



IJRD INSTITUTE FOR
JUSTICE RESEARCH
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Researching and Responding to Barriers to Prisoner Reentry: Early Findings from a Multi-state Trial

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Introduction

In the days and weeks immediately following release from incarceration, individuals are in transition. Some release from incarceration into a stable and safe living arrangement, have access to reliable transportation, find gainful employment quickly and easily, and are able to re-connect – to their loved ones and their communities – and begin the process of creating (or recreating) a life post-incarceration. Others, however, arrive at homeless shelters with only the garments they brought with them to prison or they move from couch to couch, until they are asked to move on. They may have chronic physical illnesses, struggle with mental health issues, or have a history of substance use and addiction. Even those individuals fortunate enough to have supportive family members struggle to make sense of the incarceration experience and explain to their loved ones where they have been and how they have been changed by the process. Some of these individuals have only been away for a year; others have been incarcerated as juveniles and have emerged middle-aged and gray to a world they no longer recognize. Upon returning home, they will meet children, grandchildren, nieces, and nephews born during their incarceration for the first time. They will understand just how much time has passed when they see how much their children have grown. They will hear stories of loved ones who died, married, divorced, or graduated while they were away.

Nearly all individuals who are incarcerated are eventually released to our communities to embark on their own personal journey of reentry. Despite the fact that more than 10,000 people release from state and federal prisons each week, researchers and practitioners know little about what works best, for whom, and how to support people during the reentry phase. This stubborn reality is underscored by the fact that nationally, 77% of formerly incarcerated individuals are re-arrested within 5 years. The reasons for re-arrest are many and varied, and are not always a result of what the general public may assume. Scholars have extensively documented the challenges formerly incarcerated individuals face as they reenter society. What is less well-documented are how effective reentry service approaches are at helping individuals overcome those challenges. Reentry research is messy and demonstration projects often only get one shot at trying to identify the most effective intervention approaches. Research findings are disseminated years after the research has occurred, prohibiting the refinement of reentry approaches during the course of a study. Reentry services research has also focused almost entirely on interventions with the individual who experienced incarceration and has not actively intervened with the community and policy factors that dramatically influence a person's likelihood for post-incarceration success.

This report describes the inner workings and early discoveries of participants and researchers in a groundbreaking longitudinal study currently occurring in four states, 50 prisons, and 12 urban and rural counties with more than 1800 people enrolled since May 2018. The study, officially titled *A Multisite Randomized Controlled Trial of the 5 Key Model for Reentry*, is research that is occurring as a part of a larger initiative referred to as the Safe Streets and Second Chances initiative. Launched in January 2018, Safe Streets and Second Chances is comprised of a multidisciplinary group of academic and public and private sector stakeholders committed to using research and evidence to inform sweeping policy and reentry services reforms.

The research informing Safe Streets and Second Chances is best described as a massive social experiment. This report is the first of many that invites stakeholders and the general public to watch the social experiment unfold in real time – representing a revolutionary approach to research and evidence driven reentry reform.

About the Authors

The report was prepared by Dr. Carrie Pettus-Davis, Associate Professor and Founding Director of the Institute for Justice Research and Development (IJRD), and Principal Researcher of the 5-Key Model trial and Dr. Stephanie Kennedy, the Director of Research Dissemination at IJRD.

Institute for Justice Research and Development. IJRD is a research center housed within the College of Social Work at the Florida State University. Our mission is to advance science, practice, and policy to improve the well-being of individuals and families impacted by criminal justice system involvement. IJRD specializes in conducting rigorous real-world research using randomized controlled trials. IJRD team members reside in communities across the nation and are currently implementing the 5-Key Model for Reentry research as well as research on other pressing issues relevant to criminal justice reform. ijrd.csw.fsu.edu

Overview

The study presented in this report is comprised of two initial phases. Phase 1 includes a randomized controlled trial with the recruitment goal of 2200 participants who are currently incarcerated in one of 50 state prisons in Florida, Kentucky, Pennsylvania, and Texas and plan to, or have recently released to, one of 12 urban or rural study counties in those states. Phase 2 of the study will expand the research to other states around the country.

Study recruitment began in prisons in May 2018. After consent into the study, participants are randomly assigned to receive either the 5-Key Model for Reentry (5-Key Model for short) or standard reentry services. Participants will release through March 2019. Data collectors collect data directly from individuals while they are in prison, immediately after release from prison, and then 4, 8, and 15 months after release from prison. Interview data is collected from all participants, not just those receiving the 5-Key Model. Data collection includes understanding how people are doing with critical ingredients to successful reentry such as employment as well as the other types of supports they are receiving and recidivism outcomes. Recidivism outcomes will be tracked for at least five years. Research progress reports will be available every 3 months during the primary data collection period starting November 2018. Detailed research methodology is provided in the appendix.

Local research teams were hired in each state to conduct the study. State research teams are comprised of data collectors, practitioners who provide the 5-Key Model services, and staff that monitor adherence to the 5-Key Model and who help to inform real-time adjustments to the model. Local nonprofit, governmental, academic, and private sector entities are engaged in the states on capacity building, reentry reform, and sustainability of evidence driven reentry practices. The ultimate goal of the research is to help prisons and service providers adopt gold standard approaches for preparing people for reentry beginning as early as day one of their incarceration. At the same time the 5-Key Model research is occurring, Safe Streets and Second Chances policy stakeholders at Right On Crime recognize that there is a quilt of public policies and practices across these states that create substantial barriers to an individual's full community participation after incarceration. Therefore Right on Crime is currently examining existing policies and organizational practices in our first four states. This work will expand to other states around the country. Right on Crime will use their own research as well as research provided by IJRD research teams to generate evidence driven policy innovations that will promote rather than prohibit success after incarceration. Approximately five additional states will be joining the initiative for Phase 2 of the research and policy work in Fall 2019.

The Purpose of this Report

The purpose of this report is to catalyze the rapid translation of research findings into practice and bridge the 17-year implementation gap between scientific discovery and changes to policy and practice. Quarterly research reports released to stakeholders and the public are one facet of this innovative and accessible approach to conducting and disseminating research. We will release our findings in real-time, rather than waiting for the end of the project to report results. This represents a departure from most research on programs and interventions, where results are released only after the conclusion of the study.

Currently, many of our study participants are still incarcerated. Those participants who have released from incarceration have only been back in their communities for a few weeks. Therefore, we are not able to conduct statistical analyses of employment or recidivism rates, or to assess the type of impact that the 5-Key Model is having in the lives of our participants at this point in the study. We are, however, able to closely examine the many barriers that our participants face to achieving success during reentry and showcase how study participants, the 5-Key Model intervention, and our study practitioners are working to address and overcome those barriers.

What is the 5-Key Model and who is Participating?

The 5-Key Model is a reentry services approach that was built by formerly incarcerated individuals, practitioners, and researchers and was grounded on a review of thousands of program evaluations conducted with criminal justice-involved and non-criminal justice involved study samples¹. Drawing from comprehensive theoretical and empirical research, the team selected the most potent rehabilitative interventions and combined them into one reentry services approach.

The 5-Key Model is designed to be delivered to all individuals despite their offense record or risk level. The 5-Key Model is a departure from current reentry models which are predominantly deficits-focused. Rather, the 5-Key Model is unique because it focuses on the strengths and psychological well-being of formerly incarcerated individuals to ensure they will remain crime-free and contribute positively to society. Research indicates that a focus on strengths and well-being best maximizes public health and public safety².

The 5-Key Model translates the projected key ingredients of successful reentry into a highly adaptive approach to reentry supports that can be implemented at different levels of intensity. The model provides treatment and employment preparation supports for individuals experiencing mental health or substance use disorders as well as other stressors associated with the transition from incarceration back to the community. Depending on the specific needs of a reentry participant, enhancements are provided in the model that can be used to target individuals with higher needs. Thus, resources are not wasted on a one-size-fits-all approach.

¹ Pettus-Davis, C., Veeh, C., & Renn, T. (2018). Intervention development study of the 5-Key Model for Reentry: An evidence driven prisoner reentry intervention.

² Pettus-Davis, C., Veeh, C., & Renn, T. (2018). The well-being development model: A new therapeutic framework to guide prisoner reentry services.

What are the 5 Keys?

The 5 Keys are defined below. When combined, all 5 Keys aim to increase overall well-being and, when improved upon, decrease the likelihood of future criminal involvement.

The 5 Keys are:	Definition of each Key
Meaningful Work Trajectories	Compatibility between an individual's goals and abilities and the demands of that individual's occupation is sustainable.
Effective Coping Strategies	Adaptive behavioral and psychological efforts taken to manage and reduce internal/external stressors in ways that are not harmful in the short or long-term.
Positive Social Engagement	When an individual is engaged in social experiences organized for beneficial social purposes that directly or indirectly involve others, engaged in during discretionary time, and experienced as enjoyable.
Positive Relationships	An association between two people that occurs in person and can range in duration from brief to enduring within formal or informal social contexts. The relationship is reliable, mutually beneficial, and enhances psychological well-being.
Healthy Thinking Patterns	Adaptive mental actions or processes, the presence of empathy, and the acceptance or internalization of values and norms that promote pro-social behavior.

