

May 2006

▶ EDWARD BYRNE MEMORIAL
JUSTICE ASSISTANCE GRANT PROGRAM

Oregon Alcohol and Drug Treatment Aimed at Reducing Recidivism Among Adult Offenders Transitioning From Correctional to Community Living

FY 2001-2005

What have we learned after four years?

Prepared for

Oregon Office of Homeland Security
Criminal Justice Services Division
4760 Portland Road NE
Salem, OR 97305

Prepared by

Program Design and Evaluation Services
Multnomah County Health Department
Oregon State Public Health
800 NE Oregon, Suite 550
Portland, OR 97232

Acknowledgements

Three alcohol and drug treatment programs aimed at reducing recidivism among adult offenders transitioning from correctional to community living in Oregon are the focus of this report. Each received funding from the Edward Byrne Memorial State and Local Law Enforcement Assistance Program Grants (awarded by the United States Department of Justice, Office of Justice Programs, Bureau of Justice Assistance) during the years 2001 – 2005. The grants were administered by the Criminal Justice Services Division (CJSD) of the Oregon Office of Homeland Security (Carmen Merlo, Director; Diana Fleming, Program Representative; Karen Green, Grants Manager) and received technical assistance and evaluation oversight from Program Design and Evaluation Services (PDES) of the Multnomah County Health Department/Oregon State Public Health (Maureen Rumpitz, Haiou He, and Michael Stark, Evaluators). The Governor's Drug and Violent Crime Advisory Board assisted in the review and selection of grant applications, making funding recommendations to the Governor, and reviewing the progress of funded programs.

Without the vision and hard work of program staff and their local evaluators, this report would not be possible. Although many staff members are responsible for the work mentioned within this report, program directors and lead evaluators provided most of the data and lessons learned that are summarized here. In addition, they were fully responsible for completing the individual cumulative program reports that contributed to this summary. We would like to specifically thank the following individuals: Mark Royal, Director of Umatilla-Morrow County Community Corrections - Program Manager for the New Life Program; Brian Renauer, Associate Director for Research, Criminal Justice Policy Research Institute, Portland State University and Shea Brackin, Portland State University graduate student - Evaluators for the New Life Program; Tom Brewer, Addiction Services Director from LifeWorks NW - Program Manager for the Recovery Mentor Program; Gillian Leichtling and Ryan D'Ambrosio, Research Associates with RMC Research - Evaluators of the Recovery Mentor Program and; Carin Niebuhr, Director of the Jackson County Commission on Children and Families - Program Manager for the Transitional Offender Treatment Program.

In addition, many community corrections staff, alcohol and drug treatment providers, and other key stakeholders from Umatilla County, Washington County, Clatsop County, and Jackson County were involved in making these programs a success. Finally, we would like to thank the many program participants who agreed to share their stories so that we might improve transition services for ex-offenders returning to the community.

Thanks to Dena Wilson, Research Assistant, PDES, for her technical expertise formatting this report.

Table of Contents

BACKGROUND	1
INTRODUCTION	1
RATIONALE FOR FUNDING OFFENDER ALCOHOL AND DRUG TREATMENT PROGRAMS	1
PURPOSE OF THIS REPORT	2
METHODS	3
DESCRIPTION OF THE PROGRAMS	3
<i>Recovery Mentor Program</i>	4
<i>New Life Program</i>	5
<i>Transitional Offender Treatment Program</i>	5
EVALUATION PROCESS.....	6
FINDINGS	7
CLIENT CHARACTERISTICS.....	7
PROGRAM COMPLETION RATES	8
RECIDIVISM	8
ALCOHOL AND DRUG USE.....	9
EMPLOYMENT	10
HOUSING	10
SUMMARY OF FINDINGS.....	10
LESSONS LEARNED AND RECOMMENDATIONS	11
THE BENEFITS AND CHALLENGES OF THE TRANSITION PROCESS	11
<i>Reach-In</i>	11
<i>Staffing</i>	12
<i>Basic Life Supports</i>	13
COLLABORATION BETWEEN COMMUNITY CORRECTIONS AND ALCOHOL AND DRUG TREATMENT	13
COMMUNITY OUTREACH AND EDUCATION	14
PROGRAM EVALUATION	15
END NOTE.....	16
REFERENCES	17

Background

Introduction

During FY 2001 – 2005, the Criminal Justice Services Division (CJSD) of the Oregon Office of Homeland Security provided \$2,435,771 in funding for innovative offender alcohol and drug treatment programs through the Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program. In collaboration with the Governor's Office and the Governor's Drug and Violent Crime Advisory Board, CJSD selected three alcohol and drug treatment programs aimed at reducing recidivism among adult offenders transitioning from correctional to community living. As a condition of funding, each program was required to hire an evaluator to examine program implementation issues as well as conduct a quasi-experimental pre-post assessment of program effectiveness. CJSD contracted with Program Design and Evaluation Services (PDES) to complete this summary report (based on each program's original individual cumulative reports) on the effectiveness of these programs, lessons learned during implementation and evaluation, and recommendations for future program selection, implementation, and evaluation.

