



RESEARCH REPORT

Evaluation of the Allegheny County Jail Collaborative Reentry Programs

Findings and Recommendations

Janeen Buck Willison

Sam G. Bieler

KiDeuk Kim

October 2014



ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is dedicated to elevating the debate on social and economic policy. For nearly five decades, Urban scholars have conducted research and offered evidence-based solutions that improve lives and strengthen communities across a rapidly urbanizing world. Their objective research helps expand opportunities for all, reduce hardship among the most vulnerable, and strengthen the effectiveness of the public sector.

Contents

Acknowledgments	v
Executive Summary	vi
Evaluation Strategy	vi
Key Findings	vii
Section I. Introduction	1
Reentry in Allegheny County	2
Study Objectives	11
Section 2. Study Design, Methods, and Data Sources	16
Fidelity Assessment	17
Impact Analysis	20
Section 3. Fidelity Assessment Findings and Implications	23
Does Reentry1 Function as Intended?	23
Does Reentry1 Align with Core Correctional Practices?	26
Does Reentry2 Function as Intended?	27
Does Reentry2 Align with Core Correctional Practices?	29
Family Support Sub-Analysis	30
Section 4. Impact Evaluation Analyses and Findings	34
Analysis Method	34
Assembling Comparison and Treatment Samples	35
Analysis Methods	38
Reentry1 Impact Results	39
Reentry2 Impact Results	41
Summary of Impact Analysis Findings	42
Section 5. Summary of Findings	43
Section 6. Recommendations and Action Steps	44
Reentry Practices	44
Reentry Programming	46
Quality Assurance	47
Training	48
Appendix A. Constructing Anchor Dates: Limitations and Considerations	50
Notes	52

References

54

About the Authors

58

Acknowledgments

This report was prepared under Agreement No. 141740 from the Allegheny County Jail Collaborative and the Allegheny County Bureau of Corrections. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the Allegheny County Jail Collaborative, its partners or its funders, nor should they be attributed to the Urban Institute, its trustees, or its funders.

This study benefitted greatly from the assistance of many people, and the authors thank all those whose support and contributions made this research possible.

Foremost, we wish to acknowledge the contributions and assistance of the dedicated staff of the Reentry1 and Reentry2 programs including those within the Allegheny County Jail, Allegheny County Adult Probation and Parole, the Allegheny County Department of Human Services and its division of Justice Related Services, and the programs' many service partners; this group is led by the Jail Collaborative Cabinet, including Judge Donna Jo McDaniel, Judge Jeffrey Manning, County Executive Rich Fitzgerald, Warden Orlando Harper, Human Services Director Marc Cherna and Health Department Director Karen Hacker. While it is impossible to name the many staff who graciously helped in this research, we would like to highlight the special contributions of Erin Dalton, Kathy McCauley, LaToya Warren, Amy Kroll, Ron Seyko, Tom McCaffrey, Brian Dunbar, Alan Pelton, Brian Bell, Kim Falk, Sue Martone, John Matyasovsky, Janice Dean, Chengyuan Zhou, and Emily Kulick. Likewise, we extend a special thanks to the reentry program participants and family members who participated in the study's focus groups. The study benefitted greatly from their input.

Several current and former employees of the Urban Institute played critical roles in this evaluation. Dr. Nancy LaVigne and Senior Fellows Shelli Rossman and Julie Samuels provided invaluable guidance throughout. Pamela Lachman helped the study launch successfully. Lastly, we thank Cybele Kotonias for her thorough and thoughtful edits.

Although we appreciate the contribution of those noted above, and any others inadvertently omitted, the authors acknowledge their responsibility for any errors herein.

Urban strives for the highest standards of integrity and quality in its research, analyses, and policy recommendations. Urban scholars believe that independence, rigor, and transparency are essential to upholding those values. Funders do not determine research findings or influence scholars' conclusions. As an organization, the Urban Institute does not take positions on issues. Urban scholars and experts are independent and empowered to share their evidence-based views and recommendations shaped by research.

Executive Summary

In 2010 and 2011, Allegheny County, Pennsylvania, launched local reentry programs under the auspices of the Bureau of Justice Assistance Second Chance Act Adult Offender Reentry Demonstration Programs initiative. Designed to reduce recidivism and improve inmates' transition to the community, the first of these two programs (Reentry1) linked sentenced Allegheny County jail inmates to Reentry Specialists who coordinated reentry services and programming both in jail and the community. The second program (Reentry2) connected inmates to designated reentry Probation Officers before release, who then engaged offenders in prerelease reentry planning and supervised them in the community after release. Both programs attempted to reduce reoffending through the use of risk/needs assessment, coordinated reentry planning, and delivery of evidence-based programs and practices.

In September 2012, researchers in the Urban Institute's Justice Policy Center (Urban-JPC) initiated a 12-month process and outcome evaluation of both reentry programs to answer critical questions about program performance and effectiveness. The study's process evaluation examined program fidelity and alignment with core correctional practices. The outcome evaluation drew on administrative data to measure criminal justice outcomes, specifically rearrest, for reentry program participants and two comparison groups of offenders identified through propensity score matching techniques ($N=798$). The study was funded by the Allegheny County Jail Collaborative (ACJC), the county's reentry taskforce, with the support of local foundation resources.

Evaluation Strategy

ACJC stakeholders were eager for actionable information on program performance and commissioned the current study for that reason. With this in mind, and given the programmatic changes that had already been made or were underway at the time of the evaluation, Urban-JPC researchers focused on analyses that could inform program refinements, while also gathering and examining evidence of program effectiveness. An action research approach¹ guided evaluation activities and featured frequent feedback loops to supply stakeholders with needed information.

The evaluation approach featured two key components: a fidelity assessment and an impact analysis:

- The **fidelity assessment** examined the extent to which the ACJC’s reentry programs were implemented and operating as intended; identified factors associated with successful program implementation, potential barriers inhibiting program performance, and lessons learned; and assessed the programs’ alignment with core correctional practices. The assessment’s ultimate aim was to inform ACJC decisions about potential program modifications and additional program planning. Data sources included more than 40 semi-structured interviews with approximately 60 ACJC stakeholders, including program staff and partners; seven client and family member focus groups; and analysis of individual-level program data and administrative records ($N= 316$), including review of 76 case files.
- The **impact evaluation** focused primarily on *recidivism* results, as measured by *new arrests* and *new probation violations*. Because Reentry1 and Reentry2 had significant structural and philosophical differences in program logic and operations (Reentry1 was voluntary, while participation in Reentry2 was a mandatory condition of post-release supervision; case management services also differed between the programs), the study *analyzed the impact of each program independently* rather than pooling the data. A treatment group for each reentry program and a matched, weighted comparison sample were drawn from the administrative records using propensity score matching techniques. A comparison between these groups and the Reentry1 and Reentry2 program groups was used to determine the reentry programs’ effects on rearrest and probation compliance. A total of 798 cases were analyzed for the study: 215 Reentry1 cases and 189 comparison cases; 249 Reentry2 cases and 145 comparison cases. Data were drawn from three sources: the Adult Probation Case Management System, the Common Pleas Case Management System, and the Reentry1 program database.

Key Findings

Impact analyses, while limited, suggest that both Reentry1 and Reentry2 reduce rearrest among participants and prolong time to rearrest, particularly after the first 90 days post-release, indicating that initial and continued program efforts to stabilize clients are effective. Specifically, analyses indicated that reentry program participation reduces the probability of rearrest by 24 percentage points for those involved in Reentry1 (i.e., the Reentry1 group had a 10 percent probability of rearrest

while the comparison group had a 34 percent probability); this finding was statistically significant. Likewise, Reentry2 participants were less likely to be rearrested than the comparison group, however, this finding only approached statistical significance ($p = 0.056$). Program participation had little effect on supervision violations for the Reentry2 group. The programs' impact on reconviction and returns to custody could not be measured.

Findings of program impact on rearrest are supported by ample evidence of implementation fidelity and practices aligned with principles of effective intervention (Domurad et al. 2010; Matthews et al. 2001). For example, both programs consistently targeted offenders at medium- to high-risk for reoffending: case file review indicates that 92 percent of Reentry1 cases and 95 percent of Reentry2 cases reviewed scored as medium- to high-risk for recidivism. Additionally, 97 percent of Reentry1 cases had recorded risk/needs assessments and 100 percent of those cases with recorded assessments also had required Phase 1 reentry plans; 63 percent of those cases eligible to have both Phase 1 and 2 case plans, did so. In turn, 86 percent of the Reentry2 cases reviewed had recorded LSI-R risk/needs assessments; Offender Supervision Plans were common in the Reentry2 case files.

While needs-matching was more challenging to reliably assess, in part because of the structure and content of program case files, the available data indicate widespread use of designated programs and services. Importantly, cognitive behavioral intervention was found to be a core program component: nearly 68 percent of Reentry1 program participants received *Thinking for a Change*. Existing research supports the centrality of cognitive behavioral interventions to recidivism reduction (see, for example, Lipsey et al. 2007).

Both program models emphasize prerelease contact between inmates and key supports—Reentry Specialists (Reentry1) and designated POs (Reentry1 and Reentry2)—and the fidelity assessment found high compliance with these aspects of the model in both programs. These contacts were easier to systematically measure and substantiate for Reentry2. Under Reentry2, 84 percent of cases met with their designated POs before release (range spanned 1 to 8 contacts) and 75 percent had multiple contacts (2 to 14) in the community post-release.

Lastly, clients typically held positive views of the both the Reentry1 and Reentry2 programs. Reentry1 tended to receive higher marks, perhaps because of the program's intensive case management services. Reentry1 clients held their Reentry Specialists in high regard, and both groups viewed the program's emphasis on prerelease contact between clients and probation officers as helpful for reentry preparation. Clients in both programs reported access to and receipt of a wide range of services. Family support services, including the Reentry1 program's coached contacts with family

members and structured contact visits between inmates and their children, were among the program components most valued by clients. Clients noted a lack of housing resources, and encouraged program leaders both to offer more career-oriented employment options (apprenticeships) and to consider how to involve program alumni in peer support activities. Both Reentry1 and Reentry2 clients were eager to serve in a peer mentoring capacity; some viewed this as critical to their own continued rehabilitation, while others simply wanted to encourage new participants in their reentry processes.

Summary

There is strong and credible evidence that Allegheny County's Second Chance Act reentry programs reduce recidivism as measured by rearrest. Findings of program impact are coupled with ample evidence of strong program implementation fidelity and adherence to principles of effective intervention for criminal justice populations. Several recommendations in support of ongoing program improvement and strengthening are provided in the full report.

Section I. Introduction

In 2010 and 2011, Allegheny County, Pennsylvania, criminal justice and human services stakeholders partnered to launch two local reentry programs under the auspices of the Bureau of Justice Assistance (BJA) Second Chance Act (SCA) Adult Offender Reentry Demonstration Programs grants initiative. Designed to reduce recidivism and improve inmates' transition to the community, the first of these two programs (Reentry1) linked sentenced Allegheny County Jail (ACJ) inmates to a Reentry Specialist who coordinated reentry services and programming both in jail and the community, and a Family Support Specialist who worked with inmates and their families to prepare both parties for the inmate's release. The second program (Reentry2) connected inmates to one of five designated reentry probation officers prior to release, who then engaged offenders in jail-based services and prerelease planning, and then supervised them in the community after release. Both programs targeted offenders at moderate to high risk of reoffending and attempted to reduce the likelihood of recidivism through the use of objective risk/needs assessment, coordinated reentry planning, and delivery of evidence-based programs and services.

In September 2012, researchers in the Urban Institute's Justice Policy Center (Urban-JPC) initiated a 12-month² process and outcome evaluation of both SCA programs to answer critical questions about program performance and effectiveness. The study's process evaluation examined program fidelity and alignment with core correctional practices. The outcome evaluation drew on administrative data to measure criminal justice outcomes, specifically rearrest, for reentry program participants and two comparison groups of offenders identified through propensity score matching techniques (total $N=798$). The study was funded by the Allegheny County Jail Collaborative (ACJC), the county's reentry task force equivalent,³ with the support of local foundations.

This report summarizes the study's findings, initially presented to the ACJC and its funders on February 11, 2014, and sets them in the context of extant research on reentry and evidence-based correctional practices. As such, this report begins with a review of reentry efforts in Allegheny County, including the Reentry1 and Reentry2 programs, and then briefly consults the research literature on reentry to set the current study and its results in context. Next, we discuss the study's objectives, methods, key evaluation components, and core evaluation activities. Results from the fidelity assessment are then presented, followed by the impact analysis and its findings. The report concludes by offering a series of actionable recommendations for research, practice, and programming drawn from the study's findings.

Reentry in Allegheny County

Allegheny County's efforts in prisoner reentry are both extensive and longstanding. Dating to 1997, Allegheny County was one of the first jail systems in the nation to develop holistic programs and services designed to support the successful reentry of exiting jail inmates through its establishment of the Allegheny County Jail Collaborative (Yamatani 2008). Allegheny County has also demonstrated a strong commitment to evaluation, commissioning the 2008 evaluation of the ACJC's efforts to inform programmatic changes and improvements.

Following Yamatani's 2008 study, the ACJC issued a three-year, three-pronged strategic plan for reentry and recidivism reduction in 2010 focused on (1) designing and implementing a new reentry program, (2) systems change, and (3) developing alternatives to incarceration (ACJC 2011). Several critical accomplishments followed in the first year of the plan's implementation, many within the Allegheny County Jail and with the support of the courts and other criminal justice system partners. These included: creating a staffed, after-hours informational phone line for family and friends of the incarcerated; working with the courts to make release more predictable by establishing a 48-hour minimum window for release notification; and implementing a "discharge center" within the jail to ensure that inmates were released with weather-appropriate clothing, medication as needed, resource information, accurate telephone contacts for key family members, and transportation as needed (ACJC 2011; 2012). Ostensibly, receipt of SCA funds facilitated significant expansion of prerelease programming in the jail. According to the ACJC 2011 Annual Report, twice as many inmates received services in the jail in 2011 as in prior years (ACJC 2011), while the scope of programming also expanded significantly. In 2010 and 2011, the ACJC and its partner, Allegheny County Adult Probation and Parole (Adult Probation), each secured funding from BJA under the SCA grant program to implement a more coordinated reentry strategy targeting inmates sentenced to and releasing from the ACJ, resulting in the Reentry1 and Reentry2 programs. These programs and their respective approaches to reducing recidivism are described below.

Reentry1

Established in 2010, the ACJC Reentry1 program provided qualifying ACJ inmates with five or more months of in-jail programming and services (Phase 1) to ready inmates for release, followed by up to 12 months of supportive services in the community (Phase 2). The program served both adult male and female inmates sentenced to a minimum of six months in the ACJ, who were returning to the county

upon release, and who scored as medium-to high-risk for reoffending on the three-question Proxy Triage Risk Screener⁴ (score of 5–8; commonly referred to as the Proxy). The program excluded individuals with pending charges, as well as those with technical and out-of-county holds, probation or parole detainers, and state or federal supervision requirements (Allegheny County Reentry Program Manual 2012). Core program elements included risk and needs assessment, service planning with treatment and programming in the jail, discharge planning, and intensive case management support post-release. There was also a family support component designed to facilitate healthy parent-child interactions prerelease through parenting classes and structured inmate-child contacts in jail and stable, sustainable relationships post-release. The program was a partnership between the ACJ, the Allegheny County Department of Human Services (DHS) and its division of Justice Related Services (JRS), Adult Probation, the Allegheny County Department of Health, Allegheny Correctional Health Services and numerous community-based providers, including:

- Allegheny Intermediate Unit (GED preparation and testing; pre-apprenticeship training)
- Amachi (mentoring for children of the incarcerated; structured prosocial activities)
- Family Services of Western Pennsylvania (family therapy and support)
- Goodwill Industries (employment and housing resources)
- Mercy Behavioral Health (counseling and cognitive behavioral therapy)
- Renewal Inc., ACTA/The Program and Goodwill (residential drug treatment; alternative housing)
- Springboard Kitchens (culinary arts apprenticeship program)
- Urban League (job readiness and life skills)

The Reentry1 program seeks to enhance reentry success and reduce the likelihood of recidivism by:

- **Identifying and reducing the risk of recidivism** through the use of a structured risk/needs assessment to guide Phase 1 service planning; referral to *Thinking for a Change* (T4C), a cognitive restructuring program offered both in the jail and in the community; and transfer to the jail's Reentry Pod—a structured housing unit located on the same floor as the jail's Reentry Center (to facilitate greater access to services and program staff) and designed to reinforce the cognitive behavioral principles of the Reentry1 program.
- **Coordinating pre- and post-release service provision** to address offender risks and needs through the assistance and support of dedicated Reentry Specialists (case managers). Reentry Specialists work with inmates in the jail to facilitate enrollment in and completion of targeted

interventions and services; they also design and implement discharge and transition plans that include basic supports and services for participants up to 12 months post-release.