Who is eligible to participate in the study?

At the time of this report, 1,826 individuals have met with a member of the research team across four states and 50 prisons. All individuals, despite their offense history, length of incarceration, or post-release supervision status are recruited into the study. We recruit all individuals to ensure that the people who join the study are as similar as possible to the larger population of people leaving incarceration on any given day. The individuals currently enrolled in the study are not volunteers who heard about the study and asked us if they could participate. Rather, the research team members approach all individuals in-person who meet the eligibility criteria below. This recruitment strategy is different from other reentry services and program evaluation approaches which limit eligibility based on a number of factors including crime type or prior history of criminal justice system involvement. The Departments of Corrections and Criminal Justice do not influence who does and does not participate in our study.

All incarcerated individuals are eligible who:

- Are at least 18 years old
- Have a scheduled release date within the study window
- Are releasing to one of the study counties
- Conversational in English
- Cognitively capable of consent

Who is currently in the study?

On average participants are 37 years old; 91% identify as male, 9% identify as female. Nearly 49% of individuals in the study identify as Black or African-American, 33% identify as White, and 9% identify as Latinx. An additional 6% of the sample identifies as multi-racial and 1% of the sample identifies as Indigenous or Native American, Asian or Pacific Islander, or with any other race (respectively). The majority of individuals are single (65%), with 11% of individuals reporting that they are currently in a relationship, 14% are separated or divorced, 9% are married, and 1% are widowed. Nearly three-quarters of individuals are parents to at least one child. Fifty-five percent of parents have children under the age of 18.

Content of the Report

For this report, we asked study practitioners to tell us about the study participants – helping us to understand what participants' lives are like in the days and weeks following release from incarceration. We pair data collected directly from study participants by data collection research staff with practitioners' field notes and stories about participants' lives. Practitioners told us stories of success and stories of struggle as participants' began the process of building or rebuilding their lives post-release. It quickly became clear that study participants' lives after release from reentry were constrained by a number of barriers, which seemed to reflect both internal and external forces. Therefore, we have organized this report into two sections.

Internal barriers include experiences with employment, trauma, mental health and substance use issues, and challenges around connection and interpersonal relationships.

External barriers include lack of transportation, lack of telephone and internet services, housing instability, and limited employment options that provide sustainable wages.

Within each section, we describe the barrier, discuss how study participants are trying to overcome it, how the 5-Key Model addresses the barrier, and how 5-Key study practitioners are adapting their practices to help participants to overcome barriers. The prevalence and aggregate data described in this report is based on the experiences of all study participants. The highlighted stories are specific to participants that were randomly assigned to the 5-Key Model. By providing this research report, we invite stakeholders to join us as we attempt to understand and solve the puzzle of overcoming pervasive barriers to successful reentry.

Internal Barriers

Experiences with Employment

Employment is highly valued and prioritized by most study participants. Securing employment is often a component of parole supervision but regardless, participants are very motivated to get a job and begin working immediately after release. Prior to incarceration, the majority of participants (54%) were working either part-time or full-time. Thirty-eight percent were unemployed or laid off and the remainder were in some other situation (full-time student, stay-at-home parent, retired, or receiving disability insurance). Study participants earned, on average, approximately \$1,300 per month in the six months prior to incarceration. Roughly three-quarters of study participants have a high school diploma, GED, or higher education credential. Further, nearly 40% of participants completed some form of education during incarceration. Thus it is not surprising that after release from incarceration, practitioners highlight participants' intense motivation to find employment, often noting that employment is the primary or sole focus for many individuals.

How participants are managing employment

Success with employment in the weeks immediately after release from incarceration might be measured by the participant getting a job or less tangibly, by the participant continuing to search and apply for jobs even after several setbacks. One practitioner commented that members of their team routinely celebrate employment victories with participants who are so excited when they are offered a job that they call or text right away to share the news. The practitioner also notes that: "employment allows participants to feel productive and normal, and attain self-sufficiency and independence. It creates options by providing the means to attain housing, transportation, and entertainment."

Employment is critical, not just for remaining in compliance with parole for those who are under supervision, but also to help participants feel as though they are contributing to their families and making up for lost wages during their incarceration. One participant shared with a practitioner, "I want to feel like a man and like I am contributing to my household. I don't want to have to ask anyone for anything." Another practitioner notes, "Employment is very important to participants and is usually the first priority for all participants that I have met with."

Yet, with employment comes both successes at overcoming barriers and also nuanced challenges. For example, one practitioner describes:

One of our participants has returned to his community after 8 years and he suffered a stroke a couple of weeks after he came home from prison. His employment history has consisted mostly of physical labor so his physical health has been a barrier to applying for employment that he would enjoy and that he has experience with. He still keeps a positive attitude and is motivated to continue to explore employment options.

The demands of employment, when coupled with the demands of reentry are challenging for many participants to negotiate. For some, employment creates barriers to accessing other important reentry supports as many participants are working long hours soon after they are hired or they are working a few hours here and there in multiple work settings, which makes it difficult to engage in other rehabilitative supports. One practitioner notes, "Some of our

participants lose focus on the 5-Key Model due to the desire to overcompensate for lost time in the workforce.” This is, however, far from a universal truth, as another practitioner writes:

One of our participants wakes up at 3am to work from 5am to 3pm six days per week. He then meets with us weekly at 4pm after getting off of work, despite really long work weeks because he knows he needs the additional support.

Another staff member notes:

Recently, I have been struggling to connect to one of our participants with a history of mental health disorder. When we first started meeting after his release from incarceration, he was very responsive and we called or texted to check-in throughout the week. Based on his lack of transportation, we were conducting appointments using the web-based streaming video service. After several weeks of no contact, he called to tell me that he is working three jobs and works 16 hours per day 7 days per week. He says that he enjoys throwing himself into his work and staying busy. He doesn't have much free time for other activities. I have encouraged him to try to find balance in his life and expressed concern that so much time working might lead to a mental health crisis for him, given his history of mental health issues, but the participant feels that working this much is ideal for him at this time. We agreed to resume check-ins daily by text to ensure that he has enough support.

How the 5-Key Model addresses employment

Helping participants to be well-enough to obtain and sustain employment is a central tenant of the 5-Key Model. The 5-Key Model uses a “Now, Next, Later” orientation which views employment holistically and within a long-term trajectory. The goal is to help participants to be employment ready and to get individuals on a path to meaningful and sustainable employment. The 5-Key Model builds concrete skills necessary for finding employment, such as resume building, along with “soft” skills such as self-awareness about employment aptitude and those factors that contribute to people keeping or losing their jobs. The 5-Key Model also addresses financial planning and budgeting skills to increase the chances of participant’s long-term success and dedicates attention to the influence of housing, wellness, and social networks on employment trajectories.

How 5-Key practitioners are adapting to challenges associated with employment

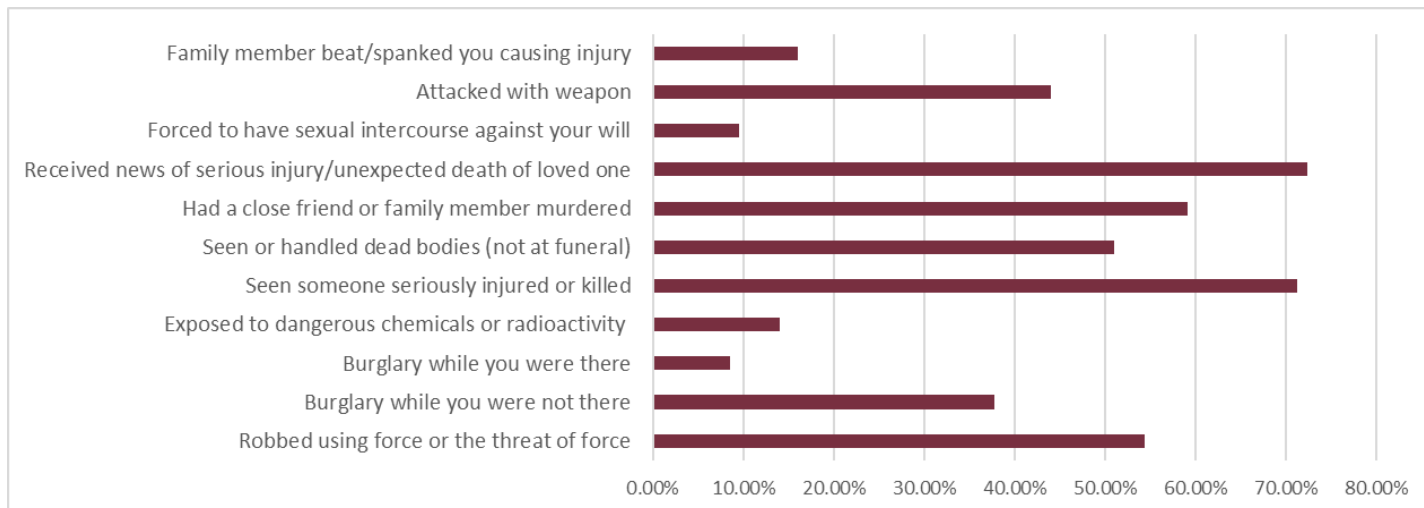
5-Key practitioners are keenly aware of the potential negative impact that the stressors inherent to the reentry process can have on long-term work trajectories. They are also aware that although many participants are able to obtain some form of employment shortly after release, that same employment is often unstable. Practitioners are simultaneously working to honor and support participants’ prioritization of employment, while also helping participants to receive critically needed mental health, substance abuse, relational, and other tangible and social supports. Practitioners flex programming around participants’ work schedules as well as stay connected to participants through modes of communication as simple as text messages so that when participants fall into crisis, the team is available and ready to support. Maintaining even limited connections to participants also allows participants to view the practitioner as trusted, non-judgmental, and available when needed – an experience that many participants have not had in the past. One practitioner notes, that this approach has helped the most resistant participants to see the importance of the supports provided by the 5-Key Model. In one case, a