Rationale for Funding Offender Alcohol and Drug Treatment Programs

The goal of this grant program was to promote the implementation of programs that identified and met the transition and post-incarceration treatment needs of adult drug and/or alcohol involved offenders in Oregon. The intent was to support Oregon communities in improving their ability to provide the most effective and targeted services that addressed the substance abuse, counseling, vocational, behavioral, and related needs of offenders transitioning from jail or prison into the community.

Each year in the United States, more than 600,000 persons are released from prisons and over seven million individuals are released from jails (Council of State Governments, 2004; Bureau of Justice Statistics, 2002). The individuals who return from prison are often poorly educated, typically with histories of substance abuse, mostly African American or Latino, mostly men, and often with histories of violence (Petersilia, 2001).

People leaving prisons and jails have a host of complex needs, which often serve as barriers to successful reentry. Approximately three-quarters of those released from prison and jail have a history of substance abuse and, according to some estimates, only 61 percent of state correctional facilities provide substance abuse treatment (Mears, Moore, Travis & Winterfield, 2003). The percentage of state

prisoners participating in such programs declined from 25 percent in 1991 to 10 percent in 1997 (Mears, Moore, Travis & Winterfield, 2003). The implication is clear: Offenders with substance abuse problems may not be receiving the treatment that would reduce their alcohol and drug problems and criminal behavior.

Not surprisingly, the great majority of prisoners are rearrested, mostly within six months of their release. Sixty-eight percent of the prisoners released in 1994 were re-arrested within three years; 59 percent were re-arrested within two years; 44 percent were re-arrested within one year; 30 percent were re-arrested within the first six months of returning home (Bureau of Justice Statistics, 2002).

Historically, communities have not been prepared to provide adequate supervision and support to returning offenders and agencies and groups that provide support and services to this population upon release (e.g., public safety, public health (physical and mental health, substance abuse), employment, housing, family and communities) have not been integrated.

However, the era of single, stand-alone treatment programs, whether in prison or in the community, began to close as studies showed the need for integrated, complimentary programming, provided over relatively long durations. In recent years, national research continues to highlight the promise of well-designed reentry programs (Petersilia, 2004; Travis, 2003, 2005; Aos, Miller, & Drake, 2006).

Purpose of This Report

In 2001, Byrne funds provided support for three offender alcohol and drug treatment programs in Oregon. Two of these programs, the New Life Program in Umatilla County and the Recovery Mentor Program in Clatsop and Washington Counties, completed a four-year funding cycle in August 2005. One of these programs, the Transitional Offender Treatment Program from Jackson County, encountered budget problems and program closures that forced it to withdraw from Byrne funding midway into their third year of funding¹. This is a summary report of the key outcomes of these programs, lessons learned during implementation, and recommendations for future program selection, implementation, and evaluation. For a more detailed look at any of these programs, please refer to Oregon's 2004 Edward Byrne Memorial State and Local Law Enforcement Assistance Program Annual Report (<http://www.oregon.gov/OOHS/CJSD/index.shtml>) or contact the Criminal Justice Services Division for a copy of each individual programs' 2001-2005 Byrne Program Cumulative Report.

¹ Due to early closure, evaluation data for this program are incomplete. Qualitative and partial descriptive and outcome data will be presented as available.

Methods

Description of the Programs

All three programs included reach-in by community supervision and/or treatment staff, beginning services prior to release from either jail or prison, assessment of community treatment needs in the context of institutional treatment accomplishments, close coordination of community supervision and treatment, access to ancillary community services (e.g., housing, employment, education) as needed, and program evaluation. Specifically, each program incorporated the following three components:

