from conducting these analyses. Notably, basic descriptive statistics indicated that only a very small proportion of all reconvictions led to reincarceration. After investigation, it appeared to be the case even when the reconviction was for a violent or sexual felony, which seems unusual. We learned that there is a 6-month lag for data entry in the AOC database, which would explain why we did not see better consistency between reconvictions and reincarceration days in the dataset. As such, while preliminary results seem to indicate that the SCA-COC group had fewer days of reincarceration, we caution strongly against making a hasty conclusion based on these numbers, as this lag in data entry could greatly underestimate days of reincarceration for the SCA-COC and contemporary groups. While this is an interesting issue that would offer valuable additional information about the outcomes of the SCA-COC pilot program, it will have to be investigated in the future when more time has elapsed.

**Summary.** Overall, the findings of the SCA-COC outcome evaluation are positive and indicate that participation in the SCA-COC program reduces the likelihood of the most serious type of reconviction (i.e., felony reconviction). This differential pattern of reconviction between study groups demonstrates that the SCA-COC pilot program increased public safety in preventing the reoccurrence of the most serious form of crime.

## Section 6: Cost-Benefit Analysis

This section of the report estimates and compares the costs of participation in the SCA-COC program with ‘reentry as usual’ in matched subjects in the comparison study group (including contemporary and historical). As stated previously, the cost-benefit study for this project focused solely on the allocation of taxpayer dollars as it relates to the various services and programmatic activities of SCA-COC compared to the cost associated with recidivism and reincarceration.

**Research Question.** As was presented in Section 3, the development of the SCA-COC program stemmed from a larger push toward fiscal responsibility in criminal justice following the 2008 economic recession and the resulting budget reductions to WADOC criminal justice reentry efforts. As such, one of the overarching goal of implementing the SCA-COC wraparound program was cost-effectiveness in reentry of justice involved individuals. While the additional investment in service and programming was expected to be higher than usual supervision reentry costs at first, any reductions observed in reconvictions were anticipated to reduce the overall costs to taxpayers. This perspective hypothesizes that the fiscal costs of incarceration and recidivism as well as societal community safety costs can be reduced by ensuring the successful reentry of adult men and women at their release from prison. With these considerations, a final study question was stated:

*Do SCA-COC participants possess lower reentry and associated costs than comparison subjects?*

**Methodology.** To answer this research question, we used a cost estimation procedure and gathered cost information about the various costs of reentry and recidivism described below, before comparing these costs across SCA-COC program participants and comparison group individuals.

**Measures.** For the cost-benefit analysis, three types of cost are estimated. As a general note, it should be reminded that cost estimates that were priced in previous years were all adjusted to account for 2017 USD inflation. The first type of costs relates to programming and services provided to offenders. To gather cost information about the SCA-COC program, we reviewed the contracts granted to service providers for rent and housing support, mentoring resources, employment and educational services, and mental health counselling. This cost was valued at \$1000.32 per participant on average. Second, costs associated with felony recidivism during the follow-up period were also calculated. We limited our analysis to felony reconviction costs considering the program’s adoption of a recidivism definition centered on felony reconviction (see Section 3) and because the outcome analysis conducted in Section 5 indicated that SCA-COC program participants were significantly different from

comparison controls on their proportions of Felony Reconviction. We calculated these costs by accounting for average expenses related to police, courts and prosecutors, and tangible victim costs for seven types of felonies (drug, property, weapon, sex, violence, violent property, and robbery/kidnapping) (Washington State Institute for Public Policy, 2014). Finally, for justice involved individuals who were reconvicted and incarcerated as a result, we also accounted for the daily costs of prison and jail per offender. They were estimated to be \$59.61, and \$96.50 respectively (Washington State Institute for Public Policy, 2014). We utilized the jail value amount to produce conservative estimates, because we could not determine whether an offender was reincarcerated in a jail or prison based on the AOC dataset. We reiterate our previous note of caution about the data quality issue of AOC's measure of days of reincarceration, which seems to grossly underestimate the number of institutionalization days due to lag in data entry. As such, it is possible that the average reincarceration costs per offender inputted in the cost-benefit analysis is incorrect.

**Analysis Plan.** To examine this final research question, t-tests were conducted to assess the costs between SCA-COC participants and comparison subjects. T-test analysis is used to compare the means between two groups. In the present study, mean differences in costs were tested specifically for programmatic treatment and services, felony reconviction, and reincarceration costs. We also conducted a general comparison of means of the final total mean costs per individual based on study group.

**Results.** The results of the cost-benefit analysis are presented in Table 8. As expected, treatment and services costs were higher for SCA-COC group members relative to comparison subjects. For the other two types of costs (felony reconviction and reincarceration), we note that on the comparison group costs were larger on average, but these differences did not reach statistical significance. Finally, when computing a total average cost per offender, findings did not reveal an overall significant cost difference, although the total average costs for SCA-COC participation were overall lower.