participant has started to attend healthy thinking workshops – an activity he swore initially that he would never do.

Experiences of Trauma

Experiences of trauma are pervasive in the lives of individuals with incarceration histories. There are numerous research studies measuring experiences of victimization, abuse, and trauma across the lifespan among the men and women who are incarcerated in prisons and jails across the nation. We asked our participants about their experiences of trauma using the *Trauma History Questionnaire*,³ a 25-question survey that asks about a range of direct and witnessed traumatic events including experiences of child abuse, sexual assault, being robbed or attacked, being at home during a burglary, witnessing an attack or murder, having been around or handling dead bodies, and having had a loved one murdered (among others).

More than **96%** of study participants reported having experienced at least one traumatic event in their lifetimes. Almost 60% of study participants have had a close friend or family member murdered and more than 70% have witnessed someone being seriously injured or killed. Child physical abuse (within family) was experienced by 16% of participants. Nearly 45% have been attacked by someone using a gun, knife, or other weapon and more than half of the participants have been robbed by someone using force or the threat of force.



How participants are managing trauma

For some, trauma creates a complex constellation of obstacles for engagement after release from incarceration. Consistent with other studies, practitioners highlight the relationships between trauma and substance use in the lives of many participants. Experiences of trauma also affect how participants' move through their world and cope with the unpredictability and stress of leaving incarceration. Some study participants report histories of smoking marijuana to manage their trauma reactions, while others currently isolate themselves in an attempt to self-

³ Green, B. L. (1996). Trauma History Questionnaire. In B. H. Stamm (Ed.), *Measurement of stress, trauma, and adaptation* (pp. 366–369). Lutherville, MD: Sidran Press.

protect. One practitioner offered a detailed case report of an individual attempting to isolate to manage his anger related to trauma. They write:

One participant was physically and verbally abused as a child and will not go into detail about the abuse. Currently, it is manifesting as anger and he is working hard to manage and control his anger. He says that he was raised by "the streets" and he has a long history of addiction and violence (as a victim and a perpetrator). Because he has had to fend for himself for so long, he is not trusting and prefers to isolate himself from others. He said, "I don't want to be bothered with the stupidity of others and I don't want to be around the people that I used to be with." We are working toward him joining a gym and maybe a workout class so that he can get more familiar with what he has in common with other people without being required to directly interact with those individuals. He has spent most of his life in and out of the criminal justice system and feels that he does not deserve the goodness that he is currently experiencing by being a part of the 5-Key Model.

For some participants, incarceration is described as an additional layer of trauma, as participants report experiencing and witnessing physical violence and drug overdose deaths during their time in prison. These individuals are seeking some form of normalcy after release from incarceration and struggle with how to talk to their loved ones about their experiences. One practitioner offers a story about an individual coping with trauma by pushing the experiences from his mind. They note:

The participant was just released at 27 years of age after serving 10 years in prison. Prior to incarceration, he was a gang member and witnessed frequent shootings and physical violence and had many friends murdered. During incarceration, he reports witnessing trauma including drug overdose deaths and physical fights where someone died as a result of their injuries. Now that he is out and working, he appears to be pushing these traumatic events to the back of his mind and states that he "just wants to be normal."

Another practitioner highlights how previous trauma was activated during incarceration.

One of our participants served two tours during the Vietnam War and witnessed death and mortar shelling. During incarceration, he reports that he witnessed men stabbed to death and drug overdose fatalities and that has reminded him of his war time experiences and pervaded his thoughts.

For other participants, trauma reactions make them anxious and scattered. They have difficulty concentrating and focusing on the many demands of reentry. Another practitioner writes of a woman struggling to reconnect to her child after a lifetime of abuse, drug use, and mental health issues. They note:

One of our participants is a 38 year old woman who served one year in prison for drug-related charges. She lives with her mother in a rural location. Her only transportation is her boyfriend, who frequently comes into the city to manage his schizophrenia. Her boyfriend has custody of her 3 year old son. In childhood, she was abused by her father and other family members and experienced domestic violence from a previous boyfriend. She reports that the trauma of incarceration exacerbated her mental health issues. She has difficulty focusing and in both individual and group sessions and she repeatedly jumps between past experiences of trauma and current anxieties. This makes

it difficult for her to accomplish tasks and relieve her anxiety about getting a job, staying sober, and caring for her child.

Additionally, the power of trauma experiences continue to disrupt participants' lives after incarceration. This is exemplified by the struggle for some participants to support themselves and their loved ones through trauma without falling back into substance use. A practitioner notes:

I think most of my participants are struggling with trauma. One participant has had 2 friends shot since he was released from prison just weeks ago. He is struggling to figure out how to support his friends' family (victims of the murders), particularly the brothers who are using drugs and alcohol to cope with their loss, while maintaining his focus on reentry success and on his sobriety.

How the 5-Key Model addresses trauma

Trauma plays a powerful role in shaping participants' experiences prior to, during, and after release from incarceration. The 5-Key Model provides practitioners with the tools they need to offer validation and help participants process through their experiences as a means to improve their well-being.

Practitioners help participants to make connections between trauma and a range of mental health issues, substance use, and criminal activities (when relevant), although not all participants highlight trauma as a focal point of discussions with practitioners. One staff member described a female participant who began engaging in crime after the death of her child and how she attempted to access services during incarceration only to find she was not eligible. They write:

I work with a woman who served one year for embezzlement. Only those with sentences over 18 months are eligible for services and she feels that her time in prison was wasted. She has a history of trauma, including the death of her child which seems to have occurred just before the embezzling began.

The 5-Key Model guides participants to situate their life experiences, including experiences of trauma, within the context of incarceration and reentry, helping participants to process traumatic experiences, address trauma reactions, and strategize for success so that unmanaged trauma experiences do not impact their work, coping, or development of positive relationships with others.

How 5-Key practitioners are adapting to address trauma

5-Key practitioners report that many participants are hesitant to discuss their traumatic life experiences in detail, especially those which occurred prior to incarceration. This hesitancy is appropriate given that practitioners have only been working with participants for a short time. However, it can be difficult for practitioners to determine the impact of trauma on behaviors or to identify potentially detrimental trauma-related triggers when they are not aware of its presence. Given the prevalence of trauma experienced by participants, practitioners remain open to the likelihood that unaddressed trauma symptoms are impacting behaviors while also allowing participants to dictate how much or how little of their trauma histories they choose to share. When trauma experiences are shared, the practitioners take a solutions-oriented approach to

building effective coping strategies for trauma symptoms and helping participants to identify healthy and positive relationships and community supports that can provide them a new future that can help to buffer harms from the past. Recognizing that extensive trauma histories can result in both an unwillingness to connect with others and high levels of distrust, practitioners are patient and persistent in their engagement with participants and do not automatically attribute inconsistent interactions from participants as an indicator of low motivation for support and change.

Mental Health and Substance Use Disorders

Many study participants suffer from histories of mental health and substance use disorders. As they release from incarceration, some participants struggle to establish or maintain their mental health and sobriety in the face of the many stressors of their lives after release. Participants with substance use disorder histories frequently express concerns about maintaining their sobriety and avoiding relapse after release from incarceration. Most of these participants achieve a period of sobriety during incarceration and they have a strong desire to build a life after release that does not include substance use. Many are keenly aware how drug and alcohol use, and the people with whom they used drugs and alcohol, fueled their criminal offending and led to their incarceration.

During recruitment, we ask our participants about mental health and substance use histories using a clinical diagnostic tool. The tool allows us to establish history and prevalence of many mental health and substance use disorders.