- *Institutional Phase*: The goal of this initial reentry phase was for program staff (including peer mentors, case managers, and alcohol and drug treatment staff) to assess the offender and develop and implement an individual treatment plan based on assessment of the offender's alcohol and drug use, risks, needs, and strengths. Ideally, this process was to begin several months before the offender was eligible for parole or mandatory release although this was not possible in many cases and most offenders only received a small amount of contact from program staff while still institutionalized (especially when an offender was transitioning from prison). Another goal for this phase was to provide offender's with alcohol and drug treatment while institutionalized. Again, this was not always possible so programs sought creative ways to offer the correct level of treatment immediately following release.
- *Structured Reentry Phase*: Once an individual was selected to participate in the reentry program, the structured reentry phase began. This phase continued to be staffed by the peer mentors/case managers (in conjunction with treatment staff and parole/probation officers) and began in prison or jail and carried over into the first month or so into the community. This period was characterized by increasingly intensive preparation for release, continuing to attend alcohol and drug treatment, formalizing basic elements of the reintegration plan, and establishing stable connections in the community. The key was to develop a realistic plan to minimize the risk of failure upon reentering the community. Core plans included ensuring that basic needs were met at release (e.g., food, shelter, and a legitimate source of financial support) and that the offender enrolled in an appropriate alcohol and drug treatment program.
- *Community Reintegration Phase*: This phase began after release and continued until the end of the supervision period. In the community reintegration phase, the focus shifted to sustaining gains made in the initial release period, refining and maintaining the reentry plan, completing alcohol and drug treatment, and achieving independence from the formal

supervision process. During this phase, peer mentors/case managers and traditional agency staff (i.e., corrections, parole/probation, alcohol and drug treatment) continued to attend to the offender, but became less involved as informal social supports were engaged to provide ongoing services and mentoring relationships.

The main goals of the programs were to: 1) Ensure offender program participation and completion by providing a community-based support system that facilitates the opportunity for positive change, 2) Ensure offender compliance with conditions of parole or post-prison supervision, 3) Increase positive case closures of those on parole or post-prison supervision, 4) Increase employment levels among offenders released to parole or post-prison supervision, 5) Reduce controlled substance use among the offenders released to parole or post-prison supervision, and 6) Decrease recidivism.

The programs shared many common components but were also unique. With regard to staffing, all programs utilized treatment and corrections staff but two programs (Recovery Mentor Program and New Life Program) utilized peer mentors as key staff in delivering the intervention, while one utilized non-peer case managers (Transitional Offender Treatment Program). The programs also differed in grantee agency type: An alcohol and drug treatment agency, LifeWorks NW, delivered the Recovery Mentor Program; Umatilla County Community Corrections delivered the New Life Program, and; Jackson County Community Corrections delivered the Transitional Offender Treatment Program. In addition, the programs were spread throughout Oregon: The Recovery Mentor Program was located in both suburban/rural Washington County which borders the Portland Metro area and rural North Coastal Clatsop County; The New Life Program was located in primarily rural Eastern Oregon, and; The Transitional Offender Treatment Program was located in Southern Oregon in Jackson County.

Although a detailed description of each individual program is beyond the scope of this report, a brief program-specific description is provided below.

Recovery Mentor Program

LifeWorks NW, in collaboration with Washington and Clatsop County Community Corrections, implemented an innovative recovery mentor model to enhance transition services for offenders who were in the process of moving from state and county institutions to the community. Recovery mentors established pre-release contact with offenders who were referred to the program and then provided intensive case management and support in the early period after release from custody. Offenders received intensive support and therapeutic case management, as well as specialized aftercare services focused on relapse prevention.

The mentors kept offenders engaged in treatment through daily contact to ensure recovery support while addressing any crisis stabilization needs presented by the offender or their family. The offender's primary counselor monitored the plan once these needs were met and the mentor was available for additional support. This

program intended to further reduce recidivism rates in both counties along with ensuring that offenders met their community transitional goals by obtaining appropriate mental and physical health services, improving family relationships and communication skills, and increasing the rate of completion of supervision conditions.

New Life Program

In Umatilla County, approximately two thirds of all post-prison offenders have a drug history or problems associated with alcohol and/or substance abuse. The purpose of the New Life Program was to address this need for substance abuse treatment for offenders by providing reach-in services in the prisons/jails (prior to the release of the offender), inpatient substance abuse treatment in the prisons/jails and/or immediately following release, and community-based outpatient treatment and supervision upon release. Through peer mentors, the program also provided assistance with housing, mental health problems, education, and employment (through job skill development and placement). The holistic nature of the program allowed for flexibility in tailoring this range of treatment and wrap-around services to best meet the needs of the offenders and to increase the odds of successful treatment and supervision outcomes.

Transitional Offender Treatment Program

Alcohol and drug abuse is a factor in over 70 percent of the correctional population in Jackson County. In particular, methamphetamine abuse is connected with criminal behavior in both the criminal and child welfare courts. The Jackson County Transitional Offender Treatment program staff (two case managers, one treatment counselor, and two specialized probation officers) provided transitional comprehensive treatment services for adult offenders released from state or local prison supervision. The primary goals of the program were to complete substance abuse treatment initiated in the correctional facility, ensure compliance with conditions of probation and parole, and provide community life services which supported a present and future crime-free self-sufficiency. In addition to substance abuse treatment, the program focused on health services, mental health services, career development, employment, education, and safe housing.

