

# **Building a Prison Reentry Program: The Multnomah County Reentry Enhancement Coordination Program**

## ***Introduction***

The Multnomah Reentry Enhancement Coordination Program (REC) is a specialized reentry initiative for high-risk individuals with co-occurring and substance abuse disorders. Unlike many reentry programs, REC focuses its resources specifically on those individuals who are most likely to recidivate as determined by a validated risk assessment tool. The Multnomah REC program was designed to close gaps in services provided to those transitioning from prison to the community. The initiative targets individuals awaiting release who have sought treatment while incarcerated and finds ways to help them continue their treatment and succeed through a comprehensive package of wrap-around services including: housing, substance abuse treatment, vocational rehabilitation, peer-to-peer mentoring, and more.

A unique element of the REC program is “institutional reach in.” REC staff connects with inmates before they are released and work to establish ongoing relationships with potential clients. This “institutional reach in” culminates during reentry/discharge planning and during the initial weeks after their release from a correctional facility.

The Multnomah REC program provides services and supervision for an average of 80 individuals at any given time and is a great example of both cost sharing and public-private partnerships. The core of this multi-disciplinary REC team is composed of two full-time probation/parole officers whose salaries are paid by the state, three substance abuse/mental health practitioners and five ex-offender mentors, who work closely with REC clients on a daily basis. The substance abuse/mental health practitioners, ex-offender mentors, vocational rehabilitation, and transitional housing are provided through partnerships with nonprofits which are funded through a combination of local county funds and state Byrne JAG funds. During the 90-120 day outpatient program, each REC participant is offered a variety of services specially designed to fit their particular needs and risk factors.

## ***Nature of the problem***

Like many states, Oregon’s prison population was suffering from poor reentry outcomes when inmates were returned to the community. Many of these former inmates were committing new crimes, returned to drug use upon release, had difficulties attaining employment, suffered from continuing mental health and substance abuse problems, and were unable to attain self-sufficient and stable living situations.

The primary gaps in prison based treatment transition services were service capacity and coordination of services. The Multnomah County Department of Community Justice (DCJ) had many dynamic and progressive transition services and programs, in supervising 8000 offenders,

however, the need for services far exceeded the DCJ's capacity. Recidivism for inmates completing prison based treatment was about the same as inmates who did not receive treatment. Additionally, the DCJ's outpatient substance abuse treatment capacity was limited to 166 offenders. This gap in outpatient services directly impacted the continuity of treatment needed for offenders who had successfully completed residential treatment in the institution.

Compounding the treatment shortage gap, transitional housing was limited to 223 offenders. More than 300 offenders who were in need of transitional housing that the DCJ could not address went homeless or "couch surfed". Although some of the offenders returning from prison had a home to go to, many needed assistance with housing and DCJ did not have capacity to provide this service. Many end up re-offending and/or relapsing while waiting to secure stable housing.

An additional gap in reentry services was a lack of offender engagement and coordination of transition services. The Multnomah County Commissioners have invested heavily in treatment services, however, engagement in treatment continued to be less than optimal. Transitioning offenders often got lost, discouraged, or overwhelmed while attempting to navigate the variety of services spread throughout the county. The complexity and size of Multnomah County added to the problem.

Ultimately, the cost of ineffective transition services led to increased recidivism and increased victimization in our community and increased the costs of apprehension, prosecution and re-incarceration.

#### Oregon Recidivism Costs

- Cost of Adult Prosecution = \$1,011\*
- Cost to Victims\* = \$14,333\*
- Oregon Prison Cost = \$31,000 Annually

\*Average Estimated Cost, Actual Cost May Vary

#### ***The Reentry Enhancement Coordination Program***

The main goals of the Multnomah County Reentry Enhancement Coordination (REC) Program are to increase public safety and to reduce recidivism to prison through impacting the following key outcomes:

- Reduce the number of released offenders who are committing new crimes
- Reduce the number of released offenders who use drugs
- Increase the number of released offenders who are gainfully employed
- Increase the number of released offenders who are in self-sufficient and stable living situations
- Ensure that released offenders continue to have appropriate care for mental health and substance abuse problems

The target group for the program is:

- Males or females,
- 18 years of age or older, and
- Who are a high to moderate risk to recidivate, as determined by a validated risk assessment tool.

DCJ supervises the target population with the Reentry Enhancement Coordination (REC) Team. This team is specifically organized for this project and includes oversight by an existing Community Justice Manager (CJM), supervision by current Probation/Parole Officers and Correctional Counselors and through grant funds services including recovery peer mentors, a job developer/coach, substance abuse treatment and housing partners. Transition by the REC Team begins with reach-in to the institution, working collaboratively with DOC staff and the offender to develop a comprehensive transition plan. Services are managed and coordinated by the REC Team which builds on the prison-based treatment and programming. Key partners include the Volunteers of America Oregon's InAct program, the Oregon Department of Corrections, the Multnomah County Department of Community Justice, SE Works, and Bridges to Change.