Nearly 30% of our participants have experienced a major depressive episode in their lifetimes and nearly 15% meet psychiatric criteria for an anxiety disorder. Further, 11% of participants have experienced a symptom of psychosis (audio/visual hallucinations or delusions) in their lifetimes and more than half of these individuals (6% of the total sample) are currently hallucinating. Nearly a quarter of the individuals in the study meet criteria for posttraumatic stress disorder which far exceeds rates of PTSD among the general public. Additionally, more than 60% of the individuals in our study meet criteria for a current substance use disorder.

How participants are managing their mental health and substance use

The reentry period is often a chaotic time for participants as their housing situation, interpersonal relationships, and finances are strained and unstable. Some of our participants manage these anxieties by connecting with 5-Key Model staff, seeking validation and empathy from practitioners. One practitioner details the struggles and successes of a participant released from incarceration after nearly three decades. They write:

I have one participant who just released after 28 years of incarceration. He was first incarcerated as a juvenile shortly after his 17th birthday. When we met in prison, he expressed fear and concern that he didn't know how to pump gas, drive, or buy groceries. He called me the morning after he released at 7am to schedule an appointment. He called again a few days later because he was feeling overwhelmed. His family was making fun of him for drinking so much coffee, he had a terrible headache because he was trying not to drink coffee, and he felt like everyone was staring at him when they went to the store. I normalized his feelings and used 5-Key techniques to solution-build around sharing his experiences (and need for coffee). He was doing well, but then started to have panic attacks anytime he was in public and away from a family

member. We identified strategies that had worked to manage panic attacks during incarceration and he has not had another attack since that conversation. However, he still struggles to express what he went through in prison and how it impacts his daily life on the outside with his family.

We have also worked to refine his resume and strategize how to discuss his criminal background with potential employers. He now has a driver's license, a job, and recently received a state license for HVAC work. When I thanked him for continuing to come to programming and keeping in touch via phone even though he is working, he said "I always get something out of it" and " I always learn something new when I talk to you, so I know it is important for me to stay in touch even if I am able to just talk on the phone."

While many participants experience mental health issues, it is participants' substance use and addiction which dominates much of their engagement with practitioners. As noted, participants are often highly motivated to maintain their sobriety and avoid falling back into their pre-incarceration patterns. Some participants manage their commitment to staying sober by filling their days with work. One practitioner writes about a participant struggling to avoid the temptation of drug and alcohol use by other residents of his halfway house by working 6 days per week. They note:

One of my participants works 6 days a week and uses his 1 day off to make all of his mental health and substance use treatment commitments, which include medication-assisted treatment. He lives in a halfway house and tells me how many other residents use drugs and alcohol. The participant has been clean for 2 years (during his incarceration) which disrupted a long history of opioid addiction. He says that he works so much in order to avoid being around people who are using at the halfway house. He is terrified of relapsing. He works so much to protect himself; however, this leaves him little time to focus on mental health and his well-being.

Another practitioner comments:

I have noticed that many individuals in recovery or who are attempting to stay clean from substances use employment as a means of distraction from difficult environments where other individuals use drugs. Many individuals appear very motivated to move from their housing situation; employment provides them an avenue to make this a reality.

However, working long hours restricts the amount of time that participants have to balance attendance at court-ordered services with other demands in their life. One study practitioner offers the following case study:

I work with one participant who lives in a rural community far from our offices. He has a history of drug addiction, but has been sober for the four years of his incarceration and is committed to maintaining his sobriety after release. He was able to quickly acquire a job and soon after release was working long days, 5 or 6 days a week. Sometimes his work takes him out of state, but since he is so good about checking in, his parole officer is comfortable with allowing him to keep the job. He attends an intensive outpatient substance use treatment program three nights a week after work required by parole. Unfortunately, he has to commute almost an hour home after treatment to his rural home. He cannot attend 5-Key workshops in his rural county during the week due to exhaustion. However, since his release, he has regularly communicated with me throughout the week via text and we meet face-to-face every other Saturday. The

participant is dedicated to change, and he feels that participating in the 5-Key Model would be more beneficial for him than simply attending outpatient drug treatment required by parole, but he is worried that there will be a point where he does not have the energy to do both.

Working long hours also constrains the amount of time participants can spend with their loved ones and on necessary activities related to recovery, reentry, and re-connection.

I have observed that employment tends to complicate other aspects of our participants' lives because work becomes their only focus. It is challenging to help participants broaden their perspective beyond work and recognize that they must also manage their behavioral health and thus engage in other supports. It seems that everything outside of a job, including time spent on recovery and with family, become less important once a participant is working.

How the 5-Key Model addresses mental health and substance use

The 5-Key Model uses a strength-based, future-oriented approach that focuses on the presence of solutions rather than absence of problems. The model uses intervention approaches that encourage participants to describe the future that they most hope for and identify ways that they have been successful in the past. These techniques facilitate participant-directed positive changes in behavior and cognitions. Solution-focused brief therapy, a key facet of the 5-Key model, views individuals as more than their negative behaviors, and defines participants by what makes them strong, resilient, and hopeful. The 5-Key Model teaches participants adaptive coping skills and thinking patterns to increase healthy behaviors and social activities which promote recovery from mental health and substance use disorders. 5-Key Model staff help participants to learn to identify and access facilities that can provide medication assisted treatment for psychiatric or substance use disorders as well as residential treatment if needed.

How 5-Key practitioners are adapting to better address mental health and substance use

5-Key practitioners work hard to be responsive to participants' needs related to mental health and substance use. They are available to all participants throughout the day and are willing and able to immediately connect with participants via phone or text to quickly and efficiently intervene with any individual on the verge of mental health or substance use crisis. This ensures that participants get timely support and intervention without being required to come to the office for lengthy appointments or group-based treatment sessions in order to receive help. One practitioner details an encounter with a participant who purchased crack after receiving his first paycheck after release from incarceration. They note:

One of our participants was released after serving two years for drug charges. He has a long history of severe drug addiction and has been in and out of incarceration for much of his life. He is committed to his sobriety and wants to remain in recovery as he is now aware of the pain and suffering he caused his family. His wife is extremely supportive of him and all of his efforts to change. The participant was recently hired for a labor job and has enjoyed the work. He texted a 5-Key practitioner immediately when he was hired to share the good news. On Saturday, however, I received several calls from his wife. The participant had received his first paycheck and after cashing it had gone to purchase and use crack. The wife was with the participant and together, the three of us worked extensively to find a residential treatment and detox facility in a nearby community that

would admit him. We helped him to contact his corrections-based treatment counselor and parole officer to ensure that he would not be found in violation of parole and demonstrate that he had admitted himself to residential treatment. The participant successfully released from residential treatment and was not re-incarcerated.

Although this story may sound like a failure – a participant relapsed after release from incarceration – we consider this a story of success. Addiction can be a lifetime struggle for many and relapse is part of the recovery process. The participant returned home after using drugs, told his wife that he had relapsed, and was open to immediately beginning residential drug treatment. 5-Key Model practitioners were able to help him to connect with residential treatment and criminal justice personnel to give him the best opportunity for overcoming this episode, preventing it from happening again, and to remain a productive and contributing member to society through his employment and positive family life.

Unfortunately, we are not always able to prevent re-incarceration for individuals who relapse or have mental health issues which limit their capacity to successfully meet the terms of their release. One practitioner tells the story of a participant who was re-incarcerated after he failed to understand the terms of his parole. They write:

I worked with one participant who was committed and connected to the 5-Key Model. He experienced a Traumatic Brain Injury (TBI) and has serious mental health issues. Therefore, he is not always able to keep track of his appointments or comprehend what he is required to do to meet the terms of his parole. The participant was convicted of a sex crime that resulted in his incarceration and is mandated to attend a number of treatment requirements for the sex offense as well as for his mental health issues. During our last meeting, the participant indicated that he didn't understand where he was supposed to go for sex offender treatment or why he was supposed to attend. Therefore, he had not attended his required sex offender treatment sessions. He had been released from incarceration for three weeks at this point and, in collaboration with the participant, we connected to his parole officer. Together, we explained that the participant had been meeting with us and was working hard to be successful but that due to his cognitive and mental health deficits he appeared to be confused about his post-release requirements. We offered to work with the participant to ensure he knew where to attend sex offender treatment and that he was on time and consistent. Unfortunately, the parole officer had already issued a warrant for his arrest and was not willing to consider any alternatives to re-incarceration.

5-Key practitioners continue to advocate for participants who struggle with mental health issues and substance use as they release from incarceration and rebuild their lives by helping participants to learn how to manage their multiple and competing demands.