The Jackson County Transitional Offender Treatment Program encountered county-level budgetary obstacles, forcing the program to close mid-way through the third year. In the initial two years of Byrne funding, the Transitional Offender Treatment Program provided transitional treatment services for adult offenders age 18 to 25 released from state or local prison supervision. Local budget constraints forced Jackson County to shut down the Talent Work Release Center (the County offender facility that provided offender substance abuse treatment programs) at the end of year two. This action severely reduced the number of released offenders eligible for grant services. At this time, grant administrators gave Jackson County permission to remove the 18 to 25 age limitation and serve all adult offenders who were otherwise eligible. However, it soon became clear that even with the

broadened population age range, Jackson County could not access enough eligible offenders to meet the population numbers specified by the proposal and necessary for continued funding at the same rate. Jackson County terminated their participation in the Byrne program six months into their third year of funding.

Evaluation Process

As stated earlier, CJSD contracted with PDES during Year three to oversee the evaluation process for the three programs. Each program was required to spend at least 10 percent of the overall budget on evaluation including hiring or subcontracting a local program evaluator. Over the course of the four years, each program completed an evaluation plan including an in-depth program description, logic model, implementation lessons learned, and a quasi-experimental outcome study.

Each program worked with their local evaluator to design an outcome study plan specific to their program, although each was required to assess: 1) demographic variables (e.g., gender, age, race/ethnicity), 2) program completion rates, and 3) several common outcome variables including recidivism, alcohol and drug use, employment, and housing². Recidivism was assessed for clients who had a 12-month or longer follow up period post- program termination and defined as any new felony conviction. The programs utilized the Law Enforcement Data System (LEDS) to search for felony convictions. Program completion, alcohol and drug use, employment, and housing were measured using program specific measures. This report is not meant to be a meta-analysis of each program's data but, rather, a summary of individual program findings, as analyzed by local evaluators and program staff, so that general lessons can be gleaned from these three offender alcohol and drug treatment programs in Oregon.

² Each program also assessed other variables of local interest and conducted additional analyses which are beyond the scope of this report but can be found in the *Oregon's 2004 Edward Byrne Memorial State and Local Law Enforcement Assistance Program Annual Report* (<http://www.oregon.gov/OOHS/CJSD/index.shtml>)

Findings

As described above, each of the three programs collected common data elements including client characteristics, program completion rates, recidivism, alcohol and drug use, employment, and housing status. However, due to the early termination of the Transitional Offender Treatment Program, full demographic and outcome data are not available for this program. Summary findings related to each of the data elements are provided below.

Client Characteristics

Over the course of four years, the Recovery Mentor Program served 512 unique clients across two counties (Washington County and Clatsop County) and the New Life Program served 288 unique clients in Umatilla County. Over the course of two and a half years, the Transitional Offender Treatment Program served 126 clients in Jackson County.

Table 1. Descriptive Characteristics of Program Clients 2001 – 2005

Descriptive Characteristics of Clients	Offender Alcohol and Drug Treatment Programs		
	Recovery Mentor Program Washington/ Clatsop County	New Life Program Umatilla County	Transitional Offender Treatment Program Jackson County
<i>Total Number Served</i>	512	288	126
<i>Gender</i>			
Male	71%	86%	88%
Female	29%	14%	12%
<i>Age Range</i>			
18-24	12% ¹	18%	59%
25-34	39%	38%	- ²
35-44	34%	30%	-
45-54	14%	14%	-
55-64	1%	1%	-
65 and over	1%	0	-
<i>Race/Ethnicity</i>			
White	88% ³	83%	-
Black or African American	2%	1%	-
Hispanic American	4%	10%	-
Indian/Alaskan Native	5%	4%	-
Asian/Pacific Islander	1%	2%	-
Multi-racial	0	1%	-

The demographic profile of clients in all three programs was similar - most of the clients were male, white, and between the ages of 18 and 44 years (although the New Life Program and the Transitional Offender Treatment Program predominantly served men (86 percent and 88 percent respectively) while 71 percent of the clients in the Recovery Mentor Program were male). Table 1 provides a breakdown of client characteristics.