- **Improving education outcomes** through the provision of literacy classes, adult basic education, peer tutoring, and pre-apprenticeship training through Allegheny Intermediate Unit, as well as GED classes pre- and post-release. Enhanced educational capabilities are foundational to strong employment outcomes.
- **Improving employment outcomes** through a tiered programming approach that often begins with the Urban League’s Reentry Assistance Management Program (RAMP), a 22-hour job readiness program provided to both currently and formerly incarcerated men and women. RAMP uses validated assessments, including the Holland Interest Survey, to identify and match inmate interests and skills to job options, and the pre-post Offender Reintegration Scale (ORS) to measure progress. Classroom instruction focused on communication and problem-solving skills, as well as job searches and employer expectations. Inmates are coached on how to broach their criminal histories with potential employers and receive instruction on how to obtain copies of their criminal records and how to have eligible offenses expunged. RAMP participants are frequently referred to Goodwill Industries’ vocational skills program, which focused on skills training and development and was designed to support and build upon the information provided to clients during the course of RAMP training and links. Goodwill case managers enrolled clients in CareerLink, the state-wide job database, trained them in the use of this service, and linked inmates to Goodwill’s job developers and employment outreach services. Goodwill frequently referred inmates to Springboard Kitchens, an intensive, hands-on culinary arts apprenticeship program that works with offenders post-release and places many graduates in positions.
- **Reducing substance abuse** through cognitive-based, gender-specific treatment and relapse prevention programs operated prerelease by Allegheny Correctional Health Services. Based on Seeking Safety, the Addiction and Trauma group reportedly focuses on female inmates, while the Family-Based Substance Abuse Program, which draws on cognitive behavioral therapy and motivational enhancement strategies to provide clients with relapse prevention skills and opportunities to increase motivation and commitment to recovery goals, focuses on male inmates. The latter uses a “family systems model” to expose participants to the effect of addiction on families and their roles as recovering parents.

- **Enhancing housing opportunities and housing stability post-release** through the assistance a client's Reentry Specialist and access to Goodwill's HARBOR Project, a 40-unit Housing and Urban Development-sponsored resource that provides eligible ex-offenders (sex offenders and arsonists are excluded) with housing and supportive services. Clients typically stay for six to nine months, although they may remain as long as two years. Housing could also be obtained through any of three homeless shelters and several recovery homes.
- **Supporting healthy family functioning and relationships** through parenting classes (*Inside Out Dads, 24/7 Dads, Moving On*), relationship classes, structured contact visits between inmates and their children, and the assistance of a dedicated Family Support Specialist who helped inmates reconnect with family and significant others through coached contacts (phone) prerelease that address roles, responsibilities, and expectations.
- **Increased compliance with post-release supervision orders** through the Program's dedicated reentry Probation Officer (PO) who conducted additional risk/needs assessments using the Level of Service Inventory-Revised (LSI-R) before release to inform post-release supervision and Offender Supervision Plans (OSPs); worked to ensure appropriate housing is in place for inmates post-release; and provided both clients and their supervising POs with critical information, including the date and location of the first post-release meetings (inmates) and Offender Supervision Plans (supervising POs).

A five-person team consisting of a designated Reentry Probation Officer and four Reentry Specialists works with eligible inmates prerelease to assess needs and link program participants to appropriate prerelease services and programming available through the jail's Reentry Center. Reentry1 inmates may also transfer to the jail's Reentry Pod (opened June 2012)—a structured living environment designed to reinforce the behavioral change elements of reentry programming and to facilitate access to reentry services and “in-reach” with community-based support staff. Additionally, the Reentry1 program works with inmates transferred to alternative housing; while technically in the community, these individuals were considered to be in custody and thus in Phase 1 of the Reentry1 program until the creation of their Phase 2 service plans.

Jail staff identified eligible inmates and would invite them to attend a program orientation⁵ during which the terms of program participation, including sanctions and incentives, were explained. Participation was voluntary, and inmates could decline to enter the program at this time. Most inmates reportedly chose to enroll. Those who chose to enroll then completed and signed an enrollment form,

which listed the Reentry1 program's sanctions and rewards and identified social supports and anticipated post-release residence. Releases of information were also signed at this time.

Once enrolled, participants' risks and needs were assessed using the Montgomery County risk/needs assessment (MoCo). Following assessment, the client's Reentry Team—designated Reentry Specialist, Reentry PO, and Family Support Specialist—would meet with the client to review the assessment results and develop a Phase 1 plan, including referrals to the jail's reentry programming and services and reentry goals. When possible, the client's Reentry Specialist and/or Family Support Specialist would reach out to the inmate's family members to secure their input regarding client needs or issues of concern relevant to development of the Phase 1 plan; ideally, Reentry1 program staff connected with family members before the Phase 1 team meeting.

Phase 2 began between 30 and 60 days before the inmate's release and involved assessment with the LSI-R conducted by the Reentry PO, and development of a transition plan including a home plan. The LSI-R also informed post-release service provision. At this time, the Reentry1 PO would conduct a "home visit" to verify and solidify the inmate's post-release housing arrangements. If the PO found the housing to be unacceptable or infeasible, the Reentry Specialist would work to secure appropriate housing.

Core Phase 1 (prerelease) and Phase 2 (largely post-release) program components are discussed below.

PRERELEASE CORE COMPONENTS

Screening and assessment, program orientation, service coordination and case management via the program's Reentry Team, and family support services comprise the Reentry1 program's core prerelease components. Service coordination, case management and family support continue in the community post-release. Prerelease, Reentry Specialists work with Reentry1 participants to implement the individualized Phase 1 service plans developed by participants and their Reentry Teams following assessment and program entry. Reentry Specialists maintain regular contact with clients in the jail, ideally meeting with clients at least twice a month to monitor participation and progress in designated reentry services and to address emerging needs or issues. Phase 1 plans may be modified depending on client needs.

Phase 2 reentry planning typically begins before release, and thus is a key prerelease program component.

POST-RELEASE CORE COMPONENTS

Reentry1 participants receive up to 12 months of services post-release, including intensive case management and support, assistance with basic needs (obtaining IDs, food, and clothing; benefits eligibility; and assistance with prescriptions), transportation (bus passes and actual transportation courtesy of Reentry Specialists), housing assistance, linkages to job readiness and apprenticeship programs, continuing cognitive behavioral therapy groups, substance abuse and mental health treatment, parenting classes, and referrals for other services. Reuniting clients with family members or their children is also a component of the program, facilitated primarily by a Family Support Specialist specifically tasked with supporting Reentry1 clients.

IMPLEMENTATION

A total of 341 individuals had been served by Reentry1 as of February 19, 2013, the date program data were accessed for this evaluation. Of this number, 25 were declared ineligible⁶ after program intake leaving 316 cases (287 men and 29 women) for analysis. Program enrollments spanned June 22, 2010, to February 8, 2013, indicating an average enrollment of nine cases per month. The first participant exited the program on September 21, 2010, when the client withdrew. A little over half ($N= 171$ or approximately 54 percent) of the cases available for analysis were closed: 56 percent ($N= 95$) constituted successful program completers, while the remaining 44 percent ($N= 76$) were closed for a variety of other reasons. Notably, 30 percent ($N= 23$) withdrew from the program. One-quarter ($N= 19$) were closed due to reincarceration, presumably within the state, while 15 percent ($N= 11$) failed to meet program requirements for participation.⁷ Just 5 percent ($N= 4$) were closed because of lack of engagement.

Participants logged 458 days or roughly 15 months in the Reentry1 program, on average. Those who successfully completed the program spent an average of 590 days or 19 months in the program. In either case, the average duration in Phase 1 was a little more than six months; clients spent about 12 months (359 days) in Phase 2. Both averages are consistent with the program model.

Although the structure of the Reentry1 program model remained largely unchanged, several modifications were made before and during the evaluation period. Figure 1 illustrates several of these changes (denoted by the bold font) by presenting the program's key components as implemented upon receipt of SCA grant funds in fall 2010, during the evaluation's data collection period (roughly September 2012 to August 2013), and proposed changes (subsequently implemented in fall 2013) as the current evaluation concluded. Modifications planned and implemented *after* the study's

observational period concluded in August 2013 (noted in the rightmost column of figure 1) are discussed later in this report (see section 6, Recommendations and Action Steps).

FIGURE 1

Reentry1 Program Overview

6/2010–8/2012	9/2012–8/2013 (study period)	Proposed 9/2013
<p><u>Prerelease (> 6 mos.)</u></p> <ul style="list-style-type: none"> ■ Proxy screening (L,M,H) ■ Reentry1 Orientation ■ MoCo Risk/Needs assessment ■ Phase 1 service plan ■ Reentry Specialists (RS) case management ■ Dedicated Family Support Specialist (FSS) ■ Dedicated PO liaison ■ Reentry services T4C, parenting classes, coached contacts/visits, job readiness and vocational education, marriage curriculum (Why Knot) <p><u>Transition Planning</u></p> <ul style="list-style-type: none"> ■ Phase 2 case conference and service plan; PO verifies home plan <p><u>Post-release (up to 12 mos.)</u></p> <ul style="list-style-type: none"> ■ RS case management; family support; other services ■ Probation opens second Day Reporting Center (DRC) 	<p><u>Prerelease (> 5 mos.)</u></p> <ul style="list-style-type: none"> ■ Proxy screening (M and H) ■ Reentry1 Orientation ■ MoCo Risk/Needs assessment ■ Phase 1 service plan ■ JRS RS case management. Significant turnover ■ Dedicated FSS Lost 11/2012, not filled ■ Dedicated PO liaison ■ Reentry services <ul style="list-style-type: none"> » T4C, parenting, coached contacts, contact visits, job readiness and apprenticeships, education; canceled Why Knot (replaced with relationship curriculum) ■ Reentry Pod opened <p><u>Transition Planning</u></p> <ul style="list-style-type: none"> ■ Phase 2 case conference and service plan; PO verifies home plan <p><u>Post-release (up to 12 mos.)</u></p> <ul style="list-style-type: none"> ■ RS case management; family support; other services; ■ Probation begins Reentry2 	<p><u>Prerelease (3–5 mos.)</u></p> <ul style="list-style-type: none"> ■ Universal Proxy screening ■ MoCo R/N assessment ■ AC Jail Reentry Admin. oversees prerelease reentry services ■ 2 AC Jail Reentry Coordinators ■ FSS via FSWP ■ Dedicated POs ■ Reentry services <ul style="list-style-type: none"> » T4C and Career Tech priority programs, parenting, family support, education, etc. ■ Community Service Coordinators (CSCs) through FSWP, perform family support <p><u>Transition Planning</u></p> <ul style="list-style-type: none"> ■ Clients and CSCs connect 60 days before release for transition planning <p><u>Post-release (up to 9 mos.)</u></p> <ul style="list-style-type: none"> ■ Coordinated CSC-PO teams work with clients and families, link to services including DRCs

Initially, Reentry1 targeted adult male and female offenders sentenced to the ACJ with minimum sentences of six to eight months. Eligibility criteria narrowed in the first year of program operations to focus on just medium- and high-risk offenders (previously, the program took low-risk offenders as well) with at least five months remaining. The enrollment process also changed with the introduction of random assignment procedures under the National Institute of Justice-sponsored evaluation of FY 2009 SCA sites.

Additionally, there has been significant turnover in case management staff: the Reentry1 Family Support Specialist left in November 2012, and the position was not refilled, leaving the Reentry Specialists to assume some of the responsibilities of that position. In turn, nearly all the Reentry

Specialists changed during the study period, and the Reentry Specialist Manager also resigned. A review of 31 randomly selected case files indicates that Reentry1 clients had multiple Reentry Specialist case managers (two on average) during their tenure in the program: just one-third of these clients had the same Reentry Specialists throughout their program participation; in contrast, nearly 40 percent ($N=12$) had three or more case managers. Many clients raised the issue of staff turnover and its impact during the study's participant focus groups.

The program also changed curriculum at least once: the *Why Knot* marriage program was replaced with a relationship-focused curriculum in 2012.

Lastly, the Reentry Pod opened in summer 2012.⁸ Offering a structured living environment designed to reinforce the programming principles that inmates participating in reentry services were exposed to, inmates could apply to be transferred to the Pod. Once accepted, inmates attended an orientation that included a review of Pod policy and responses for infractions of Pod policy, as well as the Pod daily schedule. The schedule was organized around Pod responsibilities (chores) and participation in designated programming and services in and off the Pod; evening activities included educational, instructional, and recreation activities. Inmates who complied with Pod policy and service plans could then be transferred to the jail's Alternative House program or to a unit for inmate workers, depending on the inmate's service plan, or they could remain on the Pod until release.

Reentry2

Allegheny County Adult Probation, with the support of the ACJC and its partners, pursued and received Second Chance Act funding in fall 2011 to enhance coordination and service provision for medium- to high-risk offenders returning to the local community after jail, who either could not be served by the Reentry1 program or who did not meet the reentry program's minimum sentence length criteria. Under Reentry2, five designated probation officers supervise returning jail inmates and coordinate their transition services post-release. Participation is mandatory and stipulated in the offender's supervision orders.

The Reentry2 program, in many ways, represented a logical progression of Adult Probation's increasing orientation toward and adoption of both evidence-based practices and "client-centered" supervision strategies. In 2006, for example, Probation began supervising clients by level of risk (to reoffend) as opposed to offense type. In 2011, the department moved toward mobile monitoring, largely doing away with office-based supervision and sending officers out into the field with laptops to

meet with their clients (Allegheny County Adult Probation Department 2012 Annual Report). In 2012, Adult Probation opened the second of its two Day Reporting Centers (DRCs); the first serves county probationers and parolees living in the eastern segment of the county, and the second serves clients living in the southern part of the county. Serving as hubs for services and programming, the DRCs completed the department's vision for more field-based supervision and greater client access to evidence-based programming. At the DRCs, probationers and parolees can access a computer lab to complete job searches and develop resumes, attend cognitive-based therapy and relapse prevention classes, and work on their GEDs; urinalysis testing is also conducted at the DRCs.

PRERELEASE CORE COMPONENTS

Risk/needs assessment, reentry and transition planning, and in-jail programming make up the program's core prerelease components. Needs were assessed in-jail via the Level of Service Inventory-Revised (LSI-R) assessment, administered by the participant's designated Reentry2 PO. An individual Offender Supervision Plan (OSP) was developed based on the results of the LSI-R and the client's input. Referrals to in-jail services and programming were then submitted to the jail's Reentry Center. Reentry2 clients could access any of the jail's reentry services, and were designated for priority placement.

Under the Reentry2 program model, POs would meet regularly with clients to track progress and craft transition plans. Typically, these plans covered housing (where and with whom the offender planned to reside), employment, and any reporting requirements, including the date of the first Adult Probation meeting after release. During the last portion of the client's incarceration, the PO worked to verify the home plan and to arrange for housing if the planned location was deemed unsuitable or the arrangement was undesirable to any party.

POST-RELEASE CORE COMPONENTS

Supervision by the Reentry2 PO and linkage to services through Probation's DRCs comprised the program's core post-release components. As noted above, the DRCs function as one-stop shops for services and programming, although POs may also refer clients to services outside the DRC.

IMPLEMENTATION

Urban-JPC researchers received data on 277 Reentry2 clients: 238 men and 37 women,⁹ of whom nearly two-thirds (58 percent) were African American; the remainder (40 percent) were white. On average, Reentry2 clients were 30 years old. Eight-four percent ($N= 232$) scored as moderate- to high-risk for reoffending on the Proxy risk screener.

By and large, stakeholders reported few if any modifications to the program model. As discussed later in this report (see section 3—Fidelity Assessment Findings and Implications), a review of 45 randomly selected Reentry2 case files indicated strong fidelity to the Reentry2 model: 86 percent of the cases reviewed had a completed LSI-R and OSP, 84 percent indicated prerelease PO-client meetings with three-quarters showing multiple prerelease contacts (ranging from 2 to 14 visits), and widespread use of the DRCs to access and receive programming and services post-release.

Study Objectives

ACJC stakeholders were eager for actionable information on program performance and commissioned the current study for that reason. With this in mind, and given the changes that had already been made or were underway at the time of the evaluation, researchers focused on analyses that could inform program refinements, while also gathering and examining evidence of program effectiveness. Urban-JPC researchers employed an action research approach that guided evaluation activities and featured frequent feedback loops to supply stakeholders with needed information. Several interim briefings¹⁰ were held with ACJC stakeholders to share emerging insights from the evaluation and responses to stakeholder requests for information on best practices, evidence-based practices, and programming. The following sections briefly review the extant reentry research, including the evidence specific to core correctional practices.

Lessons from Extant Reentry Research

While addressing offenders' multiple needs is critical to effective reentry, only limited research exists on the impact of "holistic" reentry programs (i.e., programs offering a coordinated suite of pre- and post-release services designed to meet the offender's array of needs). The National Reentry Resource Center's "What Works in Reentry" Clearinghouse, which profiles only studies meeting specific methodological rigor, currently¹¹ lists nine holistic reentry programs¹² that have been subject to sufficient empirical scrutiny to determine their impact. Several of these programs have been found to reduce recidivism and substance abuse and to support post-release employment. Specifically, six of the nine studies were found to reduce recidivism (three had strong effects; the other three had modest effects), while two studies had no effect and one had harmful effects (Project Greenlight).