Limited Opportunities for Social Connection

Decades of research has established positive social connection and social support as a fundamental reintegration factor for a range of individuals who have been separated from communities and return home (for example, veterans returning from war zones, individuals returning from psychiatric hospitalization incarceration). One of the fundamental challenges of incarceration and reentry is that, by their inherent nature in the United States, incarceration discourages social connections to the outside world. Individuals are removed from communities because they have been deemed threats to public safety or deserving of punishment. Part of

this punishment is to deny their liberties like being connected to loved ones. Further, prisons are commonly located far from the communities to which most incarcerated individuals return. States with massive urban centers build their prisons upstate, others locate prisons in rural counties where land is plentiful and inexpensive.

Distant prisons create many challenges for family members, who may live hundreds of miles away from the prison where their loved one is incarcerated. This limits the ability of incarcerated individuals to repair, maintain, or establish positive relationships with their loved ones.

Distant prisons also create a unique challenge for the field of reentry as incarcerated individuals are widely dispersed across states far from the communities in which post-release reentry supports reside. Further complicating matters, many prisons do not have the infrastructure to facilitate fostering outside social connections virtually using technology. Therefore, it is often infeasible for practitioners or treatment providers in an individual's home county to build trust and develop the relationships so critical to reentry success with individuals during their incarceration, leaving post-incarceration as the first opportunity for incarcerated individuals to build and re-build social supports.

Moreover, incarceration is an isolating experience for most. Formerly incarcerated individuals describe prison environments as volatile and sometimes violent. Although some individuals may find connection among peers or in group-based activities, many individuals indicate that despite some correctional or rehabilitative staff attempts to create a different environment, living within prison requires one to minimize eye contact, vulnerable conversation, and meaningful connection to the people with whom they live.

5-Key practitioners consistently report that participants are hungry for positive connections to loved ones after incarceration. However, the need to manage competing demands on time limits the opportunities for which participants can socially re-connect. One practitioner notes:

Employment plays a huge factor in most of the participant's lives. Especially for the guys who have families, they are very prideful, feel they need to do more to help out. I believe once they get employed it changes their lives drastically. Most of them get jobs which have them work 50-60 hours a week, which is cutting in with the time they would normally spend with friends and family.

Another practitioner notes that participants are working long hours and often not on a regular schedule while trying to balance required meetings with parole officers and mandated treatment. They state:

Many of my participants were able to find jobs right away and now they work 6-7 days a week upwards to 10-14 hours per day. They are frustrated and do not understand how even after they have achieved their freedom, they are still not able to spend time with the ones they missed so much and hold dear.

How participants seek out connection in the face of barriers

Even in the face of seemingly insurmountable obstacles, participants are making an effort to be present – with 5-Key practitioners, with their families and loved ones, with their employers. One of the most profound new skills many participants learn after their release from incarceration is

how to talk to, engage with, and connect to others. For many, this is a new way to relate to other people after years of attempting to survive without asking for help or support.

For example, a practitioner notes that one participant had a meaningful conversation with his father for the first time in his life. Another participant is working hard to understand how his life experiences have shaped his ability to have positive relationships and what he can do to change that pattern. Forming positive relationships with others is important, because in the absence of those, participants can be drawn toward negative influences or suffer from the detrimental effects of social isolation.

When we asked participants about how much time they would like to spend, on average, engaged in personal relationships, they said that their ideal number of hours to spend on personal relationships is more than 5 hours daily representing their desire to make up for lost time. Many participants are eager to connect with family, friends, and loved ones after release from incarceration. 5-Key practitioners note that a good proportion of participants live with family members or intimate partners after release. Many have strong bonds with their loved ones and seek to strengthen those connections by spending time with them and participating in the family. Participants often report that family members and loved ones have helped to provide transportation, assist with attending appointments and meetings, and provide opportunities for community connection by taking participants to sporting events or other recreational or community activities. One practitioner notes:

Most participants live with a family member and some have released from prison and found it easy to reconnect through spending time with them. Participants often tell me family plans for recreational activities, like going to the movies or an amusement park.

Another practitioner writes:

One participant leans heavily on his family for support as he currently resides in a hotel to meet a telephone landline requirement for employment. His family picks him up daily for visits in the family home so he is never isolated.

Another practitioner underscores how participants are rebuilding relationships with their families, and especially with their children. They write:

All of my participants who are parents are spending as much time as they can with their children doing whatever they can with them: Baking, attending sports games, and just hanging out.

Participants also have strong bonds to their significant other/intimate partner and seek to cultivate these relationships after time spent apart. Another practitioner states:

I have noticed that some participants have formed strong bonds with significant others and those who are single often mention trying to find someone to have a significant relationship with. Some participants are dating and using dating apps to help find connection.

However, not all participants have strong support within their families and friend groups. Some participants come from families where they were abused as children, and other participants have strained relationships with family members due to their substance use or criminal activity prior to incarceration. One practitioner notes:

There are some participants that have beautiful connections and support within their families, and then others have minimal to no family support. Most participants understand why their families are absent (they attribute this largely to the trouble they were in prior to incarceration). Yet these participants are taking small steps to reconnect relationships with those who they want to repair.

Even among those who do have strong family support, participants describe how difficult it is to connect with them after release because family simply cannot understand the incarceration experience. One practitioner describes:

Some participants find that they truly want to connect with family members and others in the "free world", but they have a hard time relating. They feel others do not understand what they have gone through during incarceration and why they have developed unusual habits. These participants feel out of place and although they seek connection through family gatherings, church, and other social events, they do not feel connected. One participant said that he was "seeking to understand and be understood." Many of these participants reach out to project staff for validation and to discuss how to cope through the disconnect.

Participants also seek a variety of ways to connect to their communities after release from incarceration. 5-Key practitioners note that participants attend sporting events, AA/NA meetings, and participate in community events with their family and loved ones. Many individuals who release from prison make a concerted effort to stay away from the friends they had prior to incarceration. One practitioner notes:

Most participants spend time only with their immediate families and stay away from reaching out to friends or other individuals in their community.

Also, one practitioner in Florida shared participants' thoughts about the ratified amendment on restoring voting rights to individuals with felony convictions after they have completed all facets of their sentence.

Several of my participants were very excited after the election when voting rights were restored for individuals with felonies. They shared that being able to participate politically will help them both feel more connected to the community and more invested in the development of their communities. Many remarked that having their voting rights terminated forever communicated that they were not an important part of society. Now, having those voting rights restored helped them to connect to the larger community.

Finally, many participants initiate, maintain, or strengthen their connection to their faith after release from incarceration. They are able to find connection with other supportive people in their community, and attending religious services with family provides an avenue to rebuild those relationships. One practitioner notes:

Some participants are strongly connected to the faith-based community and find community in their faith.

Another writes:

Many of the participants I work with have maintained their connection with their faith. They now attend services, have reconnected with family members, obtained jobs and are attempting to regain a foothold in their community.

How the 5-Key Model addresses connection

Positive community and interpersonal connections are part of the bedrock of the 5-Key Model. Tools within the 5-Key Model are designed to address a range of knowledge, attitudes, and psychosocial functioning of formerly incarcerated individuals as they re-establish themselves in communities. 5-Key practitioners work with participants to build connections with others by using effective communication, listening, and problem-solving skills and to overcome destructive relationship roadblocks when they present themselves. In the 5-Key Model, participants learn how to manage frustrations and disappointments in relationships and also to differentiate between healthy and unhealthy emotional responses. Practitioners work with participants to complete an interpersonal relationships inventory, discuss strategies for surrounding themselves with those who are positive influences on them, and identify effective ways to manage situations in which they interact with friends or loved ones who are negative influences on them. Practitioners also help participants to track their goals of personal connection and how they are progressing toward those goals in order to celebrate progress, and re-calibrate when needed.

How 5-Key practitioners are adapting to address barriers to connection

As noted above, many participants actively seek out connection with 5-Key practitioners. For some, they connect to practitioners readily because they have few other supports after release from incarceration. Others, however, connect to practitioners in addition to cultivating strong relationships with loved ones in the community. Participants call, and text, practitioners daily (or more frequently) to check-in, seek validation or assistance, or simply to provide an update on their day. One practitioner notes:

Many participants connect with me through text throughout the day to let me know what has been happening in their lives. In general, they're looking for an understanding ear, and occasionally advice and assistance staying on the right path.

Another writes:

I have some participants who are very open with communication with me. They call or text to tell me they are having a hard time.

Likewise, one practitioner highlights weekly "lunch-break" meetings with a participant near his job site because he works so many hours per week, he would not have time for reentry services otherwise. While some participants are seeking guidance on how to manage difficult situations or obstacles they encounter, others are interested in developing their own sense of self-reflection and gaining more understanding about themselves and their lives.

One practitioner explains:

Participants who have few social supports really seek connection with the program staff. Our office gives them a positive, safe place to be. I meet weekly with one participant on his lunch break in the community. Each week he remarks that he enjoys the time spent

in our meetings because it gives him time to reflect and become more aware of his thoughts, feelings, and actions.

However, while some participants are receptive to improving connection within their personal relationships, they may still be hesitant about developing relationships with 5-Key staff citing being “burned” by service providers in the past.