* percentages may not equal 100% due to rounding
 1 N = 508
 2 A "-" denotes missing data
 3 N = 492

Program Completion Rates

The Recovery Mentor Programs (in both Washington and Clatsop counties) reported a program completion rate of 47 percent (245/521) for all clients closed at the end of the grant period. Of the 53 percent that did not complete the program, 18 percent only received the reach-in component of the program and never attended the program post-incarceration. Fifty-four percent of clients completed the New Life Program (126/235) and 55 percent of clients completed the Transitional Offender Treatment Program (59/105). These program completion rates are higher than the 31% average treatment completion rates for Oregon (based on state-level Client Process Monitoring System (CPMS) data for Medicaid-eligible treatment clients in 1997). Reasons for not completing the program included, but are not limited to, absconding from the community, transfers to other geographic areas, non-motivation or non-compliance, probation expiration and relocating out of the county, cognitive deficiency or severe mental health problems.

Recidivism

For the purposes of this report, recidivism is defined as any new felony conviction for offenders who have been released and living in the community for at least 12 months. Recidivism data show a strong association between program completion and successful outcomes as the recidivism rates for program completers fell substantially below average rates for supervised offenders in the four counties and nationwide. Average felony recidivism rates across the four counties range from 25 percent to 32 percent while national estimates are 47 percent³. However, the felony conviction rate for offenders who completed the Recovery Mentor Program and had at least 12 months follow-up was 14 percent and the felony conviction recidivism rate for the New Life Program completers with at least 12 months in the community was 17 percent. The felony conviction rate for clients who completed the Transitional Offender Treatment Program was also 14 percent although the program did not control for the amount of time in the community (i.e., offenders may only have been in the community two months).

Offenders who did not complete the program (e.g., either did not receive program services post-incarceration in the community or who did not complete the program once in the community), however, reported rates similar to or above the average recidivism rates for the counties. For example, of the 368 clients closed (completers and non-completers) to the Recovery Mentor Program since inception, 24 percent (N = 88) had new felony convictions post-program completion. When we examine the amount of program service that those with new convictions received, we see that over three-quarters of these individuals received very little service from the program. That is, of the 88 clients who received new felony

³ It is important to note that national and county estimates are based on any new felony conviction within three years whereas many of the offenders in these programs had less than three years (but more than 12 months) in the community.

convictions after participating in the Recovery Mentor Program, 17 clients only received jail reach-in and never received any program services post-release. Of the 71 clients who received reach-in and post-release program services, 49 did not complete the entire program. This finding was consistent for the New Life Program where 23 percent of all program enrollees had new felony convictions post-program completion but many of these individuals received limited services.

Of the 46 clients who were enrolled in the Transitional Offender Treatment Program since inception but did not successfully complete the program, 30 percent (N = 14) had new felony convictions. The Transitional Offender Treatment Program did not analyze felony conviction rates for both program completers and non-completers (N = 105) together. However, based on the recidivism rates for completers and non-completers analyzed separately, it is estimated that the felony conviction rate for all program participants would be similar to the 23 to 24 percent rates for the Recovery Mentor Program and the New Life Program.

In addition to assessing new felony convictions, the Recovery Mentor Program assessed the degree of any new criminal justice involvement (misdemeanor or felony arrests) for participants who had been out of the program for at least 12 months. LEDS data for criminal justice measures again show a strong relationship between treatment completion and improved outcomes. Re-arrest rates in general (for program completers and non-completers) were quite high (68 percent), although many were misdemeanor and parole/probation violation arrests. These rates compare with a Bureau of Justice Statistics report of prisoner re-arrest rates within 3 years of release that indicated 67 percent of drug offenders were rearrested (Bureau of Justice Statistics, June 2002). Re-arrest rates for program completers, however, were significantly lower (53 percent).

Alcohol and Drug Use

Each program assessed the effect of the intervention on alcohol and drug use differently, although the general sense is that the programs were satisfied that they were effective in reducing alcohol and drug use and/or increasing treatment completion for their clients. Most clients (76 percent) were abstinent from their primary drug for at least a month prior to program discharge for the Washington County site of the Recovery Mentor Program⁴. Similarly, 70 percent of clients consistently tested negative for the use of controlled substances while enrolled in the New Life Program. Although abstinence data is not available for clients of the Transitional Offender Treatment Program, 61 percent of the clients successfully completed alcohol and drug treatment as directed by profiles on the ASAM assessment criteria.

⁴ Data was not available for the Clatsop County site of the Recovery Mentor Program.