The New Jersey Day Reporting Center and Halfway Back Programs, which provide a broad array of reentry services to parolees, were found to reduce the likelihood of rearrest and reconviction by 64 to 73 percent (Ostermann 2009). The Boston Reentry Initiative, which pairs returning inmates with both services and mentors, was found to reduce the risk of rearrest for program clients by about 34 percent (Braga et al. 2009).

In addition to improving post-release outcomes, reentry programs may prove cost-beneficial for the implementing government: California's Preventing Parolee Crime Program, which provided employment assistance, educational support, and substance abuse treatment, was found to produce modest reductions in reincarceration and to return \$1.43 in social benefits for every dollar invested (Zhang et al. 2006a; Zhang et al. 2006b).

However, even well-established reentry programs are not uniformly successful. The CREST therapeutic community program was found to reduce recidivism among men, but early evaluations have not found this effect for women (Farrell 2000; Inciardi et al. 2004; Martin et al. 1999). One holistic program, Project Greenlight, was found to have a harmful effect on its participants; two years after program release, clients were found to: have a higher arrest rate, experience more parole revocations, and be at greater risk for both rearrest and new felonies. Some research attributes this to the lack of a community component, as well as the relative newness of the program (it was evaluated in the first year of implementation), which might account for the program's negative impacts (Ritter 2006; Wilson 2007; Wilson and Davis 2006).

While reentry findings remain mixed, it should be noted that several of the studies documenting programs with positive findings were published six to eight years after program inception; this suggests that evaluation also took place quite some time after program implementation and that program operations were likely solidified and quite stable. (In contrast, and as discussed in later sections of this report, Allegheny County's Reentry1 and Reentry2 programs had been in operation for less than two years when this study began.) Only two of the documented programs with positive findings, the Boston Reentry Initiative and Crest Therapeutic Community Program, used a similar strategy to the Allegheny County reentry programs with pre- and post-release services linked by intensive case management; both measured recidivism in terms of post-release rearrests. Additionally, few of these studies addressed the implementation fidelity or quality of the programs at the time they were evaluated despite consensus that poor fidelity is a key challenge for creating a successful reentry program (Petersilia 2004; Seiter and Kadela 2003; Travis and Visser 2005). But while developing high-performing programs can be challenging, a number of best-practices for successful reentry programming have emerged.¹³

Importance of Core Correctional Practices

The now sizable body of reentry research literature also points to a number of core practices as central to effective reentry. Successful programs start in correctional settings (Gaes et al. 1999) and incorporate collaborative community partnerships to facilitate service delivery (Hammett et al. 2001). Research shows that reentry programs should be built around critical features such as systematic risk assessments and rational eligibility criteria. Moreover, comprehensive case-managed services should be tailored to specific needs, including mental health and substance abuse treatment (Andrews et al. 1990; Aos et al. 2006; Cullen and Gendreau 2000; Gaes et al. 1999; Landenberger and Lipsey 2005; MacKenzie 2006; McGuire 2001; Rossman et al. 1999), vocational training (Aos et al. 2006; Gaes 2008; Wilson et al. 2000), employment readiness and placement (Bernstein and Houston 2000; Rossman and Roman 2003; Rossman et al. 1999; Visser et al. 2003), and housing (Lowenkamp and Latessa 2002; Roman et al. 2009; Roman and Travis 2004). Ensuring fidelity in service delivery is equally important. Systems need to be in place to facilitate routine monitoring of service use to ensure that clients receive at least 200 hours of service delivery, often considered a benchmark for sufficient service dosage (Latessa 2011; Matthews et al. 2001).

Similarly, discharge or transition planning is deemed critical to successful reentry (Altschuler and Armstrong 1994; Petersilia 1999; Solomon et al. 2008; Taxman 1999), particularly for individuals with high levels of need (Clear et al. 1993), as this information can be conveyed to community-based service providers to ensure continuity of care (Gaes et al. 1999; Osher et al. 2002). Proper risk and needs assessments are crucial in this regard (Gendreau et al. 1996). Screening for risk level helps practitioners determine which offenders should be targeted for in-depth assessment and interventions (Transition from Jail to Community Toolkit 2011). Through the efforts of evidence-based initiatives such as the National Institute of Correction's Transition from Prison to Community and Transition from Jail to Community (TJC), many corrections departments and jails have begun using needs assessment tools to establish appropriate eligibility criteria for prerelease treatment programs so that they can tailor the programs to participant needs (Simpson and Knight 2007). Jails are likewise increasingly implementing such procedures to ensure scarce program resources are allocated most efficiently (i.e., targeting the highest risk inmates for intensive programming and services, consistent with the research). Throughout the reentry process clients should be reassessed to measure their progress and the degree to which needs are being addressed (Domurad et al. 2010; Gendreau et al. 2004; Matthews et al. 2001).

Family engagement and support is another critical component of reentry planning that research identifies as predictive of positive reentry outcomes (Dowden and Andrews 2003; La Vigne et al. 2008; Shollenberger 2009). It has been well established that incarceration has negative consequences for

family members of incarcerated persons, including difficulties maintaining financial stability and support for child care previously provided by the incarcerated parent (Geller et al. 2009; Smith et al. 2007). Prior research indicates that the times of initial incarceration and immediately following release are particularly stressful periods for children and families, and that this stress is heightened when parents cycle in and out of jail repeatedly (Davies et al. 2008; Wildeman and Western 2010;). Additional research identifies the specific issues affecting children and their incarcerated parents in Allegheny County. An Urban Institute study found that 17 percent of children in the Allegheny County foster care system had a mother who was booked into jail at least once over a 20-year period (Brazzell 2008), and a survey of Allegheny County jail inmates found that most children were under the care of their incarcerated parent before the parent's incarceration as opposed to under the formal supervision of social services (Walker 2005). Shoring up support both for *and* from family members can yield benefits for those exiting jail and the families to which they return.

While much of the knowledge base regarding prisoner reentry is transferrable to jail reentry, jails and the populations they house have distinct characteristics that require particular attention. Like prisoners, jail inmates have many needs that dramatically exceed the nonincarcerated population, including substance abuse and dependence (Karberg and James 2005), mental illness (James and Glaze 2006), education (Harlow 2003), employment (Geller et al. 2006), and housing needs (Greenberg and Rosenheck 2008). However, the average jail sentence is much shorter than the average prison sentence, which means that jail stays may not afford enough time to provide adequate “dosage” (i.e., amount of treatment) for a given program (Gendreau et al. 1996). There is also higher turnover with the jail population, which can impede efforts to build therapeutic rapport and continuity of care.

On the positive side, jails have at least one distinct advantage over prisons with regard to reentry: their proximity to the local community allows for greater involvement of community-based providers through in-reach activities and within a reentry collaborative partnership—arguably, both facilitate better reentry outcomes at the individual and system levels. Indeed, research documenting the effectiveness of a jail transition program in New York City found that individuals who completed at least 90 days of post-release services were significantly less likely to return to jail and significantly more likely to stay out of jail for longer (White et al. 2008).

In addition to the practices and policies outlined above, the reentry field has also made great strides in identifying the characteristics of effective correctional interventions and programming (Carter and Sankovitz 2014; Gendreau et al. 2004; Latessa 2010; Matthews et al. 2001). Matthews and colleagues (2001, 455–56), summarizing the extant research, lists the following 11 “principles of effective intervention”:

1. Effective interventions are behavioral in nature.
2. Levels of service should be matched to the risk level of the offender.
3. Offenders should be referred to services designed to address their specific, assessed criminogenic needs (e.g., antisocial attitudes, substance abuse, family communication).
4. Treatment approaches are matched to the learning style or personality of the offender.
5. High risk offenders require intensive services, occupying 40–70 percent of the offenders' time for a 3- to 9-month period.
6. Effective interventions are highly structured and contingencies are enforced in a firm, but fair manner.
7. Staff relate to offenders in interpersonally sensitive and constructive ways, and are trained and supervised appropriately.
8. Staff members monitor offender change on intermediate targets of treatment.
9. Relapse prevention and aftercare services are employed in the community to monitor and anticipate problem situations and to train offenders to rehearse alternative behaviors.
10. Family members or significant others are trained how to assist clients during problem situations.
11. High levels of advocacy and brokerage occur if community services are appropriate.

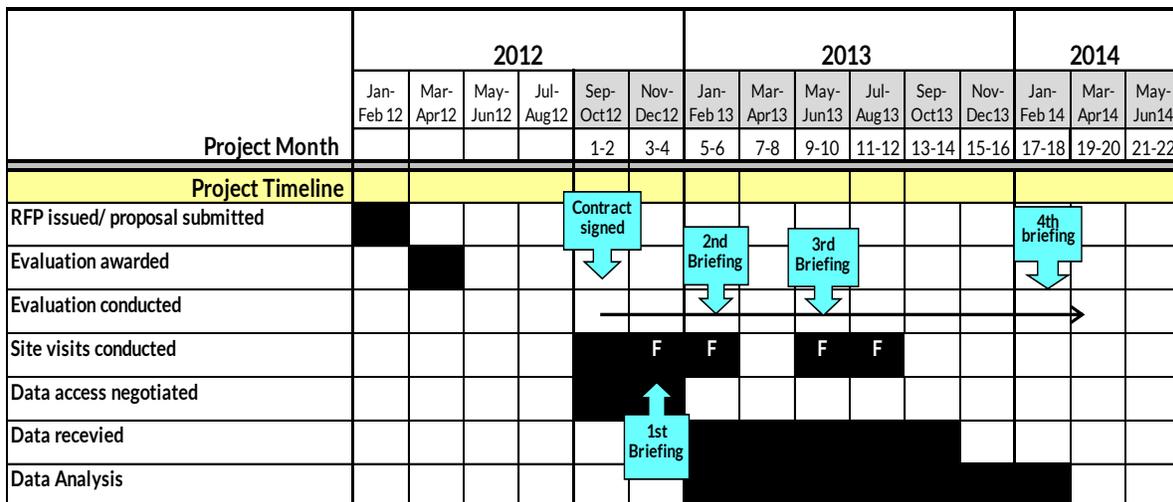
These eleven criteria have since been subsumed under the Risk-Need-Responsivity (RNR) principle, which states that who is targeted for intervention matters (the risk principle), using interventions that target dynamic criminogenic needs matters (the needs principle), and how system actors engage with offenders to facilitate change matters (the responsivity principle) (Carter and Sankovitz 2014: 6–8). Ongoing research suggests that this set of core correctional practices and principles, when implemented in concert and with fidelity as part of a holistic reentry strategy, reduces recidivism (Latessa 2010). Tools such as the Correctional Program Assessment Inventory have been developed to assess how well a program meets these criteria. As such, these criteria figured prominently in the study's assessment of the ACJC reentry programs' alignment with core correctional practices and principles.

Section 2. Study Design, Methods, and Data Sources

The purpose of the ACJC reentry evaluation was to answer critical questions about program performance, including the extent to which the program functions as intended, whether services are delivered as designed, and for whom (which participants) the program is most effective. An action research framework guided the evaluation’s activities and ensured stakeholders received frequent feedback and actionable information applicable to real time program operations. Figure 2 portrays the project’s actual timeline including briefings and deliverables.

The evaluation approach featured two key components: a fidelity assessment and impact analysis. The evaluation drew on multiple data sources and employed a mixed-methods approach, as discussed in detail below.

FIGURE 2
ACJC Evaluation Timeline: 2012 to 2014



F = focus group

Fidelity Assessment

The fidelity assessment examined the extent to which the ACJC’s reentry programs were implemented and operating as intended; identified factors associated with successful program implementation, potential barriers that inhibit program performance, and lessons learned; and assessed the programs’ alignment with core correctional practices. The assessment’s ultimate aim was to inform ACJC decisions about potential program modifications and additional program planning. Data sources included semi-structured interviews with ACJC stakeholders, including program staff and partners, client and family member focus groups, and analysis of individual-level program and administrative records.

Stakeholder Interviews

Urban-JPC researchers conducted five site visits and approximately 40 semi-structured interviews with nearly 60 core stakeholders (ACJC members, reentry program staff, probation staff, family support staff, service providers, and others) to document the progress of reentry program operations, including milestones and other critical events, pressing policy or procedural issues that could affect program operations, collaboration, information exchange, and data. These interviews also solicited stakeholder recommendations for program improvements. The research team observed program activities (structured classes, the ACJ reentry pod) and collected materials that documented plans, policies, practices, difficulties encountered, and accomplishments.

Client and Family Member Focus Groups

Between November 2012 and August 2013, Urban-JPC researchers conducted seven 90-minute focus groups—five groups with reentry program participants, including one in the Allegheny County Jail to capture prerelease program experiences, and two with family members. Participants received nominal compensation to thank them for their participation; light refreshments were also served.

CLIENT FOCUS GROUPS

The first set of client focus groups targeted both Reentry1 (specifically, 10 Phase 1 participants in the Allegheny County Jail receiving prerelease services) and Reentry2 program participants. Focus groups with Reentry2 participants took place in the community at Probation’s two DRCs.¹⁴ Participants in

these initial three focus groups were entirely male. Discussion topics differed according to program type (i.e., Reentry1 or Reentry2) but generally explored participant impressions of the program, services received, and recommendations for program improvement. As would be expected, the Reentry1 focus group discussion explored topics specific to prerelease programming experiences such as

1. exposure to and impressions of in-jail programming;
2. risk/needs assessment process and development of individualized service plans and, as applicable, development of transition plans;
3. life on the reentry pod;
4. interactions with and impressions of the family support component, Reentry Specialists, and Probation liaisons, including frequency and nature of contacts;
5. motivation for program participation;
6. overall impressions of the program; and
7. expectations about the transition process and life in the community.

Discussions with Reentry2 clients focused on

1. program experiences, including the range of services accessed in the jail and in the community, and the adequacy of those services in relation to perceived needs;
2. interactions and relationship with their designated Reentry2 probation officers;
3. challenges encountered during their transition to the community, and the extent to which the benefits of program participation addressed those challenges; and
4. receipt of sanctions or rewards.

In February 2013, Urban-JPC researchers conducted two community-based focus groups with 19 Reentry1 participants active in Phase 2 of the program. Focus group participants were predominantly male ($N= 16$). Length of time in the program (and community) post-release varied greatly among participants: some had been released just weeks before the focus group, while others had been in the community almost one year. Similar to earlier focus groups, Urban-JPC researchers used a structured protocol to cover a core set of topics ranging from participant impressions of the program to services received, contact with their respective Reentry Specialists, post-release reentry experiences and challenges, and recommendations for program improvement.

Consistent with the evaluation's action research approach, Urban-JPC researchers compiled and provided ACJC stakeholders with memoranda after each focus group that aggregated and summarized participant feedback around critical themes and common program dimensions such as (1) access to

programming pre- and post-release; (2) engagement in and impressions of service and reentry planning processes; (3) impressions of and experiences with program supports, namely interactions with the programs' respective core staff; (4) reentry experiences; and (5) overall program impressions including strengths, gaps, and recommendations for improvement. The evaluation team also prepared a summary report comparing and contrasting Reentry1 and Reentry2 participant experiences and feedback.

FAMILY MEMBER FOCUS GROUPS

Family member focus groups explored: the degree to which Allegheny County's reentry programs engaged family members in the reentry process and fostered inmate-family contact during periods of incarceration, as well as exposure to program services and supports relative to expressed needs. Impressions of preparedness (for the incarcerated individual's return) and satisfaction with the program were also topics of discussion. Family member perspectives helped identify areas for potential program improvement.

Both focus groups targeted family members who had participated in some aspect of the family support services offered by Allegheny County's reentry programs. Approximately 12 individuals participated across the two groups.¹⁵ All participants were female and included mothers, partners, sisters, and the adult children of the incarcerated individual; the incarcerated individuals (to whom the family members were attached) included both men and women. Focus group participants also varied significantly with respect to the length of time they had been engaged with the program: some were only connected recently to the program, while others had been involved with the program for approximately two years. Several, but not all, were the caregivers of the incarcerated family member's children.

Case File Review

Urban-JPC researchers reviewed 76 program participant files (31 Reentry1 cases and 45 Reentry2 cases) representing a mix of active and closed cases, including program successes and failures, to systemically assess the use of evidence-based practices including (1) routine risk/needs assessment and reassessment consistent with core correctional practice; (2) case planning and needs-matching, specifically the extent to which individual service plans addressed assessed needs; (3) case management and supervision strategies consistent with stated program objectives, including frequency and nature of contacts pre- and post-release; (4) service use and dosage; and (5) use of sanctions and rewards. Lastly, researchers also documented the contents and completeness of case files to inform the study's quality

assurance (QA) recommendations (i.e., did files typically include the same elements, were information releases, assessment results, and supervision orders routinely included, etc.).