Practitioners report finding it challenging to simultaneously respect participant’s hesitancy about connecting while still supporting participants in developing and strengthening connections in other areas of their lives. As mentioned, study participants have only been out of prison for a few weeks, and the research team has pondered whether this is an appropriate amount of time to expect that participants will have the emotional capacity and energy to engage with the project given their many other demands and stated distrust of helping professionals. One practitioner notes:

Participants sometimes engage in friendly telephone conversation with me or text with me periodically, even sending me photos of their children via text. But they withdraw when I suggest meeting more formally to start the 5-Key Model, even when I offer to meet by phone or web-based streaming video service.

Even though participants want and seek out connection, developing these new relationships may be intimidating or even frightening for them. In these cases, practitioners continue to reach out to participants and connect with them in whatever way they are able, perceiving them as being interested in the 5-Key Model, but not ready yet to begin the work. Another practitioner describes:

One of my participants has been in and out of incarceration his entire life, mostly due to substance abuse. We first connected while he was still incarcerated and then I re-connected with him after release and we spoke on the phone. He indicated that he has little support from family or friends and he is hesitant to commit to participating in the 5-Key Model because “anything more on my plate is a burden.” However, he then began to speak openly to me, describing his situation and commitments. After release, he was able to resume employment in a construction labor job. His employer has been his only support throughout his life. He said that he feels intense pressure to provide for his family and children and that he is overwhelmed by work and the hours he is required to spend in mandated services contracted with the Department of Corrections. He currently resides at a halfway house and tells me that he is desperate to move out. Although he was open to continue to speak with me virtually to strategize on how to manage these stressors, he was not yet ready to connect in person.

Many participants report substantial stress related to court-mandated services and the time it takes them to commute to and from their many obligations that strain their already full plates.

External Barriers

Although the internal struggles described above certainly compromise many participants' best efforts to succeed after release from incarceration, all of the 5-Key practitioners suggested that external barriers like lack of transportation, lack of access to telephone or internet services, and housing instability have a far more powerful and negative effect on participants' lives.

This section is organized in a slightly different manner than the previous section. First, we pair data collected directly from study participants with practitioners' field notes and stories about our participants' lives. We describe external barriers and the ways in which our participants are trying to overcome them. Then, we describe how the 5-Key Model was developed to help participants begin to build infrastructure in their lives to overcome external barriers. Finally, we conclude with how our team is actively problem solving to address these barriers for the participants currently enrolled in the study as well as for all individuals who release from incarceration.

Employment

Ironically, although employment is one of the most valued factors by participants and their families, employment can also inadvertently compromise individuals' success after incarceration. Some of our participants are able to quickly find employment after release, but not all participants are so fortunate. Many employers will not hire any individual with a criminal record, or restrict hiring to individuals with only certain types of charges or crime types. Even when policies prevent employers from asking about criminal history on job applications ("Ban the Box"), employers frequently require criminal background checks as a term of employment. Further, the employers who will hire individuals after their release from incarceration often pay low wages, which leads individuals to work long hours. Many employed participants are engaged in physical labor work like construction, painting, or landscaping. This type of work requires individuals to be able to tolerate the physical strain and manage extreme winter and summer weather. Some of our participants have chronic physical illnesses and are simply not young enough or strong enough to perform such demanding labor. One practitioner describes the complications of employment despite participants being extremely motivated by, and proud of, employment. They note:

Once employment is obtained, it is often minimum wage or low wage, meaning that it is just enough money for participants not to qualify for public assistance for things like food or housing. In addition, as soon as they attain employment, participants are expected to pay a number of fines - including court fines, prison fines and probation fines, child support, restitution – as well as to pay for their rent, food, transportation, and other daily needs. Often family or friends who have helped them expect some money in return once they are employed. They often work many long hours, and sometimes take multiple buses to get to work limiting the amount of time they can be on the job and the amount of money they take home because of additional transportation costs.

Lack of Transportation

Most study participants do not have access to their own reliable form of transportation or to any form of public transportation. Case notes written by study team members show how

transportation affects an individual's ability to find and maintain employment, make scheduled meetings and appointments, and manage day-to-day needs after release from incarceration. Transportation also functions differently in each of the four states and between the urban and rural counties within those four states. Those who live in rural communities outside the urban center typically struggle with transportation and distance as participants in our rural communities may be a hundred miles from the city center. Buses rarely have routes that extend to the rural communities surrounding the city. These rural communities have limited employment opportunities and are far from court-mandated treatment programs. However, even in the urban centers, transportation remains an obstacle. Not all of the urban centers in the study have a coherent public transportation system. The lack of public transportation is compounded by hyperlocal factors like mountainous topography and extreme winter weather or summer heat indexes, both of which limit an individual's ability to access a range of services, attend probation or parole meetings, and commute to and from a jobsite.

Practitioners indicate that transportation barriers are frequently mentioned as a key reason why participants cannot schedule face-to-face meetings or miss the meetings they have scheduled despite their desire to attend. Participants manage their lack of reliable public and private transportation in a variety of ways. Practitioners told us stories of participants being dependent on their family or loved ones for rides. While practitioners framed these stories as logistical challenges – it is difficult to coordinate appointments with loved ones' travel schedules – our participants' ability to secure rides from their loved ones may wane as time goes on. The challenges of dependency on others for rides appears to be amplified among those participants who live in rural communities.

The following story highlights how a lack of transportation influences a participant's ability to work, attend treatment, and care for his family. The practitioner writes:

One of my rural participants lives with his aging parents and began to work outside the home right away. He also provides some level of care to his parents who have chronic health issues. The participant loves his job. He works long days, but he finds the physical labor gratifying and enjoys his co-workers. The participant is currently engaged in services, but finds balancing work, assisting with his parents, and participating in programming overwhelming at times. The participant does not have his own vehicle and relies on his mother to bring him to town for meetings and for work. The participant attends workshops regularly, but with work being so demanding, and his responsibilities with his family, he does find that there are times when he wants to reschedule or cancel his appointments because it is a lot for him to manage. The participant has an optimistic view of his future and is committed to taking steps to make improvements that he feels will keep him out of trouble.

For those with access to public transportation, securing employment allows participants the ability to pay for bus passes and gain some independence. However, even in urban areas, the lack of public transportation means that many individuals struggle to cross the city to access support needs or employment not available in their local neighborhood. For example, one practitioner notes that a participant in an urban county was hired for a job but the buses simply didn't run at the time he was expected to start his shift (4:30am). The participant was forced to decline the offer and continue his search.

For those still searching for employment, practitioners identified how participants find other ways of generating income to purchase bus passes. Participants may regularly donate blood or plasma for money so that they can purchase bus passes to search for work.

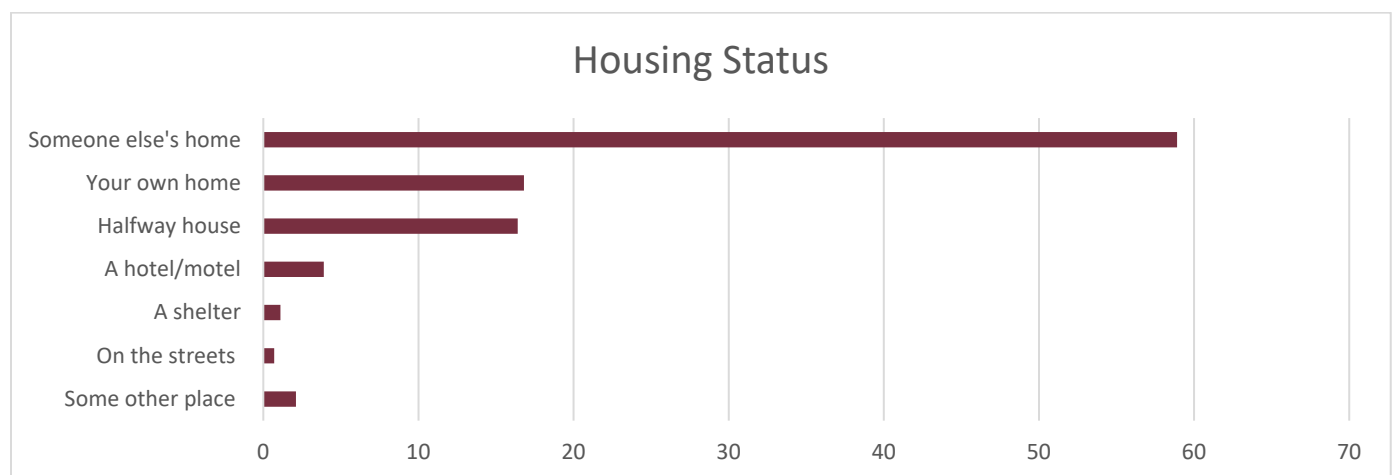
Lack of Telephone or Internet Access

Coupled with a lack of access to reliable transportation, many participants do not have access to a home phone or cell phone which can be used for consistent, dependable communication. Further, participants do not always have a smart phone or a computer with internet access at their home, making connecting with participants using web-based streaming video services as an alternative to in-person supports challenging. Because transportation is such a barrier, some participants are unable to quickly and easily access a computer with internet at their local public library. Additionally, practitioner notes suggest that it is fairly common for participants to lose their phone in the weeks following release from incarceration.