Research identifies the period immediately following release from prison as a particularly high-risk time for offenders. Not only is the risk of new crimes greatest during this period, but offenders also often experience a heightened need for substance abuse treatment, mental health treatment, housing and other services. The REC Team concentrates essential wrap around services in the first few months of release. Effective coordination and collaboration directly with DOC, the community, and the offender is a key strategy of the REC Team to further reduce the risk of re-offense and relapse. Additionally, the reduction in recidivism achieved by the work of the REC Team leads to a reduction in service gaps and the substantial saving of public dollars.

The REC Team works to improve reach-in activities that increase engagement in services upon release. In addition, according to need, offenders receive the necessary treatment, employment and housing essential for addressing the criminogenic factors that reduce recidivism. Recovery mentors offer support, help connect offenders to pro-social activities and provide opportunities to practice new skills they have learned in treatment.

Volunteers of America (VOA) provides evidence-based, cognitive behavioral outpatient treatment to the target population. Cognitive behavioral treatment has been shown to reduce offender recidivism and relapse (Andrew and Bonta, 1990). VOA provides individual and group counseling, evidence-based curriculums, and client support groups to assist offenders in integrating the knowledge and skills they have learning in the program. Rehearsal of these skills is incorporated into interactions with other program participants and staff.

Alcohol and drug free housing and recovery peer mentoring contractors provide 23 beds and 3 recovery peer mentors who are members of the REC Team. Offenders placed in housing are assigned a recovery peer mentor. Bridges to Change is a key partner in this effort. Housing is located residentially throughout the county to assist offenders in transitioning near their community. Each alcohol and drug free residence is staffed with a live-in house monitor encouraging pro-social behavior and guidance to residents.

Employment and job development services are contracted with SE Works. The Portland Partners Re-Entry Initiative (PPRI) is utilized in the effort to increase employment for program participants.

Collaboration with these providers and partners has helped to close gaps contributing to inadequate re-entry transition. The Oregon Criminal Justice Commission findings show a 43% reduction in recidivism for the first two years of the REC program. The DCJ has done this by using tested and proven reentry strategies to accomplish these goals. Additionally coordination of reentry and transition services for these offenders has assisted in meeting the goals of reducing recidivism and relapse, promoting community safety, and saving valuable community resources.

Collaborative partnerships have been the primary contributor to maintaining success and accountability by the REC Team. All members of the REC Team participate and collaborate with DOC institution treatment and release staff in case staffing and ongoing communication to ensure effective coordination of services. Regular and clear communication between different members of the REC Team and the offender is maintained.

### ***Program Evaluation***

Using the in-house expertise of Oregon's Statistical Analysis Center and funds from multiple Byrne JAG grants, the Oregon Criminal Justice Commission conducted a preliminary two-year evaluation of not only the Multnomah County REC program but also three other similar reentry programs throughout the state as well. The programs were evaluated on outcomes and cost-effectiveness. The report, Offender Reentry Programs: Preliminary Evaluation, was released in July 2011 and can be found at: [www.oregon.gov/CJC/docs/reentry\\_eval\\_final.pdf](http://www.oregon.gov/CJC/docs/reentry_eval_final.pdf) .

The evaluation of the four offender reentry programs found that together, the programs generated a 33 percent decrease in all new felony and misdemeanor arrests when compared to similar offenders matched on risk. When broken down, the programs decreased the property crime arrest rate by 38 percent. When looking at individuals receiving new charges, the programs showed a 27 percent drop for all charges collectively and when divided by type of charge, there was a 41 percent drop in misdemeanor charges and a 33 percent drop in felony charges.

Going beyond outcome measures, the study also noted that the program was cost-effective with each dollar invested in these offender reentry programs generating \$6.73 in benefits such as avoided criminal justice costs to taxpayers and reduced victimization costs. Program staff at the Multnomah REC report that 70 percent of their participants are out of government/intermediary housing within 90 days after release, further saving the system and opening up beds in halfway homes and other transitional housing programs. During the REC's most recent quarter, 84 percent of participants attained employment within 90 days after release from prison.

## **Outcomes of the REC Program**

### Recidivism Outcomes

Re-arrests

Control Group - 28%

Treatment Group - 16%

This is a **43%** reduction

### Cost Benefit Analysis

Cost of Reentry Per Participant= **\$3,419**

Crime-Related Costs Avoided Per Participant= **\$23,019**

Benefit to Cost Ratio= **\$6.73**

### Additional Outcomes

Clients achieving employment within 90 days of prison release= **74%**

Clients moving to independent housing after 90 days of prison release= **84%**

### *Key Strategies for Building a Successful Reentry Program*

1. Identify Key Stakeholders and Possible Program Partners
2. Convene the Providers and Key Stakeholders to assess needs, resources, and design
3. Decide who the Multi-Disciplinary Team (workgroup) will be and who will lead it
4. MDT Team Building (relationships)
5. Develop Program Goals and Objectives
6. Establish timelines for implementation, develop programs and processes, and determine MDT structure
7. Establish Program Managers Quarterly Meeting
8. Evaluate, Adjust, Evaluate, Adjust