Analysis of Reentry1 Program Data

The evaluation team spent significant time mining the Reentry1 program database, which documents Reentry1 program activities and actions including program discharge and client recidivism. Analysis focused on 316 Reentry1 program participants¹⁶ who entered the program between June 2010 and February 15, 2013¹⁷—the date these data were extracted and provided to the Urban Institute for analysis. Using the Reentry1 database, Urban-JPC researchers assembled profiles of successful and unsuccessful program participants, examined the scope and breadth of client program experiences relative to assessed risks and needs and service delivery including intensive reentry case management, and sought to quantify family support utilization for the family support sub-analyses. Urban-JPC researchers also used the Reentry1 database to develop a set of performance indicators (process and outcome) to evaluate adherence to program guidelines. These indicators served to ground actual practice, while offering a structure for on-going monitoring, management, and improvement.

Of the 316 Reentry1 cases available for analysis as of February 15, 2013, 91 percent ($N= 287$) were male. Approximately 60 percent ($N= 182$) of Reentry1 participants were African American and nearly 40 percent ($N= 129$) were white; a nominal number were Latino or Native American. While most clients were in their early thirties (average age was 33), ages ranged from 19 to 72.

Lastly, program intake varied considerably by year: in 2010, 113 clients entered the program, then enrollment dipped to just 84 clients in 2011. In 2012, enrollment topped 106 cases. Thirteen clients had been enrolled as of mid-February 2013.

Impact Analysis

The impact analysis focused exclusively on assessing the effect of the two reentry programs on participant criminal justice outcomes, specifically rearrests, time to rearrest, and probation violations. The study had intended to also examine re-convictions and returns to the Allegheny County Jail, but structural issues with these data files precluded analyses within the remaining project resources and timeline. Key research questions guiding the impact analysis included:

1. Does reentry program participation reduce recidivism, specifically post-release rearrests?
2. Does reentry program participation increase supervision compliance as evidenced by decreased probation supervision violations?
3. For whom is the reentry program most effective (Reentry1 analysis only¹⁸)?

Three data sources supported this analysis: the Adult Probation Case Management System (APCMS), the Common Pleas Case Management System (CPCMS), and the Reentry1 database. The APCMS is maintained by Adult Probation. The system provides information on probation violations. CPCMS is maintained by the Allegheny Court of Common Pleas and provides demographic, criminal history, and charging information on offenders. As noted earlier, the Reentry1 program database was developed specifically to record information about Reentry1 clients and offers extensive information about the services these clients received, their entry and exit dates from the program, and their entry and exit dates from the Allegheny County jail.

A quasi-experimental design was employed to evaluate the impact of the Reentry1 and Reentry2 programs on recidivism. The study identified groups of clients who participated in either the Reentry1 or Reentry2 program and used propensity score analyses to identify comparison groups that did not receive the treatment, but were otherwise comparable to the Reentry program client groups in terms of key demographic indicators and criminal histories.

Defining the Treatment and Comparison Groups

Reentry1 and Reentry2 had significant structural and philosophical differences in their program logic and operation. Reentry1 is voluntary, while participation in Reentry2 is a mandatory condition of post-release supervision; case management services also differed between the programs. As such, the study chose to *analyze the impact of each program independently* rather than pool the data. A treatment group for each reentry program and a matched weighted comparison sample were drawn from the administrative records listed in the prior section using propensity score matching (PSM) techniques.

A comparison between these groups and the Reentry1 and Reentry2 program groups was used to determine the Reentry programs' effects on rearrest and probation compliance.

Constructing the Comparison Groups

Initially, matched comparison groups for Reentry1 and Reentry2 participants were constructed using PSM techniques. The PSM drew from multiple data sources (APCMS and CPCMS files) and began with a sample of more than 10,000 offenders who had been sentenced to the Allegheny County jail between 2008 and 2012 for a period of six months or longer, without holds, and for whom a Proxy risk score had been generated (see the Impact Analysis section and Appendix A for more detail on the construction of the comparison groups). Of these individuals, 305 were identified as Reentry1 program participants and 250 as Reentry2 program participants. Based on the attributes of these clients, a comparison group with similar attributes was assembled from other inmates involved in the Allegheny County justice system. While groups were initially created on a one-to-one basis (i.e., for each Reentry1 client in the analysis sample, there would be a similar nonprogram participant in the comparison sample), challenges linking matching clients with their administrative records data subsequently made the matched case-control design out of balance. Therefore, statistical weights based on another set of propensity scores were developed and applied to the data to make Reentry1 and Reentry2 participants look more like their comparison counterparts. While this approach restored balance to the groups, the one-to-one match could not be retained.

Analysis Method

Logistic regression and Kaplan-Meier curves were applied to the assembled treatment and comparison groups to determine the effect of Reentry1 and Reentry2 programs on the probability of rearrest. Logistic regression estimated the probability of rearrest for both treatment and comparison groups; the difference between rearrest estimates for these two groups can be attributed to the impact of the Reentry1 or Reentry2 program.¹⁹

Section 3. Fidelity Assessment Findings and Implications

The fidelity assessment was designed to answer three key questions:

1. Do the Reentry1 and Reentry2 programs function as intended?
2. Do the programs align with core correctional practices found to reduce recidivism?
3. Are there specific areas for program improvement?

Tracking the programs' evolution, including changes to key program components and the rationale for those changes, was a related task.

Does Reentry1 Function as Intended?

Analysis of the Reentry1 program database coupled with Urban-JPC researchers' case file review indicates that the Reentry1 program largely operated as intended, and operations largely aligned with core correctional practices:

- **Reentry1 targets the highest risk inmates for intensive intervention.** Ninety-two percent of the Reentry1 case files reviewed by Urban-JPC researchers scored as medium-to high-risk on the Proxy. This finding is consistent with analysis of the Reentry1 database. Although Proxy scores were not consistently documented in the Reentry1 database until 2011 and thus, Proxy data existed for only 178 of the 316 cases available for analysis, 93 percent ($N= 164$) scored as medium- or high-risk for reoffending. The 14 cases screened as low risk all occurred in 2011. The absence of low-risk cases in subsequent years indicates strong adherence to the program model's target population criteria. Likewise, screening for risk of reoffending using the Proxy become more routine over the course of the program: 100 percent of enrolled clients had a Proxy score in 2012, up from 80 percent of enrollees in 2011. However, just 38 percent of clients enrolled in 2013 had a recorded Proxy score.
- **Assessment of criminogenic risk/needs routinely performed and service plans developed.** Ninety-seven percent of the Reentry1 case files ($N= 30$) reviewed had recorded risk/needs assessments and 100 percent of those cases with recorded MoCo assessments also had required Phase 1 reentry plans; 63 percent of those cases eligible to have both Phase 1 and 2

case plans did.²⁰ Again, review of the Reentry1 database supports this finding: approximately 89 percent of Reentry1 clients had required service plans. Sixty-three percent (of those eligible) had both Phase 1 and Phase 2 case plans.

- **Average duration mirrors program model.** As discussed earlier in this report, Reentry1 program participants logged an average of 458 days or roughly 15 months in the program. Those clients who successfully completed the program spent an average of 590 days or 19 months in the program. In either case, the average duration of Phase 1 was a little over six months (with a range covering 3 to 743 days); clients spent about 12 months (359 days; range: 72 to 630 days) in Phase 2. Both are consistent with the specified program model.
- **Evidence of intensive service coordination/case management consistent with the program model.** Case file review suggests Reentry Specialists maintained regular contact with clients both pre- and post-release and at levels specified by the program model. This observation mirrors independent client accounts obtained through various focus groups with Reentry1 clients both in the jail and in the community. Additionally, clients reported frequent and constructive interactions with their Reentry Specialists, except during periods of staff turnover when staff changes were not always communicated to clients, creating confusion and some reported lapse in services. Focus group clients consistently reported prerelease contact with the program's Reentry PO liaison; however, these contacts were not recorded in the Reentry1 database or case files; therefore, a measure of contact could not be computed or verified. Urban-JPC researchers, therefore, recommend recording client contacts with both PO and Reentry Specialists in order provide an accurate picture of support pre- and post-release.
- **Solid rate of program enrollment to referral.** In addition to accessing a wide range of programs and services, the program also demonstrated a solid rate of enrollment to referral: 55 to 95 percent of referrals led to enrollment across five core programs examined, indicating that clients were actively engaged in recommended services—a challenging connection for many other programs.
- **Clients accessed a wide range of pre- and post-release services.** Analysis of the Reentry1 database indicates that at least 11 programs and services²¹ were accessed by upwards of 50 clients. The most prevalent programs accessed *before* release included *Thinking for a Change* ($N= 211$), job readiness ($N= 186$), life skills ($N= 153$), family support ($N= 128$), and parenting classes ($N= 115$). These services and two others—drug and alcohol classes ($N= 110$) and ACHS mental health services ($N= 104$)— were accessed by at least one-third of all Reentry1 clients in

Phase 1. In turn, *Thinking for a Change*, family support, job readiness, and alcohol and drug services comprised the most prevalent services delivered in Phase 2. In general, a relatively small share of Reentry1 participants accessed formal services and programs post-release. This makes sense given that service delivery was largely frontloaded (i.e., designed to occur before release when inmates are perhaps most accessible and amenable to programming) and that the nature of post-release service provision, by client and staff accounts, tended to shift toward logistical (e.g., transportation, obtaining identification, meeting basic needs) and emotional (negotiating relationships, reporting requirements) assistance and supports.

- **Evidence of assessment driving service plans.** While challenging to gauge (i.e., MoCo assessment results are not automated), the research team’s review of Reentry1 case files found evidence that assessment results informed both Phase 1 and Phase 2 plans. There were, however, some glaring exceptions (one assessment noted a client’s recent preincarceration opiate use, yet the case file did not record a recommendation for substance abuse treatment) and seemingly inappropriate referrals (a client with adult offspring was referred to parenting classes). Both examples suggest a need for a quality assurance process that includes regular review of assessment findings and recommendations to ensure clients are linked to the most appropriate services given their assessed needs.

What Did Successful Reentry1 Participants Look Like?

Participants who were marked as successful Reentry1 program were more likely to have (1) a Proxy score on file and to be medium to high-risk for reoffending; (2) service plans for both Phase 1 and 2 on file; and (3) received core services, specifically T4C, family support, job readiness and mental health services.

It is important to note, however, that the program continued to work with individuals who were rearrested and/or returned to jail and that these individuals could be counted as successful completers if they ultimately satisfied their reentry goals. For research purposes, such individuals were counted as failures in the Impact Analysis.

Recognizing that the path to a crime-free life is not often linear, the program's decision to continue work with such individuals makes sense. For future evaluative efforts, however, Urban-JPC researchers encourage the program to count these individuals as "Complete-program compliant" rather than "successful" s they are qualitatively different from those who are arrest-free when they complete the program.

Does Reentry1 Align with Core Correctional Practices?

The data in the preceding section indicate an alignment with core correctional practices. Reentry1 clearly targeted offenders at medium- to high-risk for reoffending for intensive prerelease intervention, used assessment results to inform service and transition planning, and provided continued and strategic support through intensive case management post-release. Additionally, review of service referrals and receipt indicates that cognitive behavioral interventions were emphasized pre-and post-release and often employed the same programming approaches (*Thinking for a Change*, for example) to ensure continuity. Because actual service utilization and dosage could not easily be measured, we strongly recommend that Allegheny County establish mechanisms to monitor whether programming and service dosage approach or meet the recommended thresholds necessary for recidivism reduction as outlined in the literature: 300 hours for high-risk individuals; 200 hours for moderate- to high-risk individuals, and 100 hours for moderate risk individuals (Carter and Sankovitz 2014) over a three to nine month period (Matthews et al. 2001).

Are There Specific Areas for Reentry1 Program Improvement?

The Reentry1 program in operation before and during this study has many strengths including sound program logic. Nonetheless, the fidelity assessment identified two key areas where the program could be further refined and strengthened, specifically:

- **Assessment and transition planning.** Assessment could be improved by implementing an automated, validated instrument that generates an overall score and individual criminogenic need domain scores. As discussed earlier in this report, Phase 1 service planning relies on the MoCo assessment, which is neither automated nor scored. Both factors hamper review, and potentially hamper use across stakeholder groups. Additionally, key partners use different assessment instruments: ACJ uses the MoCo for Phase 1 planning while Probation uses the LSI-R, which is both automated and scored, to inform Phase 2 transition planning. The extent to which these two assessments are aligned is unclear. Implementing a single, universal validated and automated risk/needs assessment that generates both an overall risk/need score and scores by need domain would not only enhance needs-matching but would also “standardize” partners’ understanding of and familiarity with criminogenic risks and needs while offering a common foundation to build dynamic transition/reentry case plans.
- **Quality assurance.** Because actual service utilization and dosage could not easily be measured, we strongly recommend that Allegheny County establish mechanisms to monitor whether programming and service dosage approach or meet the recommended thresholds necessary for recidivism reduction, as outlined in the literature: 300 hours for high-risk individuals; 200 hours for medium- to high-risk individuals, and 100 hours for medium-risk individuals (Carter and Sankovitz 2014) over a three- to nine-month period (Matthews et al. 2001).

Does Reentry2 Function as Intended?

Urban-JPC researchers’ case file review ($N=45$) indicates that the Reentry2 program largely operates as intended, and that operations largely align with core correctional practices:

- **Reentry2 targets and assesses the highest risk inmates for intensive intervention.** Ninety-five percent of the Reentry2 case files reviewed by Urban-JPC researchers scored as medium-to high-risk on the Proxy. This indicates the Reentry2 program is successfully reaching its target population.

- **Assessment of criminogenic risk/needs routinely performed and service plans developed.** Eighty-six percent of cases reviewed had a recorded initial LSI-R assessment²² and the majority had OSPs. It is important to note, however, that while 95 percent of Reentry2 cases reviewed scored as medium- to high-risk on the Proxy, approximately 22 percent scored as low risk (overall score of 19 or lower) on the LSI-R. This divergence suggests issues exist with respect to either assessment procedures or scoring as the two tools generally align. Regular review of Proxy and LSI-R results would allow early detection of any issues with either scoring or administration. In turn, periodic staff training on the LSI-R and its administration would enhance fidelity.
- **Evidence of prerelease contacts and service coordination consistent with the Reentry2 program model.** Case file review suggests Reentry2 POs typically initiated and maintained contact with clients pre- and post-release as specified by the program model.²³ Specifically, 84 percent of case file recorded prerelease contacts between the inmates and their POs; the number of prerelease contacts ranged from one to eight and varied by PO (i.e., some POs registered more client contacts than others). This is consistent with focus group feedback obtained from Reentry2 clients: while many reported prerelease contact with their PO, several did not report any contact. Those Reentry2 focus group participants who reported prerelease contact with the PO appreciated the opportunity to get to know their POs early on and many reported a strong rapport with their POs. These individuals also stated that their POs had explained service options to them, specifically employment and housing programs and provided a reentry plan (i.e., their OSP), as well as information about when their first post-release contact would occur. Among those who had been on supervision previously, many expressed having a better sense of their PO's expectations under this current arrangement and feeling better equipped to meet them. Again, there was variation in client experiences regarding PO contact and rapport; this variation seemingly underscores the need to routinize contacts as well as the tangible benefit of doing so (i.e., healthier rapport, better client preparedness).
- **Consistent post-release contact.** Three-quarters of Reentry2 cases had multiple post-release contacts (ranging from 2 to 14) with their respective POs, as would be expected, across different settings including the client's home and Adult Probation DRCs. Unfortunately, Urban-JPC researchers could not routinely identify jail release dates in the Reentry2 files to determine what portion of cases satisfied the Adult Probation's benchmark that Reentry2 POs meet with clients within 24 to 48 hours of release from jail.

- **Solid service utilization pre- and post-release.** Although Reentry2 focus group participants recounted receipt of a variety of jail-based reentry services prerelease, they were more likely (than their Reentry1 counterparts) to report difficulties in accessing those services. Because Probation case files only recorded post-release services, Urban-JPC researchers could not confirm the range of prerelease services accessed by Reentry2 clients. In contrast, case file review did indicate that Reentry2 clients widely used the DRCs to access services in the community. The vagaries of the Reentry2 case files, however, made it difficult to gauge the scope and quality of needs-matching (i.e., the extent to which LSI-R results drove service referrals and receipt).

Does Reentry2 Align with Core Correctional Practices?

The data in the preceding section indicate an alignment with core correctional practices. Reentry2 clearly targeted medium- and high-risk offenders and risk/needs assessments were regularly conducted using an actuarial tool. As with Reentry1, actual service use and dosage could not easily be measured. Accordingly, Allegheny County should establish mechanisms to monitor whether programming and service dosage approach or meet the recommended thresholds necessary for recidivism reduction as outlined in the literature: 300 hours for high-risk individuals; 200 hours for moderate-to-high risk individuals, and 100 hours for moderate risk individuals (Carter and Sankovitz 2014) over a three to nine month period (Matthews et al. 2001). Likewise, stakeholders should maintain close oversight of service delivery to reentry offenders to monitor the quality of services and fidelity of service delivery to the stated program models (i.e., *Thinking for a Change* and other curricula).

Are There Specific Areas for Reentry2 Program Improvement?