Participants have found many ways to overcome this barrier of not having consistent means of communication, including making regular stops at the homes of friends and family members to use the phone or computer, sharing phones with loved ones, or staying at a relative's home in order to have access to communication. One practitioner told us about a participant who asks strangers on the sidewalk if he can borrow their phone to call his parole officer. While this same participant has had success in reaching 5-Key practitioners, his calls are limited to brief check-ins to seek guidance.

Housing Instability

Unstable housing is a common challenge for individuals who leave correctional facilities. Below, the bar chart shows where study participants are living during our first contact with them after release from incarceration. The majority of individuals are living in someone else's home, underscoring the relative lack of permanency in their post-release housing situation. A small proportion of individuals (17%) are staying in their own home (either in a home they own or a home where they are a signed lessee), and approximately 16% live in a halfway house as part of their post-release supervision. Less than 8% of participants are staying in a hotel/motel, emergency shelter, on the streets, or in some other place.



Practitioner notes show housing and homelessness interacting with individuals' ability to succeed after release from incarceration. One practitioner notes:

One of my participants is currently living in a motel in a rural county. He is financially supported by his mother, which his step-father resents. He was homeless off and on for

the 5 years prior to incarceration. There are concerns at the end of every week about where he will live next week. He talked about going to stay in a shelter in the city where there are more resources, but he is hesitant to do this. He is very engaged in 5-Key programming and is in frequent contact with us. He knows that he needs more support than his mother can provide. He is still upbeat and positive when talking about his future, but we worry that his life circumstances are starting to weigh more heavily on him.

Although we anticipate fluctuation in the housing status of people who are currently staying in someone else's home as the study continues, practitioners from one urban site consistently told us stories about participants' experiences of living in halfway houses after release from incarceration. Halfway houses are found in all states in the country and are either contracted with the Department of Corrections or run by small nonprofit groups. Some individuals who release from incarceration are mandated to live in the halfway for a specified amount of time or until they have completed a number of parole mandated post-release requirements. Although halfway houses were developed to provide support to individuals after release and create a safe living situation free from drug and alcohol use, not all halfway houses succeed in this mission. The following case study details how participants struggle to maintain sobriety and succeed while navigating the often unpredictable reality of the halfway house. The practitioner writes:

I work with one participant who has been in and out of prison for the last 10 years, mostly due to substance abuse. He was recently released to parole. He was unable to afford a bus pass to come to the office, so we have been meeting regularly at the library near his halfway house. He is dedicated to making positive change but as time goes by, he has become more and more dejected and hopeless that he will be able to get a job and stay out of prison. He has said multiple times that the only reason he has not gone back to the streets and selling drugs is because of his interactions with us.

He feels that the people at the halfway house are waiting for him to fail and he is overwhelmed by how accessible drugs are there from other residents. Recently, he told me and his drug and alcohol therapist that he smoked marijuana and does not want to do it again. Soon after, he gets into an argument with his adult son and drinks half a shot of alcohol, but stops himself after the first half. He told me that in the past he would have gotten drunk and engaged his son in a fist fight, but this time he was able to take a step back, stop drinking, and "put himself in his son's shoes" because of the work we have been doing together. He did not harm his son and he did not get drunk. Both of these situations were viewed as failures by the halfway house, and they told the participant that he was "not trying" and "will not succeed."

A week or so later, the participant returned to the halfway house later than he was scheduled after attending court-mandated substance use treatment. A warrant was issued for his arrest. The confusion was quickly sorted out, the warrant was withdrawn, and it was discovered that his counselor forgot to put the treatment meeting on his schedule. After looking for months, the participant finally got a job and took multiple buses to get from the halfway house to work and to mandated substance use treatment. The halfway house has a policy that residents must be physically present for 8 hours per day. However, due to his work and mandated treatment schedules and the difficulty of transportation by bus from the location of the halfway house, it is nearly impossible for him to be physically in the building for 8 hours a day. On his second day of work, he returns "late" and is again met with a warrant for his arrest. The warrant is withdrawn after he explains where he has been. The next night he knows he will be late again, and there will again be a warrant for his arrest, and he decides simply not to return to the

halfway house because of his fear to return to prison. Over the next several days, he continues to go to work and attend mandated treatment. Then one afternoon he reaches out to me from the police station to say that he has turned himself in to be re-arrested for the parole violation of not returning to the halfway house the second night that he was late from work.

Although the participant was actively working to maintain employment and his sobriety, that particular halfway house environment created many barriers to his success during reentry. The participant ultimately was re-incarcerated despite the fact that he had not committed any crimes and was actively engaged in the long process of changing his interpersonal relationships and coping skills, including abstaining from violence and substances.

As our participants face a range of barriers after release from incarceration, even a return to incarceration is not always a clear indicator of success or failure of the individual or of the programs in which they are engaged. Participants' lives are complicated and making profound changes to abstain from drugs and alcohol and to change patterned negative interpersonal interactions takes time and energy. Unfortunately, these processes are not always understood by criminal justice personnel and they appear to take a huge emotional toll on participants.

How the 5-Key Model addresses external barriers

The 5-Key Model was developed to help individuals develop infrastructure in their lives. 5-Key practitioners seek to help participants structure their weeks and days to cope with and figure out effective ways to manage the stress associated with their daily activities and required meetings and appointments. This allows participants to think through ways that they may solve transportation issues in advance and to think through the many other logistical challenges they may encounter. 5-Key practitioners work with participants to independently identify available community resources and take steps to access those resources – skills participants will need to have after they are no longer participating in the 5-Key Model. Although study participants are highly resilient, some have more difficulty adapting to the substantial post-release barriers than others.

Much of the 5-Key Model is designed to help individuals to describe the life they want to lead and work toward that goal in small, achievable steps. Practitioners report celebrating all successes along the path, helping participants to learn how to celebrate the small steps and small wins that are often swallowed in their stressful and unpredictable lives. Building this cumulative positive effect allows participants to acknowledge barriers without becoming consumed or controlled by them. As participants develop and refine their problem-solving, communication, and coping skills, they can begin to work toward their goals without resorting to destructive coping methods like drug and alcohol use or becoming paralyzed into inaction.

How 5-Key practitioners address external barriers

As housing and employment shift for participants in the months following release from incarceration, it has been imperative for 5-Key practitioners and our data collection staff to identify the most effective way to communicate with participants. One of the earliest alterations to the implementation of the 5-Key Model that we made was shifting away from solely using brick-and-mortar office space to meet with participants. We moved more deeply into communities, suggesting meetings at the public library or local fast food restaurant, but transportation remained a challenge. We then shifted to using web-based streaming video services for participants who have access to a smartphone or have a computer with internet

service in their home. For those with telephone access, we conducted workshops and individual sessions by telephone when they could not meet in person.

However, some participants still remained out of reach, so we started driving to meet them at their homes and jobsites or other community locations that they could easily access. As a team, we have started to question the feasibility and utility of brick-and-mortar reentry services and whether a “mobile reentry” might better expand capacity to meet the reentry needs of formerly incarcerated individuals. Over the coming months of the study, we will continue to search for solutions with participants that are responsive to the realities of modern-day reentry and are scalable approaches.

Moreover, because of the unique nature of the Safe Streets and Second Chances initiative, we are able to provide these early findings to the Right on Crime leaders in the initiative. Right on Crime uses what we are learning in the field to actively work with state and local policymakers, public administrators, and community organizations to seek to systematically remove many of these external barriers.

Final Thoughts and Next Steps

Prior reentry services research suggests that the implementation of interventions designed to improve outcomes and reduce recidivism for individuals who release from incarceration are fraught with challenges including high rates of attrition (drop-outs) and difficulty maintaining contact with participants over the course of the study. Often, these challenges are attributed to a lack of desire for change or a lack of motivation on the part of participants without formerly assessing for motivation. As evidenced in this report, participants are trying hard to overcome the extensive barriers to reentry.

However, at the outset of the study we sought to formally investigate whether motivation is complicating participants’ experiences of reentry. We asked all prospective study participants to complete a brief motivation and readiness for change questionnaire prior to learning about the research study. The questions on the survey explore internal recognition of the need for change, factors external to the individual that may affect their ability to enter, remain in, or leave reentry services, and their readiness to participate. In order to examine the influence of participants’ motivation, we compared motivation and readiness for change scores between several groups of individuals.