*Table 8. Average Costs per Offender in 2017 USD*

	<b>Comparison Group</b>	<b>SCA-COC Group</b>	<b>t-value</b>	<b>p-value</b>
	<b>\$</b>	<b>\$</b>		
Programmatic Treatment and Services	0	1,000.32	-9.67E+15	.000
Felony Reconviction	2,284.80	410.91	1.471	.142
Reincarceration	98.35	40.48	.699	.484
<b>Total costs per offender</b>	2,383.15	1,451.71	.520	.603

**Summary.** Contrary to one of the objectives of the SCA-COC program model to reduce correctional costs, we did not identify a significant cost difference in total average cost per offender when comparing the SCA-COC program participants to comparison subjects, but we still note an average saving of \$931.44 in each program participants compared to comparison individuals doing “reentry as usual”. As such, this pilot program holds the possibility of reducing correctional budgets, especially considering the conservative nature of the estimates. This potential for cost savings should be the object of future research, especially considering the data quality issues encountered when estimating reincarceration costs. It is possible that the data quality issues relative to the frequency of reincarceration (which we explained in more details at the end of Section 5) contribute to these less positive results.

## Section 7: Conclusion and Recommendations

Considering the promise of the wraparound approach in reducing recidivism and costs, WADOC has developed and implemented the SCA-COC pilot program with the goal of improving public safety by achieving successful reentry of justice involved individuals released from prisons and jails. The program was designed to specifically address the interrelated and long-term issues faced at release by individuals presenting high risk of recidivism, and with documented mental health, chemical dependency and residential needs. This means that the SCA-COC target population possessed a greater propensity for recidivistic outcomes and failure of successful reentry. As per the program model, these high-risk individuals received individualized reentry planning and a common point of access to services and programs that would usually fall under different jurisdictional domains. The current study examined the effectiveness of SCA-COC implementation and operations, and evaluate the achievement of outcome and cost-benefit goals.

What is most remarkable about the process and outcome study findings is that regardless of the inflation in the scale of the implementation, which has challenged staff members to coordinate the reentry resources and services for more than five times as many program participants as originally planned, the SCA-COC program is still reaching its primary goal of recidivism reduction. Comparatively, findings from the cost-benefit analysis indicated no significant difference in total average cost per offender when comparing the SCA-COC program participants to comparison subjects, but an average savings was still noted and should be further investigated in the future considering some data quality issues for one type of costs. These results qualify the SCA-COC pilot program as promising and justify its continuation and possible expansion.

The following are some recommendations arising from the current evaluative results that might be useful as the program continues its activities and/or expands in the future.

1) Continue to provide an array of well-rounded services from the prison to the community.

The positive outcomes results, along with the focus groups of program participants, speak to the need for more integrative and holistic services both at the institutional and community level. With this regards, the role of transition specialists, who act as facilitators to bridge clients to available resources both inside and out, appears critical to offering reentry services that truly addresses the range and interaction of offender needs.

2) Revise measurement of eligibility or adhere more strictly to program eligibility criteria.

As was discovered in the analysis of the program implementation, only about half of program participants met the full eligibility criteria set in the program model. Issues in implementation fidelity

such as this one can make the interpretation of outcome evaluation results more difficult regarding their generalizability. According to the correctional principles of Risk, Need, and Responsivity, there is value in targeting high-risk offenders specifically, as a large impact can be created by intervening in a small population. However, the staff members focus group results indicated that there might be current issues in the current measurement of the program initial eligibility criteria, citing examples in which individuals were prevented from participating in SCA-COC because of artificially deflated risk level due to a long period of incarceration or poor validity of the commonly used measure of housing needs by WADOC. These assertions should be investigated in order to make a decision about the best course of action (i.e., revision or stricter adherence to program eligibility criteria).

- 3) Provide adequate program resources and expand the number of transition specialists to meet the size of reentry needs.

Both the program participants and staff members noted the lack of appropriate program resources and the large size of reentry needs in Washington State. In addition, staff members reported important imbalances in their workload and work-life balance. While it is possible to reduce this problem by adhering better to the program eligibility criteria, the size of reentry needs seems to be disproportionate to the resources currently allocated to reentry within WADOC. As a note, the team of SCA-COC transition specialists has now been established as a division within DOC and one can hope that this recognition of reentry as a core programmatic area of the department will ensure better funding and staffing in the future.

- 4) Follow participants' outcomes over a longer period of time and examine a greater variety of costs and benefits to SCA-COC.

Considering the short time period in which the SCA-COC program was implemented and evaluated, there are a number of limitations to the current study findings. Notably, we could not test the recidivism definition as established in the program model because too few program participants had been released to the community for three years or more. In addition, we uncovered data quality issues (i.e., time lag and data entry) in the AOC dataset which precluded some analyses and might limit greatly the validity of the cost-benefit analysis conducted. A longer follow-up period would allow to measure program participants and comparison subjects' recidivistic outcomes and a larger range of associated costs (not limited to correctional costs) with more accuracy and to better triangulate our conclusions by examining more facets of recidivism and costs.

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