As highlighted throughout the prior section, the fidelity assessment identified areas where the Reentry2 program could be further refined and strengthened, specifically:

- **Assessment.** As discussed, screening and assessment determinations about clients' level of risk to reoffend differed in about 22 percent of the cases reviewed. In these instances, the Proxy risk screener was more likely to score an offender as medium- to high-risk than the LSI-R. This suggests an issue either with scoring or administration of these instruments. Proxy and LSI-R

results should be reviewed regularly to detect and investigate potential issues. Steps should be taken to resolve issues through additional training.

- **Reassessment.** Urban-JPC researchers found no evidence that clients are regularly reassessed, consistent with the principles of effective intervention, to measure progress and adjust services and treatment as needed (Domurad et al. 2010; Gendreau et al. 2004; Matthews et al. 2001). Stakeholders should implement reassessment at three to six month intervals (Genreau et al. 2004:7) and review results to detect changes in dynamic factors and compare those changes to the offender’s level of compliance to inform both service planning and supervision responses (Casey et al. 2011). To ensure POs are properly positioned to reinforce positive behavior change and response to noncompliance, Adult Probation should design and implement a system of incentives and sanctions (Fabelo et al. 2011).
- **Dosage.** Actual service utilization and dosage could not easily be measured in our review. As noted earlier, extant research identifies dosage thresholds necessary for recidivism reduction: 300 hours for high-risk individuals; 200 hours for medium-to-high risk individuals, and 100 hours for medium-risk individuals (Carter and Sankovitz 2014) over a three- to nine-month period (Matthews et al. 2001). Reentry stakeholders should monitor service use to determine if offenders are regularly receiving the recommended dosage of services relative to their assessed risk level and modify service provision accordingly.

Family Support Sub-Analysis

The objective of the family support sub-analysis was threefold:

1. To explore the extent to which the family support component functioned as intended, including what services were routinely delivered and to whom;
2. To assess how participation in the family support component affected participant reentry outcomes; and
3. To ascertain the strengths and weaknesses of the family support component.

Upon a review of available data, it became clear to Urban-JPC researchers that it would not be possible to evaluate the impact of family support services on reentry outcomes. However, the Reentry1 database did indicate the range and prevalence of family support services accessed by Reentry1 participants, as did case file review. Reentry1 client and family member focus groups offered additional

information by which to gauge exposure to relevant services, frequency of contact with family support staff, and the component's perceived strengths and weaknesses, and to obtain recommendations for potential improvement. As discussed below, perceptions of family support services were generally positive, though both clients and family members identified opportunities to improve service delivery.

At the program's inception, family support services had relatively flexible entry criteria, but high demand for the program resulted in restricting service to inmates who are care-givers for children 18 or younger. Family support services are designed to stabilize the family situation of incarcerated clients and to facilitate contact between Reentry1 inmates and their children. To support this objective, Family Support Specialists delivered services to clients in a clear progression, beginning with parenting classes. Viewed as foundational to the program's tiered family support approach, parenting classes used cognitive behavioral therapy to teach clients how to constructively interact with family members including the inmate's children and the other parent or caregiver. A relationship focused curricula (*Why Knoi*) was also offered early in the program.

Parenting classes served as the primary mechanism for connecting clients to a broader array of family supports, including coached calls with family members and structured contact visits with their children. The latter served as an incentive for completing the parenting classes (i.e., Reentry1 participants had to complete the parenting classes to participate in structured contacts).

Coached, structured contacts (supervised by the program's Family Support Specialists-FSS) consisted of free phone calls between program participants and their family members and Saturday visitations with their children. The former focused on helping inmates communicate constructively with family members, typically a significant other or the parent of their child. Calls were supervised by the FSS, and clients and their FSS debriefed afterward to address any issues that emerged during the call and to identify how the client could improve his or her communication skills. In addition to facilitating more productive communication with family members, these calls were a prerequisite for structured contact visits between clients and their children. Contact visits consist of supervised visits between inmates and their children in a playroom provided by the jail. Throughout this process, the FSS guides clients in processing lessons from the parenting classes and coaches calls and contact visits.

Family Support Specialists also work with Reentry1 participants' families in the community to prepare the family for the inmate's release.²⁴ In the community, Family Support Specialists taught classes, conducted home visits to support clients' families, and helped returning program participants process their families' expectations (regarding the offender's return to the community). Together, these activities were designed to facilitate a smooth transition and strength the family. Family support

activities were also supplemented by the community group Amachi, which held monthly support groups for clients' family members and facilitated prosocial family events like trips to local museums and sporting events.

Family Support Utilization

Limitations in service access and tracking data restricted analysis of family support service utilization to the 316 Reentry1 program participants in the Reentry1 database. Analysis indicates that at least one-third of Reentry1 clients accessed family support services including parenting classes. Approximately 40 percent of Reentry1 clients ($N= 126$) were recommended for family support services and 44 percent of Reentry1 clients ($N= 140$) were recommended for parenting classes. This suggests that a sizeable minority of Reentry1 clients were deemed to be suitable candidates for family support services. This supports the notion that family support services were being delivered as the program model intended.

While data limitations prevent an evaluation of needs-matching based on these recommendations, it is clear that a significant number of Reentry1 clients received some form of family support in the jail or in the community, though participation in parenting classes in the community post-release declined sharply. In the jail, 41 percent of reentry clients ($N= 128$) received family support services and 36 percent of clients ($N= 115$) received parenting classes. In the community, 37 percent of clients participated in family support services but only four clients participated in parenting classes. Together, these results suggest that a significant number of Reentry1 clients were able to access and receive reentry services, particularly prerelease.

Family members had less consistent service access although the scope of services were similar (i.e., parenting support, support groups, job training, and contact visits), but they did not have a common service profile. Some family members reported significant engagement with both the FSS and support services like job training, while others had very little contact with an FSS. Many of the family members who participated in study focus groups reported first learning about the Family Support component from Amachi during Saturday contact visits.

Perception of Services

Family members of clients in the reentry program were uniformly positive in their assessment of the value of family support services, regardless of the specific services they had received. They suggested

that support services were a good way to “bridge the gap” for incarcerated clients who had become disconnected from their families. Some family members also reported that the services provided and the Reentry Specialists made them feel as though they had a voice in the reentry planning process and improved their perception of their incarcerated family members’ chances for a successful reentry. Family members who had prior experiences dealing with the justice system because of a loved one’s prior incarceration credited the reentry program’s family support services component with providing significantly more positive interactions with the justice system and a better understanding of the process. Family feedback mirrored Reentry1 client feedback: clients had a positive impression of family support services; they valued the enhanced ability to maintain a connection to their families and appreciated the extra supports provided to their family members in the community.

The new format of contact visits was also consistently highlighted by family members as an important improvement: they identified the contact visits as being valuable both for maintaining incarcerated clients’ connections to their children and for promoting responsibility among incarcerated clients by giving them a strong incentive to focus on reentry goals. Several family members noted that they were only willing to bring children to meet with incarcerated family members because of the new format (child-friendly context that encouraged structured play) for contact visits.

Program Recommendations

The key recommendation from clients’ family members was to make information about services more readily available. Family members differed significantly in their knowledge of and connection to available services; Urban-JPC researchers witnessed other family member focus group participants explaining the program and range of available services to other participants and noted the variation in experiences and knowledge. In addition to improved service connection, family members believed that additional mental health, job access, and transportation services would be valuable. In particular, they suggested that access to mental health services was important for enabling participants to effectively use the other services available. Additionally, family members felt that greater access to peer support opportunities like those offered by Amachi could be valuable. Lastly, reentry clients also reported that the timing of the contact visits made it difficult for some families to participate and suggested increasing the number of Saturday contact sessions as well as expanding the schedule to include Sunday contact visits.

Section 4. Impact Evaluation Analyses and Findings

The research team conducted separate evaluations of Reentry1 and Reentry2, assessing each program's impacts on recidivism outcomes as measured by rearrest, time to rearrest, and probation supervision violations. Weighted comparison groups were constructed using administrative data.

Initially, the research team planned to investigate four measures of recidivism: rearrest, probation supervision violations, reconviction, and reincarceration. Rearrest, reconvictions, and reincarceration data were drawn from the CPCMS database; probation information came from the APCMS database. Once data were drawn, it became clear that sufficient issues existed in the data to make linking reconviction and reincarceration events to comparison and program participants infeasible and the scope of the study was redrawn to focus on rearrest and probation compliance for Reentry2.

Analysis Method

As the Reentry1 and Reentry2 programs were applied to a significant number of clients in the ACJ, and both programs started before the analysis, a prospective, experimental design was not possible. For this reason the team determined that a quasi-experimental retrospective design drawing on administrative data collected by Allegheny County would provide the best estimate of the programs' impact. The traditional challenge of using administrative data is that differences in outcomes between the treatment and comparison groups assembled from such data to test the impact of an intervention may be due not to the treatment applied (in this case, Reentry1 and Reentry2), but to underlying differences in the comparison groups constructed from the administrative data.

Propensity score matching (PSM) offers a way to address the observed differences between treatment and comparison groups, and to discern whether any differences in outcomes are the result of an applied treatment intervention (Dehejia and Wahba 1998; Rosenbaum and Rubin 1983, 1984). The PSM approach takes all available background information on a large pool of individuals, including program participants, and creates a single summary metric called propensity scores. This measure indicates how likely one is to participate in either the Reentry1 or Reentry2 program. Based on these scores, program participants are matched to similar nonparticipants, ensuring that both groups are comparable in their distribution of propensity scores. In this way, the PSM approach can reveal what

the recidivism rates of program participants could have been if they had not received the program and gives an indication of how effective the program was at reducing recidivism.

Assembling Comparison and Treatment Samples

Analysis samples were constructed using demographic data, criminal offending risk scores, and criminal history data pulled from the jail database, APCMS and CPCMS. Propensity score matching began with a sample of more than 10,000 offenders who had been admitted to jail between 2008 and 2012. Of these offenders, 305 were identified as Reentry1 program participants, and 250 as Reentry2 program participants. Individual-level attributes in this dataset included race, gender, citizenship status (CITIZEN), marital status (SINGLE), the origin of driver's license (ORIGIN), age, the number of prior arrests (PRIOR), and a proxy score (PROXY). Propensity score analyses focused on these available variables. The final selection model, estimating the chance of receiving treatment, was developed using logistic regression. A total of 79 covariates were used to explain the probability of receiving treatment (i.e., being in the Reentry1 or Reentry2 programs). Among the covariates are individual and case characteristics, and numerous interaction terms of those factors (e.g., white x age, male x number of prior arrests, marital status x proxy score).

The selection model was relatively effective at differentiating treated individuals from untreated individuals. The area under the receiver operating characteristic curve (AUC), an indicator of how well a model predicts an outcome of interest (i.e., entrance into Reentry1 or Reentry2), was 0.70 for Reentry1 and 0.73 for Reentry2. This implies that there is a 70 percent likelihood that a randomly selected Reentry1 offender will be scored higher on the propensity score than a randomly selected non-Reentry1 offender. The AUC of 0.70 is usually considered “acceptable” and the AUC of 0.80 is considered “excellent” so this model provided a suitable tool for identifying offenders for the comparison group (Hosmer and Lemeshow 2000).

Based on the estimated propensity scores, the team matched each Reentry1 and Reentry2 program participant individually to his or her corresponding comparison offender who did not receive treatment. It should be noted that if any of the covariates included in the selection model were missing, the propensity score could not be calculated. Individuals with a missing propensity score were excluded from analyses, and this accounts for the majority of missing data. In addition, if a program participant's propensity score was too high or too low to be matched to a nonparticipant, matching could not be performed and the corresponding program participant was removed from data analysis. This is the generally approved practice in propensity score matching as it improves the internal validity of research

evidence by generating more alike treatment and comparison groups. Table 1 below shows the number of Reentry1 and Reentry2 program participants before and after propensity score matching.

TABLE 1

Number of Program Participants and Matched Comparison Individuals

	Before PSM		After PSM	
	Reentry1	Reentry2	Reentry1	Reentry2
Treatment	305	250	281	220
Comparison			281	220

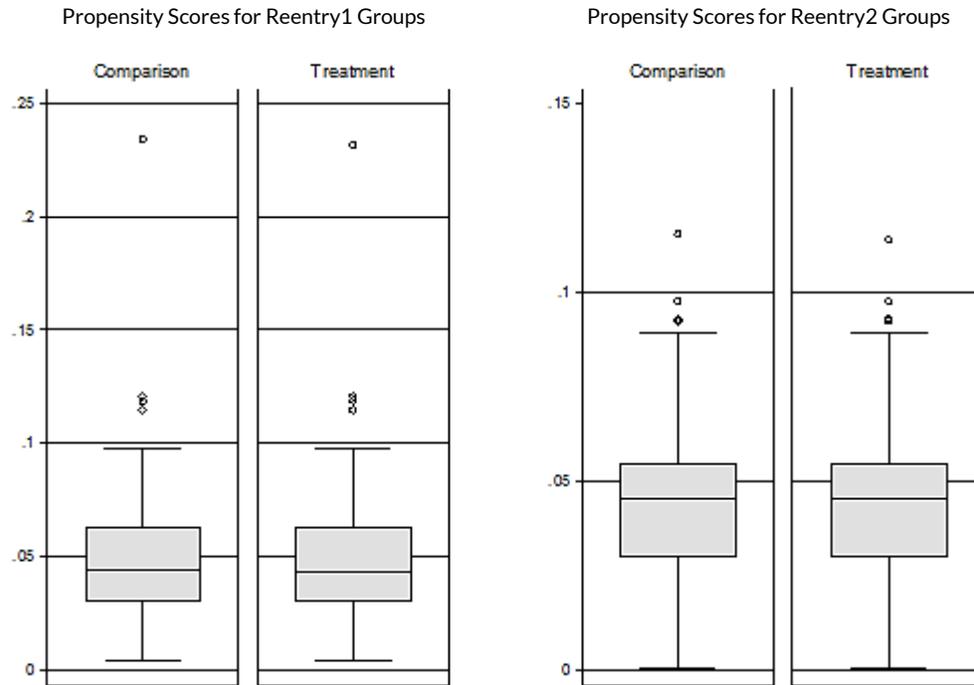
Note: Propensity score matching was performed based on 1:1 nearest neighbor matching with a caliper of 0.01, a common support requirement, and no replacement.

The propensity score matching procedure achieved the balance between treatment (i.e., Reentry program participants) and comparison groups overall and on selected variables of substantive interest. Figure 3 shows the distribution of the propensity scores for Reentry1 and Reentry2 clients and their respective comparison groups. The comparison and treatment groups have nearly identical distributions of propensity scores for both Reentry1 and Reentry2 programs, indicating excellent matching performance.

Additionally, although the average propensity score is similar between Reentry1 and Reentry2 groups, the distributional characteristics of Reentry1 and Reentry2 groups are somewhat different. Comparing recidivism outcomes between the Reentry1 and Reentry2 programs would therefore require caution—this was another reason that impact analysis did not compare the effects of Reentry1 and Reentry2 against each other.

FIGURE 3

Propensity Score Boxplots by Treatment Status



Processing of Jail Records

To evaluate the effect of the Reentry1 and Reentry2 programs on future involvement in the criminal justice system, the research team examined whether individuals had subsequent jail admissions. We first identified a final set of jail release dates to use as the “anchor date” for measuring recidivism outcomes. The anchor date was the jail release date after which any further criminal offending would be counted as recidivism. For the Reentry1 and Reentry2 groups, the team used the jail release date following their Reentry program start date. For the comparison group, the research team considered two approaches for determining an anchor release date: the release date in closest proximity to the Reentry program start date in absolute terms, and the release date in closest proximity following the program start date.²⁵ Appendix A details the analytical considerations and limitations of each approach.

Creating the Weighted Sample

An important observation emerging from the construction of these groups was that some of the comparison individuals were drawn from the pre-Reentry program period, which has critical methodological implications for this study: comparison individuals were in the community for a longer period of time, and thus had more opportunity to reoffend, than Reentry program participants. Because of this increased time in the community, comparison individuals could have a higher recidivism rate than Reentry program participants only because they had been out of jail longer and had more opportunities to reoffend. This unavoidably resulted in complications with the treatment and comparison groups, compromising the balance between the treatment and comparison groups achieved through PSM.

The impact analyses addressed this issue by developing an analytic weight that rebalanced the treatment and comparison groups on key variables, as well as on the exposure time to the risk of recidivism. The construction of this weight is through a statistical technique called a maximum entropy reweighting. Simply put, this adjustment strategy aims to achieve equivalence between treatment and comparison groups based on a given set of variables. Table 2 on the following page demonstrates that this process resulted in treatment and comparison groups that are strongly comparable on key criminal and demographic indicators for both the Reentry1 and Reentry2 programs.

Analysis Methods

Logistic regression and Kaplan-Meier survival curves were employed to analyze the effect of the Reentry1 and Reentry2 programs using these treatment and comparison groups. Logistic regression is used to predict the likelihood of rearrest and investigates the influence of the Reentry1 and Reentry2 programs on this likelihood.