Employment

All three programs devoted a great deal of effort toward helping offenders who were unemployed to gain employment. At discharge from the program, 81 percent of Recovery Mentor Program clients were employed or employable, 88 percent of New Life Program clients were employed full-time, and 76 percent of Transitional Offender Treatment Program clients were employed and/or enrolled in an education program. Gaining and maintaining employment post-release is a challenge for most offenders due to their criminal/drug history, short-term incarceration or relapse. All of the programs worked with clients to identify long-term employment possibilities that would support them in a crime/drug-free lifestyle. Future evaluations would benefit from a common definition and standardized measurement of employment.

Housing

All three programs found that a great proportion of initial contact time was committed to obtaining housing for clients and that even after initially securing housing, clients needed to continue working on maintaining housing as housing placements were lost due to time limitations, personality conflicts with roommates or other residents, or the realization that the drug-free housing had not remained drug free. Despite these challenges, at discharge, almost all of the participants from the Recovery Mentor Program (97 percent) had secured safe, drug-free housing (anecdotally, staff from the New Life Program report similar success at securing housing for clients). While this is an extraordinary accomplishment given the myriad of barriers, the long-term stability of the housing is not known. For example, at discharge from the Recovery Mentor Program, 48 percent of participants were staying with a friend or relative, 27 percent were in Oxford housing (or a similar type of group living situation), 22 percent were renting or owned their own home, and 4 people (one percent) were in a nursing care facility.

The Transitional Offender Treatment Program found similar results, although did not analyze housing data at discharge but for all clients who had been enrolled in the program for at least six months. At 6-month follow-up, 98 percent of the clients had stable, safe, and drug-free housing .

Summary of Findings

Overall, the findings suggest that the offender alcohol and drug treatment programs were successful in decreasing felony recidivism to between 14 and 17 percent, helping clients to access alcohol and drug treatment and remain abstinent from their primary drug while in treatment, and gain access to housing and employment. While promising, future studies would benefit from stronger evaluation designs (including comparison/control groups and standardized measurement of key outcomes).

Lessons Learned and Recommendations

Program staff, key stakeholders, and evaluators learned many lessons through the design, implementation, operation, and evaluation of each of the offender alcohol and drug treatment programs. These lessons are discussed below and include the benefits and challenges of: 1) the transition process, 2) collaboration between community corrections and alcohol and drug treatment, 3) community outreach and education, and 4) program evaluation.

The Benefits and Challenges of the Transition Process

Program staff and key stakeholders overwhelmingly felt that these programs were successful and should be continued. All of the components of each program were important but the reach-in process, staffing, and basic life supports received special mention and are noted below.

Reach-In

Each of the programs found the reach-in process – in which staff identify and contact offenders prior to their release into the community – challenging, especially when offenders were being released from state prison. A myriad of factors (e.g., geographic distance to state prisons, delayed communication between county corrections and state prisons, and inevitable last minute changes related to offender release) made it challenging for program staff to routinely conduct the reach-in portion of the intervention three to six months prior to an offenders' release. Given the extra challenges of working with state prisons, program staff spent most of their time conducting reach-in in local jails. Future programs that aim to serve offenders being released from state prison would need to build in the additional resources and protocols that are necessary to identify and work with this population.

Although the reach-in portion of the transition programs was challenging, each of the programs found it to be an essential program component. Parole officers working with the New Life Program suggested that it would be useful for the offenders to know from the beginning of their sentences what is expected in Umatilla County (including reach-in and transition services), which would help both offenders and their families be more prepared for offender arrival. In Jackson County, program staff felt strongly that reach-in provided a valuable opportunity to assess offender motivation and readiness for change so that staff skilled in motivational interviewing could begin to work with them prior to release into the community.

Recommendation: Reach-in is an essential component of reentry programs that can be more complicated when the offender is being released from state prison rather than a local jail. Appropriate resources, program policies and protocols should be focused on ensuring reach-in occurs in state prisons as well as local jails.

Staffing

One of the biggest challenges faced by the two programs (Recovery Mentor Program and New Life Program) who utilized peer mentors to deliver part of the intervention was recruiting, hiring, training and supervising qualified and professional peer mentors. However, peer mentors were also repeatedly mentioned by key stakeholders, staff, and clients alike as one of the most important key components of both programs.

Key stakeholders and staff from the Recovery Mentor Program expressed the difficulty they experienced in finding mentors with the right background and with the appropriate skills and qualities. They stressed the need for being careful and exacting in the recruitment and selection of mentor staff and to not rush the process in an effort to get the program started quickly or when facing staff turnover. They identified the following qualities and characteristics needed for prospective mentors to be successful: 1) in recovery and have a passion for recovery, 2) familiarity with the local recovery community and an active participant in a 12-step group, 3) a minimum of 2 to 5 years of sobriety, 4) a criminal history, 5) ability to establish personal boundaries with clients, 6) responsible and having integrity, 7) able to model pro-social behaviors for clients, and 8) out of the legal system and off supervision or at least on "inactive parole."