TABLE 2

Final Reentry1 and Reentry2 Groups and Comparison Groups

	Reentry1	Reentry1 Comparison	Reentry2	Reentry2 Comparison
Gender (male)	93%	93%	85%	83%
Avg. age (years)	31	32	30	29
Race				
White	39%	38%	42%	41%
Black	60%	61%	58%	57%
Other	1%	1%	-%	2%
Marital status (single)	73%	74%	80%	79%
Proxy risk				
Low	9%	10%	5%	6%
Medium	43%	35%	46%	47%
High	48%	55%	49%	47%
Avg. jail length of stay (days)	378	383	311	314

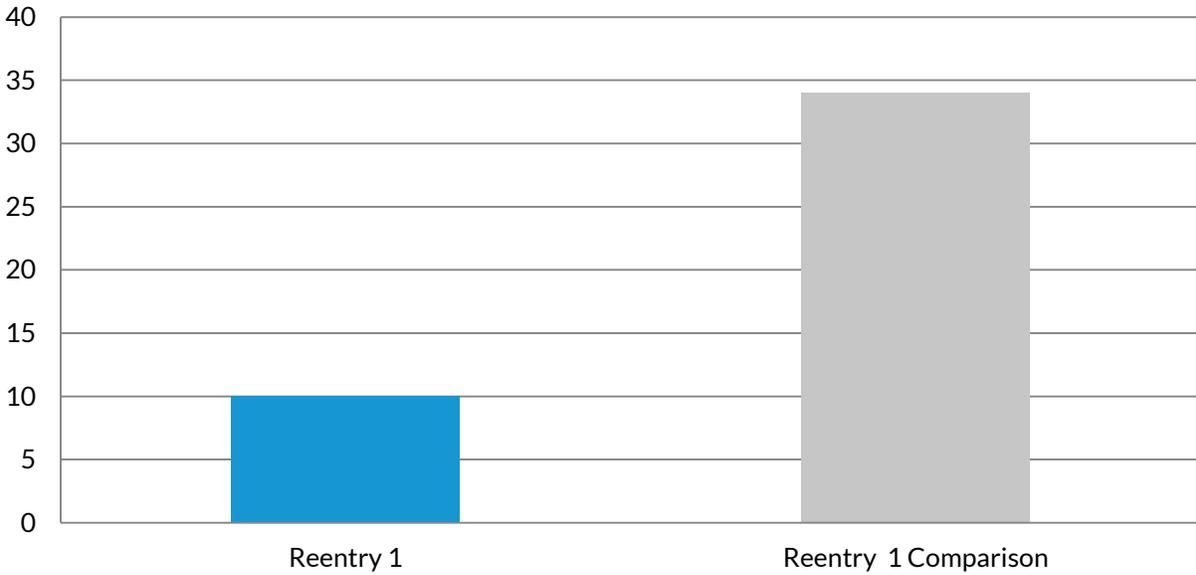
Kaplan-Meier curves reflect the proportion of offenders who are not returned to jail over time. These curves are one of the most widely used methods to examine a recidivism rate, survival rate, or drop-out rate for different lengths of time, while considering exposure to risk; they are used in this report to estimate the likelihood of recidivism over time for Reentry1 and Reentry2 samples. Because the likelihood of recidivism is linked to the amount of time a program participant spends in the community, the amount of exposure to risk (street time) is taken into consideration in this analysis.

Reentry1 Impact Results

Findings from this analysis indicate that the Reentry1 program reduces the probability of future rearrest by 24 percentage points. Controlling for individual characteristics, the Reentry1 program participants have a 10 percent chance of being rearrested, while their counterparts have a 34 percent chance. This difference between the two groups is statistically significant (figure 4).

FIGURE 4

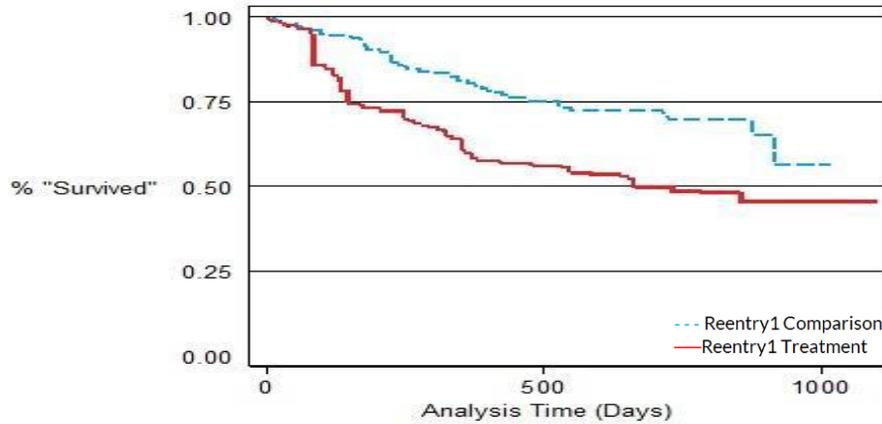
Probability of Rearrest



These findings are corroborated by the analysis of the Kaplan-Meier curve for the Reentry1 program. The Kaplan-Meier curve (figure 5) indicates that the Reentry1 program prolongs clients' time to rearrest. This finding is particularly pronounced 90 days *after* release from jail: at 90 days, 5 percent of the treatment group and 14 percent of the comparison group were rearrested; at 180 days, 10 percent of the treatment group and 27 percent of the comparison group were rearrested; and at 360 days, 20 percent of the treatment group and 40 percent of the comparison group were rearrested. These findings are statistically significant. This finding supports the Reentry1 program's logic that continued support post-release assists with client stability.

FIGURE 5

Kaplan-Meier Survival Curve (Reentry1)

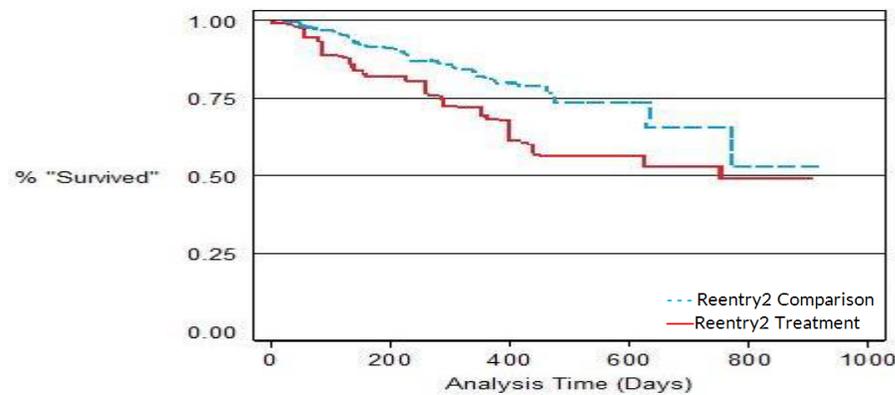


Reentry2 Impact Results

While impact analysis suggests that the Reentry2 program reduces the probability of rearrest, this finding only approached statistical significance ($p = 0.056$). An analysis of the Kaplan-Meier curve, however, finds statistically significant evidence that the Reentry2 program prolongs time to rearrest (figure 6). Similar to the Reentry1 program, these effects are particularly pronounced 90 days *after* release from jail but hold throughout.

FIGURE 6

Kaplan-Meier Survival Curve (Reentry2)

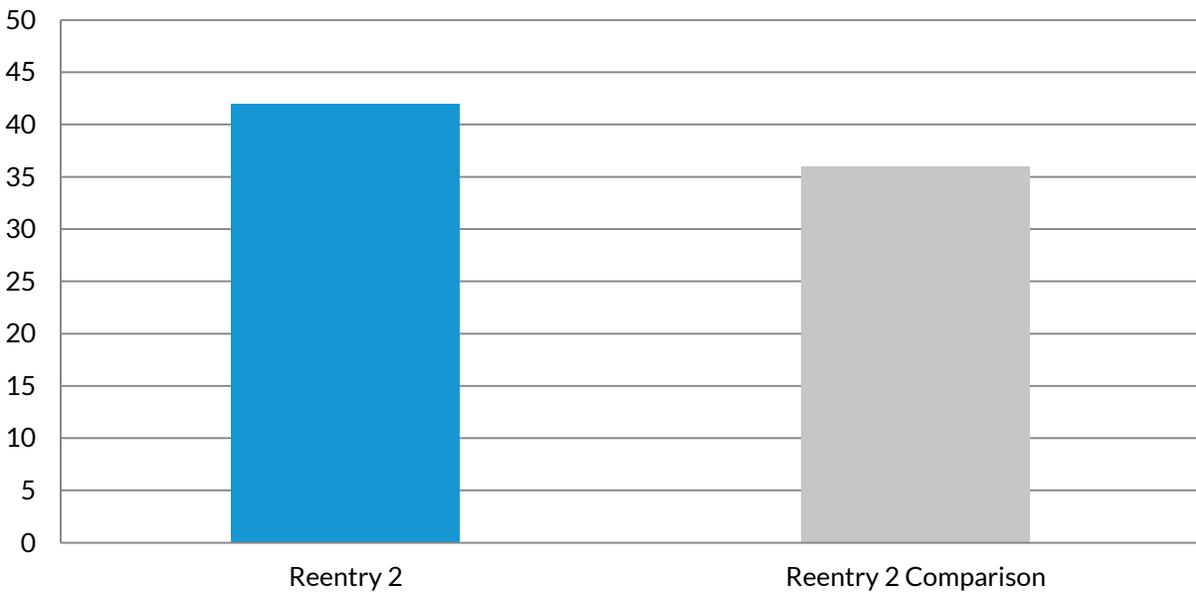


Given the important role of probation officers in the Reentry2 program model, the impact analysis also investigated the program's effect on probation supervision violations. An analysis of probation violation rates found that rates of probation violation of Reentry2 clients and their associated comparison group were similar, with a slightly larger percentage of Reentry2 clients (42 percent) having a probation violations than their associated comparison group (36 percent) as indicated in figure 7.

FIGURE 7

Reentry2 Probation Violations

Percent of group with probation violations



Summary of Impact Analysis Findings

Impact analyses, while limited, suggest that both Reentry1 and Reentry2 reduce rearrest among participants and prolong time to rearrest after the first 90 days post-release, indicating that initial and continued program efforts to stabilize clients are effective. While Reentry2 clients had a greater number of probation violations than their comparison group, this finding could be a result of the increased supervision of probation clients that occurs as a standard part of the Reentry2 program.

Section 5. Summary of Findings

There is solid evidence that Allegheny County's Second Chance Act reentry programs reduce recidivism. The impact analysis ($N=798$) found that participation reduces the probability of rearrest by 24 percentage points for those involved in Reentry1 (i.e., the Reentry1 group had a 10 percent probability of rearrest while the comparison group had a 34 percent probability); this finding is statistically significant. Likewise, Reentry2 participants were less likely to be rearrested than the comparison group, however, this finding only approached statistical significance ($p=0.056$). Program participation had little effect on supervision violations for the Reentry2 group. The programs' impact on reconviction and returns to custody could not be measured.

Findings of program impact are supported by ample evidence of implementation fidelity and practices aligned with principles of effective intervention (Domurad et al. 2010; Matthews et al. 2001). For example, both programs target offenders at medium- to high-risk for reoffending; review of 76 case files (31 Reentry1, 45 Reentry2) suggests both programs are hitting this mark: 92 percent of Reentry1 cases and 95 percent of Reentry2 cases reviewed scored as medium- to high-risk for recidivism. Additionally, 97 percent of Reentry1 cases had recorded risk/needs assessments and 100 percent of those cases with recorded MoCo assessments also had required Phase 1 reentry plans; 63 percent of those cases eligible to have both Phase 1 and 2 case plans, did so. In turn, 86 percent of the Reentry2 cases reviewed had recorded LSI-R risk/needs assessments; Offender Service Plans were common in the Reentry2 case files.

While needs matching was more challenging to reliably assess, due in part to the structure and content of program case files, the available data do indicate widespread use of designated programs and services. Importantly, in actuality, cognitive behavioral interventions appeared to be a core program component: nearly 68 percent of Reentry1 program participants received *Thinking for a Change*. The research clearly supports the centrality of cognitive behavioral interventions to recidivism reduction (see, for example, Lipsey et al. 2007). Lastly, both program models emphasize prerelease contact between inmates and key supports—that is, Reentry Specialists (Reentry1) and designated POs (Reentry1 and Reentry2). The fidelity assessment found high compliance with these aspects of the model in both programs, but was easier to measure and substantiate for Reentry2. Under Reentry2, 84 percent of cases met with their designated POs before release (range spanned 1–8 contacts) and 75 percent had multiple contacts (2 to 14) in the community post-release.

Section 6. Recommendations and Action Steps

Consistent with the evaluation's objectives, Urban-JPC researchers close this report by offering a number of recommendations for continued program improvement based on review of the core correctional practices literature, fidelity assessment results, and stakeholder and client input. As discussed, the ACJC and its partners had already begun acting on several of the study's initial recommendations and incorporated several, as discussed below, into the reentry program's redesign (June 2013 program correspondence; ACJC Annual Report 2013).

The modified reentry program strategy (1) prioritizes cognitive behavioral interventions and career-oriented vocational training as central components of its reentry approach; (2) streamlines the structure of reentry services by bringing case management and oversight of reentry supports (i.e., four CSCs and two Reentry Coordinators) under the leadership of the ACJ's Reentry Administrator; (3) enhances the case management-PO collaboration established under Reentry1 by pairing CSCs and designated POs (similar to Reentry2) to form geographically based teams that coordinate client services and monitor compliance; (4) continues to work with families through the CSCs, who will receive specialized training in family support strategies; and (5) focuses reentry planning and preparation on the 60 days before an inmate's release and narrows intensive post-release reentry support to the six weeks following release with additional support provided as needed for five to nine months after release. Several of these changes had been implemented as of February 2014, when Urban-JPC researchers presented the study's findings to the ACJC and its partners.

Reentry Practices

- **Conduct universal risk screening.** Screening for risk of reoffending is a foundational tool to quickly sort criminal justice populations and determine which require in-depth assessment to identify which needs to address to reduce the likelihood of reoffending (Christensen et al. 2012). While screening became more routinized over time (100 percent of Reentry1 clients in 2012 had recorded scores), just 38 percent of the 2013 Reentry1 cases available for analysis (5 of 13) had risk scores. Given risk screening's fundamental role in properly triaging and intervening with offenders, Allegheny County should strive to routinely screen its criminal

justice population for risk-to-reoffend, use that information to allocate assessment resources, and share risk scores with partners to reinforce risk-based (as opposed to offense-based) decisionmaking and intervention.

- **Implement an automated, scored actuarial risk/need assessment across key partners.** *In process.* At the end of the study's observation period (August 2013), plans to move forward with the design and validation of a local risk/needs assessment (for use across criminal justice and human services partners) were in place and initial data collection had begun under the county's Justice Reinvestment Initiative.
- **Re-assess reentry clients at established intervals and incorporate results into reentry and supervision plans.** As discussed, clients should be regularly reassessed, consistent with the principles of effective intervention, to measure progress and adjust services and treatment as needed (Matthews et al. 2001; Gendreau et al. 2004; Domurad et al. 2010). Reassessment may take place at three- or six-month intervals (Genreau et al. 2004: 27). Results should be reviewed to detect changes in dynamic factors and assessed in light of the offender's level of compliance to inform both service planning and supervision responses (Casey et al. 2011).
- **Establish a sanctions and incentives structure.** To ensure reentry staff, particularly POs, are properly positioned to reinforce positive behavior change and respond to noncompliance, Adult Probation should design and implement a standardized system of incentives and sanctions (Fabelo et al. 2011).
- **Review and monitor core processes regularly.** Reentry leaders should regularly review and monitor core processes such as screening, assessment, and case planning to ensure these processes are being implemented as intended and to identify areas for correction or modification.
- **Develop performance metrics, compile and review regularly with ACJC partners and program staff.** Related to the previous bullet, developing, compiling, and reviewing performance data on key processes is essential to proactively monitor and manage program operations.
- **Continue probation/case management pairing.** *In process.* Program modifications, as discussed at the beginning of this section, not only retained a collaborative PO/case manager structure but enhanced it by formalizing the pairing as geographically-based services and supervision teams. Both staff and clients viewed the collaborative structure of the Reentry1 program

positively, identifying benefits for staff as well as clients (e.g., better information-sharing and more coordination).

Reentry Programming

- **Prioritize cognitive behavioral interventions.** *In process.* Under the ACJC's revised reentry programming approach, *Thinking for a Change* will be the first class scheduled for clients as it provides the foundation for addressing distorted thinking, antisocial attitudes and reactive decision-making. The capacity of cognitive behavioral interventions, like *Thinking for a Change*, to reduce the likelihood of reoffending is well-substantiated (Lipsey et al. 2007; Pearson, et al. 2002; Wilson et al. 2005) and widely viewed as a core component for rehabilitation and recidivism reduction.
- **Advance a career development approach and expand apprenticeship options.** *In process.* A common theme across client focus groups was the need for additional employment resources, particularly those that could provide career-oriented training and skill development (i.e., a sustainable job path with the potential for growth and to earn a living wage), as opposed to a "dead-end" job that might meet an immediate need. Clients appreciated apprenticeship programs like Springboard Kitchen but encouraged development of apprenticeships in other career areas. Like *Thinking for a Change*, the ACJC's modified reentry program approach will prioritize the county's new Career Tech classes. Career Tech provides clients with hands-on training and the opportunity to earn nationally-recognized credentials to embark on careers in machining and other types of skilled trades.
- **Continue probation prerelease contacts.** *In process.* Probation staff appreciated the opportunity afforded under the Reentry1 and Reentry2 programs to regularly access clients in the jail; POs reported that it allowed them to build rapport with clients and set expectations. Likewise, many program participants credited the prerelease contacts with their PO with imparting a helpful sense of what would be required of them while on post-release supervision; several clients felt well-prepared for this aspect of reentry.
- **Continue to develop housing options.** *In process.* Reentry program participants cited housing resources as a critical reentry need, and many credited the Reentry1 and Reentry2 programs for connecting them to housing. However, some clients reported having to go through lengthy processes to access housing, while others suggested that not enough housing options existed.

In response, the ACJC and its partners have prioritized development of alternative housing options under the reentry program redesign as stakeholders recognize the critical stabilizing effect that access to safe and drug-free housing affords clients returning to the community from jail.

- **Continue provision of bus passes/tokens.** *In process.* Focus group participants consistently reported that the provision of bus passes was a critical component of the Reentry1 program as it made it easier for them to meet various commitments upon release, including treatment and supervision appointments. Reentry2 focus group participants also highlighted the importance of transportation, but primarily because so many did not have access to reliable transportation (bus passes were not a standard component of Reentry2). The ACJC will continue to provide transportation assistance through the CSCs and reentry POs.
- **Improve family member knowledge of services and program.** As discussed, many family member focus group participants were unfamiliar with the range of family support services available to them through family support services. Many reported being connected to family support services through Amachi. Program leaders should develop an informational card or packet for distribution to family members that explains both the range of reentry services available to their incarcerated loved ones and those available to family members.

Quality Assurance

- **Develop and implement a quality assurance plan.** Quality assurance (QA) provides a mechanism by which to objectively and routinely examine practices and procedures to determine how well transition components are being conducted (Buck Willison et al. 2012). Stakeholders should develop a QA plan that clearly outlines key processes and procedures under the redesigned reentry program²⁶ and determine who will be responsible for periodic review of various processes and procedures, and to whom the results of this review will be reported. Additionally, the QA plan should also address service delivery and fidelity to selected curricula.
- **Convene a QA workgroup.** The ACJC should consider convening a quality assurance workgroup composed of program and partner staff and supervisors to develop an initial QA plan and timeline for implementation, and to oversee the actual QA process.

- **Track service utilization and dosage.** Stakeholders should establish mechanisms to monitor whether programming and service dosage approach and/or meet the recommended thresholds necessary for recidivism reduction as outlined in the literature: 300 hours for high-risk individuals; 200 hours for moderate- to high-risk individuals, and 100 hours for moderate risk individuals (Carter and Sankovitz 2014) over a three to nine month period (Matthews et al. 2001). Delivering interventions at the specified dosage and level of intensity is critical to improved reentry success, including recidivism reduction.
- **Design and implement performance metrics.** Basic performance measures to track key processes, outputs, and outcomes (short and long term) should be developed, compiled, and reviewed on regular basis (i.e., monthly or quarterly depending on information needs). Allegheny County has tremendous data and analytic capacity, much beyond many other jurisdictions. Collecting and analyzing performance data will allow the ACJC and program partners to monitor operations, measure progress, and determine where modifications may be needed. Performance metrics should include intermediate outcomes, not just end outcomes (i.e., recidivism, employment, and so on). As an example, stakeholders could track reentry pod outcomes (disciplinary incidents), in keeping with the hypothesis that the Reentry Pod might have fewer serious disciplinary incidents, such as fights, than other pods in the jail. Such data can make a compelling case regarding the importance of specialized housing units and a reentry approach.
- **Standardize case files and reporting.** Standardizing the contents and structure of case files will enhance the likelihood that crucial information is routinely documented and available for review. A checklist that identifies key case file components could facilitate this consistency.

Training

- **Develop and implement standard reentry training for program and partner staff, particularly those tasked with case management function.** Staff consistently identified a need for formal training, particularly around program operations and procedures. The ACJC should consider developing a basic training curriculum that clearly describes staff roles and responsibilities, documents critical program components, and discusses key processes and their administration. Doing so will equip staff and increase the likelihood that critical processes will be implemented with fidelity despite changes in staff.

- **Train on core correctional practices.** Training both program and correctional staff (Reentry Center and Reentry Pod officers) on the core correctional practices outlined in this report will not only increase staff knowledge but will also facilitate a shared understanding of reentry objectives, promote the use of practices associated with positive reentry outcomes, and ultimately cultivate a cross-systems culture supportive of reentry.
- **Train on core curricula and monitor fidelity.** There should be close oversight of reentry programming for current and former inmates to ensure fidelity to designated program curricula and service protocols. Staff charged with quality assurance monitoring should be familiar with, if not trained on, the specifics of program curricula and should periodically observe program and treatment sessions to monitor implementation fidelity and identify areas for corrective action. Staff charged with delivering various program curricula should be fully trained with a demonstrated proficiency in program facilitation. Booster trainings should be provided to ensure staff skill levels are maintained.

In closing, it is important to note that this evaluation found strong and credible evidence that Allegheny County's Second Chance Act reentry programs reduce recidivism as measured by rearrest. These findings are not surprising given the programs' clear adherence to principles of effective intervention. The recommendations and action steps outlined above offer ACJC stakeholders a map to further strengthen reentry programming and increase the likelihood of successful reentry for Allegheny County inmates.

Appendix A. Constructing Anchor Dates: Limitations and Considerations

The research team considered two potential strategies for assigning a release date. The first option was to select the earliest jail release date after the associated reentry program start date,²⁷ recognizing that programs start while the Reentry1 and Reentry2 groups are still in the jail. For example, if an inmate in the Reentry1 comparison group had jail release dates on June 1, 2010 and August 8, 2010, the June 1st date would be chosen under this approach because in absolute terms it is closest to the start of the Reentry1 program (i.e., June 22, 2010).

The second strategy considered was to take the nearest jail release date that occurred after the start off the associated Reentry program. Referring to the example above, this would mean that the date of August 8, 2010, would be selected as the release date for when a comparison group member was released in to the community (i.e., to start the measurement “clock”). This approach was utilized in this research given its thematic consistency—clients in the actual Reentry1 and Reentry2 programs could only be released after their connection to the program, and using a proximate release data after program entry for comparison group clients replicates this timeline.

In processing these release dates, a number of anomalies surfaced that forced a reevaluation of the sample design. First, it was found that there were no jail records for 31 people from the core dataset, 15 of whom were Reentry1 comparison individuals and 16 Reentry2 comparison individuals. These individuals had to be removed from the dataset.

Second, there were more than 6,000 jail records appended to our samples in the core dataset, and some of those data points were beyond the expected range or had no valid date. In the Reentry1 and Reentry2 treatment groups, a total of 52 individuals were removed from the sample because they had no release date and there was thus no recidivism to measure. In the Reentry1 and Reentry2 comparison groups, a total of 121 individuals were removed from the sample: 6 Reentry1 and 2 comparison group members had no release dates and 115 individuals’ contact with the justice system occurred too far in the past to make a comparison viable. These removals resulted in a total sample of 798 individuals for analysis.

This data loss might have been prevented during the initial process of constructing the matched comparison groups if recidivism measures were available for the entire pool of potential comparison subjects. However, it was prohibitively labor intensive to compile such information for a large volume of

cases (n ~ 10,000) at the outset of our analysis, and the research team proceeded with the construction of matched comparison groups, with intention to append that information subsequently for the finalized set of treatment and comparison cases. However, there were considerable challenges in linking administrative records, which resulted in non-trivial data loss and statistical adjustments.

An important observation emerging from the construction of these groups was that some of the comparison individuals were drawn from the pre-reentry program period, which has critical methodological implications for this study: comparison individuals were in the community for a longer period of time, and thus had more opportunity to reoffend, than reentry program participants. Because of this increased time in the community, comparison individuals could potentially have a higher recidivism rate than reentry program participants only because they had been out of jail longer and had more opportunities to reoffend. This unavoidably resulted in complications with the treatment and comparison groups, compromising the balance between the treatment and comparison groups achieved through PSM.

Notes

1. With an action research approach, researchers work closely with program partners to monitor implementation and refine program operations based on early and frequent feedback from the evaluation.
2. Initially conceived as a 12-month evaluation spanning August 2012 to July 2013, the study's scope and timeline shifted considerably in November 2012 when its sponsors expanded the focus to include the Reentry2 program. Ultimately, the study was extended to June 2014 to permit additional data collection (family member focus groups in August 2013) and efforts to address the vagaries of the administrative data.
3. Convened in 2000, the ACJC consists of key leaders and stakeholders from across the county's criminal justice, human services, and civic spheres, including: judges; court administrators; directors of probation, health, and human services; jail administrators; staff of the county executive; service providers; and local foundation leaders. The ACJC meets monthly to advance its two primary goals: increased public safety and reduced recidivism (2013 ACJC Annual Report; <http://www.alleghenycounty.us/dhs/jail.aspx>).
4. The Proxy generates a score for risk of reoffending based on three data points: current age, age at first arrest, and number of prior offenses. Scores fall along an eight-point scale (2–8), with a higher score indicating a greater likelihood of recidivism; scoring ranges are determined based on the distribution of data for the specified local population (i.e., in this instance, jail inmates) with cut-points based on how the population falls into thirds. For more information on the Proxy, including its predicative capabilities and scoring, see Bogue, Woodward, and Joplin 2005; for more information about the role of risk screeners in reentry triage and transition planning, see Christensen, Jannetta and Buck Willison 2012.
5. If an eligible inmate had already been placed in alternative housing, a Reentry Specialist would meet with the inmate at his/her alternative housing location to present the program. If the inmate agreed to participate, a risk/needs assessment would then be conducted and a Phase 1 plan developed to identify goals and reentry needs; the Reentry Specialist would also meet with the client while in alternative housing to work on transition preparation.
6. These 25 cases were excluded from both the fidelity assessment and impact analysis. Reasons for ineligibility ranged from the client moved out of the area (one-third of these cases) to case transfer, early release, not sentenced, electronic monitoring, and death.
7. Examples include a client that cannot be located or who is not actively working toward his or her reentry plan goals (Allegheny County Reentry Program Manual 2012).
8. With the hiring of a Reentry Pod Coordinator in fall 2012, the unit became fully functional.
9. Gender was missing for two cases.
10. A mid-January 2013 teleconference briefed stakeholders on themes from Urban's first two site visits and an initial set of jail- and community-based client focus groups with Reentry1 (Phase 1) and Reentry2 participants conducted November 28–30, 2013. In February 2013, Urban-JPC researchers conducted an on-site briefing with a selected set of ACJC stakeholders to discuss themes emerging from the team's February stakeholder interviews and Reentry1 (Phase 2) client focus groups, and the memorandum commissioned by the ACJC the prior month regarding research and resources on six topics: (1) offender motivation as a factor for prioritizing program participation and common measures of offender motivation; (2) evidence-based treatment programs with cognitive behavioral components; (3) employment services and programming that focus on career development; (4) models of probation and community services partnerships, specifically the Opportunity to Succeed Model; (5) models of family case management; and (6) trauma curricula used in a jail setting. Urban submitted this memo to the ACJC on February 8, 2013. Additional briefings were held in June 2013 and February 2014; the ACJC also received memos summarizing focus group findings in December 2012 and February 2013, in conjunction with the ACJC's annual planning process.
11. As consulted February 6, 2014.
12. Auglaize County Transition Program (Miller and Miller 2010); Boston Reentry Initiative (Braga et al. 2009); Center for Employment Opportunities (Redcross et al. 2012); ComALERT (Jacobs and Western, 2007); Challenge to Change Therapeutic Community (Sacks et al. 2012); EQUIP (Liau et al. 2004); Florida Work

Release (Johnson 1984); Prison Industries (Johnson 1984); and Project Greenlight (Wilson and Davis 2006). For study details see <http://whatworks.csgjusticecenter.org/search>

13. It has been noted that practitioners and researchers would do well to keep in that mind that fidelity and quality are separate concepts, and should be treated as such. Fidelity should be considered with reference to a proven intervention—that is, whether rigorous replication yields the same results as earlier testing—while quality considers the characteristics or essence of something. Having one is not always indicative of the other: a program may be implemented with fidelity, but be of poor quality. Ostensibly, high-performing interventions must be high-quality and delivered with fidelity.
14. The focus group at DRC East involved six participants, while the second focus group, conducted at the Day Reporting Center South, consisted of nine participants.
15. The first family member focus group had six participants. The second group, conducted two months later, had 10 participants, but 4 had participated in the prior group, thus reducing the number of unique participants to 12.
16. The original dataset included 341 discrete Reentry1 clients, but 25 were deemed ineligible for the program after intake and were removed from the current analysis. This resulted in a final dataset of 316 discrete clients. Additionally, two clients were enrolled in the program twice. Because the objective of the analysis was to focus on clients rather than enrollments, the second outcomes of each of these clients were not analyzed.
17. The first program enrollment recorded in the Reentry1 program database is on 6/22/2010, with the last enrollment recorded 2/8/2013. The first recorded release from jail is 9/20/2010 and the last recorded release is 2/13/2013. The first exit from the program occurred on 9/21/2010 when a client withdrew from the program, and the final exit occurred on 2/14/2013 because the client had a warrant. This end date is also the last chronological piece of information recorded in the dataset accessed by Urban-JPC researchers for this analysis.
18. To answer the third research question, Urban-JPC researchers analyzed program data on 316 Reentry1 clients in order to construct and examine profiles of client needs and services relative to program outcomes. This analysis could only be performed with Reentry1 clients as comparable automated data did not exist for Reentry2 program clients.
19. Kaplan-Meier curves are a widely accepted method for determining risk over time, and were used to determine the effect of the Reentry1 and Reentry2 programs on time until recidivism.
20. Urban defined Phase 1 of the Reentry1 program as lasting from the client's enrollment into the program to the development of their Phase 2 service plan. Phase 2 lasted from the creation of the Phase 2 service plan to the client's end in the Reentry1 program. This means that in some cases, if a client never received a Phase 2 service plan, they would be considered "in Phase 1" for the whole tenure of the program for purposes of the analysis.
21. These include *Thinking for a Change*, family support, parenting classes, job readiness, job search assistance, GED classes, Alcoholics Anonymous, Narcotics Anonymous, ACHS drug and alcohol services, and ACHS mental health services and lifeskills classes.
22. As discussed later in this report, analysis did not find any evidence that either Reentry1 or Reentry2 routinely reassess clients in order to monitor progress around dynamic needs factors consistent with evidence-based practices.
23. Initially, the Reentry2 program specified that its designated POs would meet with clients a few days before release (Allegheny County Adult Probation and Parole SCA proposal 2011); by September 2012, the program's POs reported meeting with inmates monthly to monitor progress and engage in additional planning.
24. This activity was reportedly being scaled back (as reported at the end of the evaluation period) because of funding restrictions.
25. The reason for this debate was that the comparison groups had to be evaluated starting from a release date, but they did not have a program entry date that could be used to determine which of their releases from jail was most suitable for this purpose.
26. The Reentry1 Program Manual may serve as a helpful template with respect to identifying key processes and related benchmarks.
27. June 22, 2010, for Reentry1; December 1, 2011, for Reentry2.