Due to the desire for mentors to have criminal justice and substance abusing backgrounds, the hiring of this type of staff highlighted other potential hiring issues. One example was when a mentor hired in Washington County was temporarily suspended from her mentor duties due to her criminal record. This suspension placed additional burden on the remaining mentor, the suspended mentor experienced significant financial hardship and inconvenience during the suspension, and clients experienced the discontinuity of changing mentors.

The need for training mentors across a broad range of skill areas was another key lesson learned in the program. Program staff and stakeholders identified the following key components of training (many of which would also be applicable for case managers): 1) ethics, boundaries, and confidentiality issues, 2) community resources and networking, 3) professionalism, 4) documentation of services provided and computer and database skills, 5) criminal justice processes and the expectations of supervision for clients, 6) treatment processes, counseling skills, and motivational interviewing, and 7) communicating with POs and treatment counselors. In addition, the supervision of mentors in the mentor role was identified as another potential stumbling block if not addressed appropriately. All staff, including the mentors, commented on the need for mentors to be closely

supervised with recommended daily contact with their supervisor or clinicians and formal weekly supervision. Staff stressed the need for accountability throughout the program and among mentors specifically, and imposing frequent supervision for mentors was viewed as critical for maintaining accountability, and the overall credibility of the program.

Recommendation: Staff who are peers can be very effective intervention agents in offender alcohol and drug treatment programs. Program managers wishing to utilize peer mentors in their reentry program should be aware of the extra time and additional protocols needed to ensure that peer mentors can be hired by community corrections, trained appropriately, and closely supervised.

Basic Life Supports

While each of the three programs focused on transitioning the offender from jail or prison into the community with appropriate alcohol and drug treatment provided in each location, the provision of social support, housing assistance, and other discretionary assistance were key to successful reentry. The New Life Program noted that one of the biggest obstacles to success were clients who continued to associate with peers and family who continued to abuse drugs and/or had criminal life styles and found that young clients, in particular, needed skills and mentoring to find other social supports in their life. Peer mentors were available to clients any time and were able to help fill this role. One of the main lessons learned by the Recovery Mentor Program was the importance of allocating budget funds for a one-month housing subsidy for each program client as well as other discretionary funding. Clients transitioning from corrections are often mandated to obtain safe housing and budgeting for a first month's subsidy relieves some of the stress these clients face in the initial transition process. A small amount of discretionary funding allows mentors greater flexibility in providing additional support to clients whether it is through providing bus tickets, taking clients out for coffee to discuss recovery or other life issues, or providing crisis assistance.

Recommendation: In addition to reach-in and institution/community-based alcohol and drug treatment, social support, immediate housing assistance (possibly in the form of a one-month housing subsidy) and the availability of other discretionary funding (for bus tickets, etc.) are key elements to successful reentry into the community.

Collaboration Between Community Corrections and Alcohol and Drug Treatment

Gaining buy-in and building a close collaborative working relationship between POs, clinicians, and mentors takes time to develop and solidify, but when the collaboration takes hold it can be a powerful force in serving clients and producing

positive outcomes. During the third and fourth years of the Recovery Mentor Program, core personnel in both counties developed strong working relationships together that included open communication channels and working together to best transition clients into the community and meet their service needs. Staff and key stakeholders in both Washington and Clatsop county cited the co-location of the core staff (i.e., POs, treatment clinicians, and mentors) as central to achieving collaboration and to the overall success of the program. One area in which Corrections staff affiliated with the Recovery Mentor Program would have liked greater collaboration was in the hiring of mentors. As the program in each county moves toward greater county corrections funding support, corrections staff will likely become more involved in the recruiting and hiring of mentors.

New Life Program staff indicated that the culture shift created by formalizing a transition or reentry process for drug-affected offenders has provided increased opportunities for corrections and alcohol and drug treatment staff to work together. For example, this process has allowed parole officers to gain a greater understanding for what alcohol and drug treatment entails (and how to respond to relapse) and allowed them to focus more on offender rehabilitation. Alcohol and drug treatment staff have gained a greater understanding of offender issues and been given the opportunity to incorporate correctional objectives (such as sanctions for parole violations) into the treatment process. Having parole officers and treatment staff attend joint trainings together has been invaluable.

The Transitional Offender Treatment Program found that coordination between program staff, corrections, and alcohol and drug treatment was a major factor in program success and of the lasting impacts in Jackson County even though the program has closed. Coordination has improved between Community Justice and treatment providers. These groups are now working together with the Board of County Commissioners to reopen the Talent Jail and to ensure that client treatment is included in the jail setting.