References

- Allegheny County Fifth Judicial District of Pennsylvania. 2012. *Allegheny County Adult Probation Department 2012 Annual Report*.
https://www.alleghenycourts.us/annual_reports/default.aspx?show = xZz4iW8EneoSTpjUXm3Bfw = = .
- Allegheny County Department of Human Services. "Overview of Jail Collaborative," accessed May 2014,
<http://www.alleghenycounty.us/dhs/jail.aspx>.
- Allegheny County Jail. 2012. *Allegheny County Reentry Program Manual*. Pittsburgh, PA: Allegheny County Jail.
- Allegheny County Jail Collaborative. 2011. *Annual Report*. Issued July 1, 2011. Pittsburgh, PA: Allegheny County Jail Collaborative. <http://www.alleghenycounty.us/WorkArea/DownloadAsset.aspx?id = 34933>.
- . 2013. *Annual Report*. Issued October 15, 2013. Pittsburgh, PA: Allegheny County Jail Collaborative. http://www.alleghenycounty.us/uploadedFiles/DHS/About_DHS/Report_and_Evaluation/2013%20Annual%20Report.pdf.
- Altschuler, D., and T. Armstrong. 1994. *Intensive Aftercare for High-Risk Juveniles: A Community Care Model*. Washington, DC: US Department of Justice, Office of Justice Programs.
- Andrews, D. A., I. Zinger, R. D. Hoge, J. Bonta, P. Gendreau, and F. T. Cullen. 1990. "Does Correctional Treatment Work? A Clinically-Relevant and Psychologically Informed Meta-Analysis." *Criminology* 28 (3): 369–404.
- Aos, S., M. Miller, and E. Drake. 2006. *Evidence-Based Adult Correction Programs: What Works and What Does Not*. Olympia: Washington State Institute for Public Policy.
- Bernstein, J., and E. Houston. 2000. *Crime Work: What We Can Learn from the Low-Wage Labor Market*. Washington, DC: Economic Policy Institute.
- Bogue, B., W. Woodward, and L. Joplin. 2005. *Using a Proxy Score to Pre-Screen Offenders for Risk to Reoffend*. Boulder, CO: J-SAT. [http://www.pretrial.org/download/risk-assessment/Using%20a%20Proxy%20Score%20to%20Pre-screen%20Offenders%20\(Bogue,%20Woodward,%20Joplin%202006\).pdf](http://www.pretrial.org/download/risk-assessment/Using%20a%20Proxy%20Score%20to%20Pre-screen%20Offenders%20(Bogue,%20Woodward,%20Joplin%202006).pdf).
- Braga, A. A., A. M. Piehl, and D. Hureau. 2009. "Controlling Violent Offenders Released to the Community: An Evaluation of the Boston Reentry Initiative." *Journal of Research in Crime and Delinquency* 46 (4): 411–36.
- Brazzell, D. 2008. *Using Local Data to Explore the Experiences and Needs of Children of Incarcerated Parents*. Washington, DC: Urban Institute.
- Buck Willison, J., J. Jannetta, H. Dodd, R. Neusteter, K. Warwick, K. Greer, and A. Matthews. 2012. *Process and Systems Change Evaluation Findings from the Transition from Jail to Community Initiative*. Washington, DC: Urban Institute.
- Carter, M., and R. J. Sankovitz. 2014. *Dosage Probation: Rethinking the Structure of Probation Sentences*. Silver Spring, MD: Center for Effective Public Policy.
- Casey, P. M., R. K. Warren, and J. K. Elek. 2011. *Using Offender Risk and Needs Assessment Information at Sentencing Guidance for Courts from a National Working Group*. Williamsburg, VA: National Center for State Courts.
- Christensen, G., J. Jannetta, and J. Buck Willison. 2012. *The Role of Screening and Assessment in Jail Reentry*. Washington, DC: Urban Institute.
- Cullen, F. T., and P. Gendreau. 2000. "Assessing Correctional Rehabilitation: Policy, Practice and Prospects." In *Criminal Justice 2000: Policies Processes, and Decisions of the Criminal Justice System*, vol. 3., 109–76. Washington, DC: US Department of Justice, Office of Justice Programs.
- Davies, E., D. Brazzell, N. La Vigne, and T. Shollenberger. 2008. *Understanding the Experiences and Needs of Children of Incarcerated Parents: Views from Mentors*. Washington, DC: Urban Institute.
- Dehejia, R. H., and S. Wahba. 1999. "Causal Effects in Nonexperimental Studies: Reevaluating the Evaluation of Training Programs." *Journal of the American Statistical Association* 94 (448): 1053–62.

- Dowden, C., and D. A. Andrews. 2003. "Does Family Intervention Work for Delinquents? Results of a Meta-Analysis." *Canadian Journal of Criminology and Criminal Justice* 45 (3): 327–42.
- Domurad, F., and M. Carey. 2010. *Implementing Evidence-Based Practices*. Silver Spring, MD: Center for Effective Public Policy.
- Fabelo, T., G. Nagey, and S. Prins. 2011. *A Ten Step Guide to Transforming Probation Departments to Reduce Recidivism*. Washington, DC: Council of State Governments Justice Center.
- Farrell, A. 2000. "Women, Crime and Drugs." *Women & Criminal Justice* 11 (1): 21–48.
- Gaes, G. G. 2008. "The Impact of Prison Education Programs on Post-release Outcomes." Presented at the Reentry Roundtable on Education, John Jay University, New York, March 31–April 1.
- Gaes, G. G., T. J. Flanagan, L. L. Motiuk, and L. Steward. 1999. "Adult Correctional Treatment." In *Prisons*, edited by Micheal H. Tonry and Joan Petersilia, 361–426. Chicago: University of Chicago Press.
- Geller, A., I. Garfinkel, C. E. Cooper, and R. B. Mincy. 2009. "Parental Incarceration and Child Wellbeing: Implications for Urban Families." *Social Science Quarterly* 90 (5): 1186–1202.
- Gendreau, P., S. A. French, and A. Gionet. 2004. "What Works (What Doesn't Work): The Principles of Effective Correctional Treatment." *Journal of Community Corrections*.
- Gendreau, P., T. Little, and C. Goggin. 1996. "A Meta-Analysis of Adult Offender Recidivism: What Works?" *Criminology* 34 (4): 575–607.
- Glaze, L. E., and E. J. Herberman. 2013. *Correctional Populations in the United States, 2012*. Washington, DC: US Department of Justice, Office of Justice Programs.
- Greenberg, G., and R. Rosenheck. 2008. "Jail Incarceration, Homelessness, and Mental Health: A National Study." *Psychiatric Services* 59 (2): 170–77.
- Hammett, T., C. Roberts, and S. Kennedy. 2001. "Health-Related Issues in Prisoner Reentry." *Crime and Delinquency* 47 (3): 390–409.
- Harlow, C. W. 2003. *Education and Correctional Populations. Special Report*. Washington, DC: US Department of Justice.
- Hosmer, D. W., and S. Lemeshow. 2000. *Applied Logistic Regression*. New York: Wiley.
- Inciardi, J. A., S. S. Martin, and C. A. Butzin. 2004. "Five-Year Outcomes of Therapeutic Community Treatment of Drug-Involved Offenders after Release from Prison." *Crime and Delinquency* 50 (1): 88–107.
- Jacobs, E., and B. Western. 2007. *Report on the Evaluation of the ComALERT Prisoner Reentry Program*. Kings County, NY: Office of the Kings County District Attorney.
- James, D. J., and L. E. Glaze. 2006. *Mental Health Problems of Prison and Jail Inmates*. Washington, DC: US Department of Justice, Office of Justice Programs.
- Johnson, C. M. 1984. *The Effects of Prison Labor Programs on Post-release Employment and Recidivism*. Doctoral dissertation, Florida State University.
- Karberg, J., and J. James. 2005. *Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002*. Washington, DC: US Department of Justice, Office of Justice Programs.
- Landenberger, N. A., and M. W. Lipsey. 2005. "The Positive Effects of Cognitive-Behavioral Programs for Offenders: A Meta-Analysis of Factors Associated with Effective Treatment." *Journal of Experimental Criminology* 1: 451–76.
- Latessa, E. 2010. "Cutting Recidivism: What Works, What Doesn't." Accessed July 2014, www.the-slammer.org/category/guestcommentaries.
- . 2011. "What Works and What Doesn't in Reducing Recidivism: Some Lessons Learned from Evaluating Correctional Programs." accessed July 2014, <http://csgjusticecenter.org/search/Latessa>.
- La Vigne, N. G., E. Davies, T. Palmer, and R. Halberstadt. 2008. *Release Planning for Successful Reentry: A Guide for Corrections, Service Providers, and Community Groups*. Washington, DC: Urban Institute.

- Liau, A. K., R. Shively, M. Horn, J. Landau, A. Barrida, and J. C. Gibbs. 2004. "Effects of Psychoeducation for Offenders in a Community Correctional Facility." *Journal of Community Psychology* 32 (5): 543–58.
- Lipsey, M. W., N. A. Landenberger, and S. J. Wilson. 2007. "Effects of Cognitive-Behavioral Programs for Criminal Offenders." *Campbell Systematic Reviews*, 6.
- Lowenkamp, C., and E. Latessa. 2004. "Understanding the Risk Principle: How and Why Correctional Interventions Can Harm Low-Risk Offenders." *Topics in Community Corrections*. 3–8.
- MacKenzie, D.L. 2006. *What Works in Corrections? Reducing the Criminal Activities of Offenders and Delinquents*. New York: Cambridge University Press.
- Martin, S. S., C. A. Butzin, C. A. Saum, and J. A. Inciardi. 1999. "Three-Year Outcomes of Therapeutic Community Treatment for Drug-Involved Offenders in Delaware: From Prison to Work Release to Aftercare." *The Prison Journal* 79 (3): 294–320.
- Matthews, B., D. J. Hubbard, and E. Latessa. 2001. "Making the Next Step: Using Evaluability Assessment to Improve Correctional Programming." *The Prison Journal* 1(4): 454–71.
- McGuire, J. 2001. "What Works in Correction Intervention? Evidence and Practical Implications." In *Offender Rehabilitation in Practice: Implementing and Evaluating Effective Programs*, edited by D.F. Gary Bernfeld and Alan Lescheid (25–43). New York: John Wiley and Sons.
- Miller, H. V., and M. Miller. 2010. "Community In-reach through Jail Reentry: Findings from a Quasi-Experimental Design." *Justice Quarterly* 27 (6): 893–910.
- Minton, T. D., and D. Golinelli. 2013. *Jail Inmates in Midyear 2013—Statistical Tables*. Washington, DC: US Department of Justice, Office of Justice Programs.
- National Reentry Resource Center. Accessed July 2014:<http://csgjusticecenter.org/reentry/about-what-works/>.
- Osher, F. C., H. J. Steadman, and H. Barr. 2002. *A Best Practice Approach to Community Reentry from Jails for Inmates with Co-occurring Disorders: The APIC Model*. Delmar, NY: National GAINS Center.
- Ostermann, M. 2009. "An Analysis of New Jersey's Day Reporting Center and Halfway Back Programs: Embracing the Rehabilitative Ideal through Evidence-Based Practices." *Journal of Offender Rehabilitation* 48 (2): 139–53.
- Pearson, F. S., D. S. Lipton, C. M. Cleland, and D. S. Yee. 2002. "The Effects of Behavioral/Cognitive-Behavioral Programs on Recidivism." *Crime and Delinquency* 48 (3): 476–96.
- Petersilia, J. 1999. "Parole and Prisoner Reentry in the United States." *Crime and Justice* 26: 479–529.
- . 2004. "What Works in Prisoner Reentry? Reviewing and Questioning the Evidence." *Federal Probation* 68 (2): 3–9.
- Redcross, C., M. Millenky, T. Rudd, and V. Levshin. 2012. *More Than a Job: Final Results from the Evaluation of the Center for Employment Opportunities (CEO) Transitional Jobs Program*. New York: MDRC.
- Ritter, N. 2006. "No Shortcuts to Successful Reentry: The Failings of Project Greenlight." *Corrections Today* 94–97.
- Roman, C. G., M. Kane, D. Baer, and E. Turner. 2009. *Community Organizations and Crime: An Examination of the Social-Institutional Processes of Neighborhoods*. Washington, DC: Urban Institute.
- Roman, C. G., and J. Travis. 2004. *Taking Stock: Housing, Homelessness and Prisoner Re-entry*. Washington, DC: Urban Institute.
- Rosenbaum P. R., and D. B. Rubin. 1983. "The Central Role of the Propensity Score in Observational Studies for Causal Effects." *Biometrika* 70(1): 41–55.
- . 1984. "Reducing Bias in Observational Studies Using Subclassification on the Propensity Score." *Journal of the American Statistical Association* 79 (387): 516–24.
- Rossman, S. B., and C. G. Roman. 2003. "Case-Managed Reentry and Employment: Lessons Learned from the Opportunity to Succeed Program." *Justice Research and Policy* 5 (2): 75–100.
- Rossman, S. B., and S. Sridharan, C. Gouvis, J. Buck, and E. Morley. 1999. *The Impact of the Opportunity to Succeed for Substance-Abusing Felons: Comprehensive Final Report*. Washington, DC: Urban Institute.

- Sacks, J. Y., K. McKendrick, and Z. Hamilton. 2012. "A Randomized Clinical Trial of a Therapeutic Community Treatment for Female Inmates: Outcomes at 6 and 12 Months after Prison Release." *Journal of Addictive Diseases* 31 (3): 258–69.
- Seiter, R. P., and K. R. Kadela. 2003. "Prisoner Reentry: What Works, What Does Not, and What Is Promising." *Crime and Delinquency* 49: 360–88.
- Simpson, D. D., and K. Knight. 2007. "Offender Needs and Functioning Assessments from a National Cooperative Research Program." *Criminal Justice and Behavior* 34 (9): 1105–12.
- Shollenberger, T. L. 2009. *When Relatives Return: Interviews with Family Members of Returning Prisoners in Houston, Texas*. Washington, DC: Urban Institute.
- Smith, D., A. Johnson, K. C. Pears, P. Fisher, and D. DeGarmo. 2007. "Child Maltreatment and Foster Care: Unpacking the Effects of Prenatal and Postnatal Parental Substance Use." *Child Maltreatment* 12 (2): 150–60.
- Solomon, A. L., J. W. L. Osborne, S. F. LoBuglio, J. Mellow, and D. A. Mukamal. 2008. *Life after Lockup: Improving Reentry from Jail to the Community*. Washington, DC: Urban Institute.
- Taxman, F. 1999. "Unraveling 'What Works' for Offenders in Substance Abuse Treatment Services." *National Drug Court Institute Review* 2: 93–134.
- Travis, J., and C. Visher. 2005. *Prisoner Reentry and Crime in America*. New York: Cambridge University Press.
- Visher, C., N. G. La Vigne, and J. Travis. 2003. *Returning Home: Understanding the Challenges of Prisoner Reentry; Maryland Pilot Study: Findings from Baltimore*. Washington, DC: Urban Institute.
- Walker, C. 2005. *Children of Incarcerated Parents*. Pittsburgh, PA: Pittsburgh Child Guidance Foundation.
- White, M. D., J. Saunders, C. Fisher, and J. Mellow. 2008. "Exploring Inmate Reentry in a Local Jail Setting: Implications for Outreach, Service Use, and Recidivism." *Crime and Delinquency* 58 (1): 1–24.
- Wildeman, C., and B. Western. 2010. "Incarceration in Fragile Families." *The Future of Children* 20 (2): 157–77.
- Wilson, J. A. 2007. "Habilitation or Harm: Project Greenlight and the Potential Consequences of Correctional Programming." *National Institute of Justice Journal* 257: 2–7.
- Wilson, J. A., and R. C. Davis. 2006. "Good intentions meet hard realities: An evaluation of the Project Greenlight reentry program." *Criminology and Public Policy* 5 (2): 303–38.
- Wilson, D. B., L. A. Bouffard, and D. L. MacKenzie. 2005. "A Quantitative Review of Structured, Group-Oriented, Cognitive-Behavioral Programs for Offenders." *Journal of Criminal Justice and Behavior* 32 (2): 172–204.
- Wilson, D., C. A. Gallagher, and D. L. Mackenzie. 2000. "A Meta-Analysis of Corrections-Based Education, Vocation, and Work Programs for Adult Offenders." *Journal of Research on Crime and Delinquency* 37 (4): 347–68.
- Yamatani, H. 2008. "Overview Report of the Allegheny County Jail Collaborative Evaluation Findings." Accessed July 2014, <http://www.alleghenycounty.us/WorkArea/DownloadAsset.aspx?id = 23760>.
- Zhang, S. X., R. E. L. Roberts, and V. J. Callanan. 2006a. "Preventing Parolees from Returning to Prison through Community-Based Reintegration." *Crime and Delinquency* 52 (4): 551–71.
- . 2006b. "The Cost Benefits of Providing Community-Based Correctional Services: An Evaluation of a Statewide Parole Program in California." *Journal of Criminal Justice* 34 (4): 341–50.

About the Authors

Janeen Buck Willison, a senior research associate in the Justice Policy Center at the Urban Institute, has over 15 years of experience managing and directing multisite studies of youth and adult offender populations. Her work includes evaluations for the federal government and private foundations focused on specialized courts, prisoner reentry, juvenile justice reform, delinquency prevention, mental health interventions for offenders, faith-based reentry programs, evidence-based practice, and systems change. She has expertise in action research, evaluability assessment, program evaluation, policy analysis, performance measurement, technical assistance, and qualitative and quantitative data analysis including experimental and quasi-experimental designs.

Sam G. Bieler is a research associate in the Justice Policy Center at the Urban Institute, where he works on issues of gun violence, crime mapping, and social impact innovation. Currently he is the manager of Urban Institute's gun violence prevention portfolio and Urban Institute's work with acoustic gunfire detection technology.

KiDeuk Kim, is a Senior Research Associate in the Urban Institute's Justice Policy Center, where he examines an array of issues related to crime and criminal justice policy. He is also a Visiting Fellow at the U.S. Department of Justice, Bureau of Justice Statistics. Prior to joining the Urban Institute, he served as a senior researcher for the State of New York and provided research oversight for several task forces on criminal justice issues, including prisoner reentry, risk assessment, sentencing reforms, and evidence-based policing. He is an expert in a wide variety of evaluation methods and criminal justice policy analysis. His research has been sponsored by several branches of the U.S. Department of Justice, local governments, academic/scientific institutions, and a private enterprise.



2100 M Street NW
Washington, DC 20037

www.urban.org