Recommendation: Collaboration between community corrections and alcohol and drug treatment systems is essential to the success of offender reentry initiatives. Co-location of corrections and alcohol and drug treatment staff and joint trainings are two factors that help build collaboration.

Community Outreach and Education

Networking in the community to find available resources for clients was a greater challenge than anticipated for mentors in Clatsop and Washington counties. Much of this community outreach involved finding safe, clean, and sober housing and employment opportunities for this high-risk corrections-involved population. There was an initial perception that clients would be able to find jobs on their own, but program staff soon realized the difficulty clients with felony records had finding jobs. Mentors had the task of cultivating "felony friendly" employers, and in Washington County they were successful in developing a network of employers

that would hire these clients. Due to the small size and rural nature of Clatsop county, employment opportunities were fewer there. It is important to note that, in both counties, it was especially challenging finding employment for female clients.

The New Life Program concurred that it was important to share information with the community and gain their support in order to provide housing and employment opportunities for ex-offenders once they are released. Education may take place individually (e.g., with potential employers or apartment managers) or more broadly through community workgroups or committees (e.g., public safety committees). No matter what form it takes, it is important to educate the public on the value of transition planning as a tool to increase offender accountability and public safety.

One of the main lessons learned and recommendations voiced by key stakeholders associated with the Recovery Mentor Program was the importance of publicizing the program in the community in order to educate members about the potential cost savings to the community as a means to foster greater community and fiscal support for the program.

Recommendation: Networking in the community is important to build housing and employment opportunities for offenders who are returning home, educate community members about offender reentry, and build support for reentry programs.

Program Evaluation

Programs found it beneficial to establish a client database to track service delivery and outcomes and echoed the importance of training and frequent supervision of staff responsible for entering data. In each of the programs, staff were extremely busy providing services and sometimes felt burdened by the data collection and entry responsibilities. However, over time staff became accustomed to the procedures and saw the benefits when reports were produced based on their data.

In order to conduct program evaluation or research, however, it is helpful to subcontract with an evaluation firm or agency. A program evaluator can help program staff design an evaluation, develop measures to assess key outcomes, analyze data, and prepare reports and presentations of findings. Of particular value to the programs were rich descriptions of the program, descriptions of program clients, reports of key outcomes, and feedback from key stakeholders in the community.

Recommendation: Program staff require training and supervision in data collection and may benefit by utilizing a client database to store the information. If funding permits, professional program evaluators can design an evaluation that will provide the program with key information needed for quality assurance, to determine effectiveness, and to support sustainability.



End Note

Umatilla/Morrow County Community Corrections intends to continue the New Life Program using current funding provided by the Oregon Department of Community Corrections. There is strong support within the agency to continue the efforts created and supported by the New Life Program. Washington County Corrections finalized plans for funding the program internally and maintaining the current mentor program staff. Clatsop County Corrections, while planning to sustain the primary clinical position, had not been able to secure funding for the mentor position as of this writing although intended to rehire the mentor when the Clatsop County Restitution Center opened. In Jackson County, community justice staff and treatment providers are working together with the Board of County Commissioners to reopen the Talent Jail and to ensure that client treatment is included in the jail setting.

References

- Aos, S., Miller, M. & Drake, E. (2006). Evidence-based adult corrections programs: What works and what does not. Washington State Institute for Public Policy.
- Bureau of Justice Statistics (June 2002). Recidivism of prisoners released in 1994. Bureau of Justice Statistics Special Report.
- Bureau of Justice Statistics (October 2002). Reentry Trends in the United States. Bureau of Justice Statistics Special Report.
- Council of State Governments (2004). Report of the Re-Entry Policy Council: Charting the safe and successful return of prisoners to the community. (www.reentrypolicy.org)
- Mears, D.P., Moore, G.E., Travis, J. & Winterfield, L. (2003). Improving the link between research and drug treatment in correctional settings: A summary of reports from the strong science for strong practice project. Urban Institute Justice Policy Center.
- Petersilia, J. (2001). Prisoner reentry: Public safety and reintegration challenges. The Prison Journal, 81(3), 360-375.
- Petersilia, J. (2004). What works in prisoner reentry? Reviewing and questioning the evidence. Federal Probation, 68(2), 4 – 8.
- Travis, J. (2003). In thinking about "what works," what works best? Washington, DC: The Urban Institute.
- Travis, J. (2005). But they all come back: Facing the challenges of prisoner reentry. Urban Institute Press.