First, we compared the scores between individuals who declined to join the study and those who did join the study. The goal of this comparison was to explore whether study participants and study decliners had the same level of motivation and readiness for change as a means to gauge whether motivation (or lack thereof) might play into an individual’s decision to decline participation. The motivation and readiness for change scores are nearly identical between these two groups (45 and 46 respectively), which suggests that we are not only recruiting the most motivated individuals into the study. Scores are just above the midpoint indicating moderate motivation and readiness for change (range is 18 – 90 with higher scores reflecting higher motivation).

We then compared motivation and readiness for change scores between those individuals who have already met with a practitioner and begun work on the 5-Key Model in the weeks following release from incarceration and those who have not. The scores are identical, which suggests

that different levels of motivation are not indicative of whether or not a participant engages with the 5-Key practitioners. Rather, the internal and external barriers described in this report appear to have far-reaching and profoundly destabilizing consequences for many study participants. 5-Key practitioners recounted stories of highly motivated individuals attempting to overcome internal and external barriers in the days and weeks after they release from prison. Some of these individuals are capable of overcoming these obstacles to meet their obligations and rebuild their lives in the face of seemingly impossible odds after release; others are not so fortunate. It became clear that a range of barriers, rather than motivation, were driving their experiences.

Notably, 5-Key practitioners describe that the primary fear of most participants is returning to prison. Participants simply state, “I am not going back.” Several practitioners report that although participants do not always talk about their fears in an overt way, returning to prison is a palpable and fundamental fear for the vast majority of study participants. For example, while some participants are releasing from their first episode of incarceration, many have been incarcerated multiple times prior to their contact with our study. Participants who have this release record reportedly cope with the fear of returning to prison by not leaving their homes unless absolutely necessary. One practitioner suggests, “I think that they have learned to bury any fear deep, deep, deep inside. It is covered by trust issues, not knowing how to express fear plus trauma and a lack of confidence that other people will be helpful or care.”

Returning to prison, then, seems to represent the ultimate marker of failure for many participants. Although stakeholders of this research project may describe re-incarceration as a discreet event, for many study participants, it represents so much more. Returning to incarceration is entwined with notions of weakness and personal failure. One of our practitioners describes this connection among the participants with whom they work. They write:

All of the participants I work with are afraid of failure - relapsing, not getting a job and returning to crime, and mostly of going back to prison. They are afraid of appearing weak and dependent to their family and friends by needing any help and support from them, especially if it takes longer than expected to get a job.

Discomfort with dependency – on the government, prison system, or family and friends – was a theme that practitioners consistently touched upon when we asked them to reflect on study participants. Participants, on the whole they felt, are highly motivated to find and secure employment after release from incarceration, and practitioners report high anxiety among participants about not being able to get a job and provide for themselves and their loved ones. For some, this frustration and financial insecurity leads them to thoughts of engaging in criminal activity to make ends meet, even though they often verbally acknowledge that this is directly at odds with their desire to stay out of prison and cultivate positive relationships with family, friends, and community members.

5-Key Model practitioners are working directly with individuals as they release from incarceration, helping them search for housing and employment, develop positive coping skills, and rebuild their lives all while overcoming profound internal and external barriers to their success. However, our work does not end with the individual. The research team at the Institute for Justice Research and Development (IJRD) collaborates with a range of public- and private-sector policy experts in all of our study states and local communities. These partners are working diligently to create effective policy solutions to eliminate the negative impact of external barriers on the success of the thousands of men and women who release from incarceration every day.

What happens next?

There are many next steps for our participants, for the research team, and for the Safe Streets and Second Chances initiative.

Most of our study participants learn a range of new skills specific to re-adjustment to the community when they release from incarceration. Some participants learn how to drive, shop for groceries, and prepare a healthy meal. Others learn how to use and engage with new technology including smart phones, computers, and the internet. Some of our participants were incarcerated long before cell phones and computers were household items, and they will have to catch up to a world now dependent on instant communication. Many learn how to manage their finances and how to understand the difference between gross and net pay.

Based on learning these new skills, our participants will create new habits and routines for themselves after release from incarceration. They will make new friends and expand their friend circle. They will focus on their sobriety and connecting to other individuals who struggle with addiction to change how they manage stress and discouragement. They will learn how to organize their days to attend meetings and appointments, how to juggle employment in the context of family demands, and how to overcome the logistical challenges of transportation.

The participants who have been assigned to receive the 5-Key Model will continue to connect to 5-Key practitioners and explore the 5 Keys to successful reentry. The research team will continue to document the experiences of participants assigned to receive standard reentry services. We will monitor and analyze the differential and similar experiences of both groups.

One of the most innovative features of this research is that we are actively partnered with formerly incarcerated individuals and we are engaged in a research-to-practice, practice-to-research feedback loop. This means that formerly incarcerated individuals were a driving force behind the development of the 5-Key Model and the experiences of our current study participants will shape how the 5-Key Model is refined and implemented moving forward. Likewise, the implementation of the 5-Key Model in our first four pilot test states is being shaped by our community partners and local factors allowing for real-time adjustments to the model.

We have chosen to make real-time course corrections rather than waiting until the completion of the study to dissect what worked and what did not work for study participants. Many individuals who leave incarceration are suffering and face potentially dire consequences which are exacerbated by the slow process of waiting on lengthy studies to identify what works best, for whom, and how to promote well-being and success. While we are committed to conducting a rigorous evaluation of the 5-Key Model, we feel that we have no time to waste. We worked closely with methodological experts to identify strategies for altering the implementation of the model to overcome common challenges and barriers as they arise in real time without sacrificing the scientific merit of the evaluation.

These real-time course corrections during a research study will carry forward as we turn toward implementing the 5-Key Model in our next five states. The integration of the perspectives of our participants, paired with the rapid translation of research into practice and vice versa in our first four test states, ensures that we will be able to identify more confidently the impact of the 5-Key Model in the next five states.

APPENDIX: STUDY DESIGN

Where in the US is the study currently taking place?

The 5-Key Model research is occurring in four states (Florida, Kentucky, Pennsylvania, and Texas), across 50 correctional facilities, and in 12 urban (4) and rural (8) counties. Participants are recruited into the study prior to their release from incarceration.

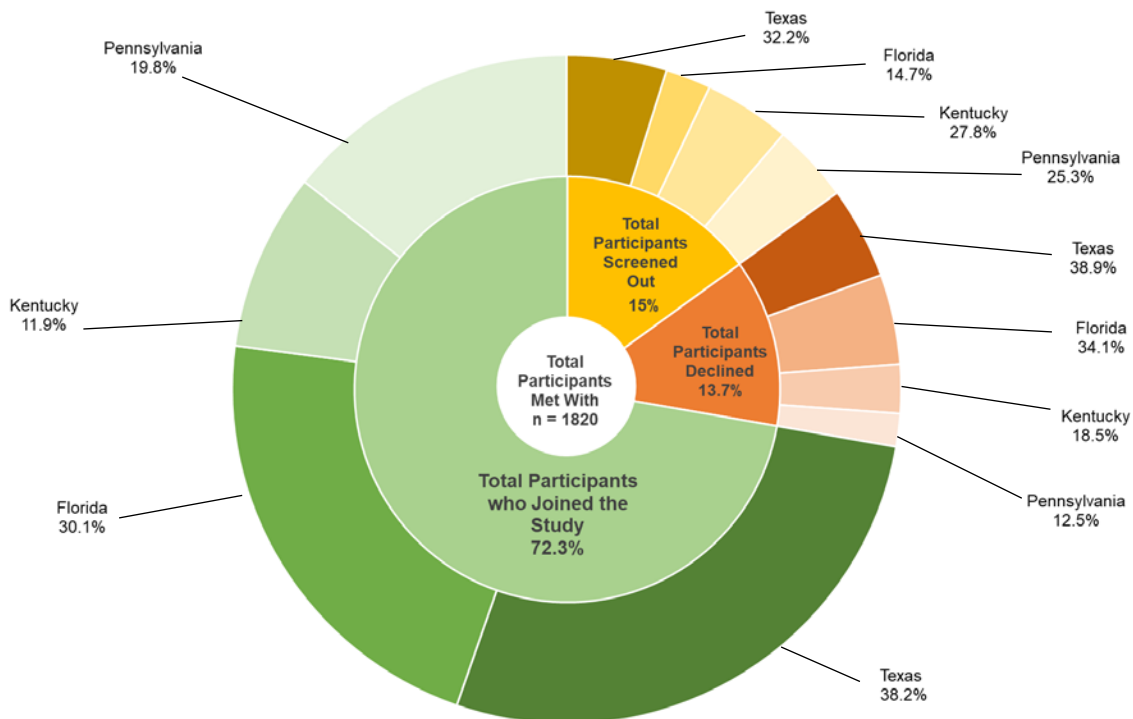
2,200 individuals will be approached about the study across the 4 states.

We have differential recruitment goals by state:

Florida → **600** recruitment
Kentucky → **400** recruitment
Pennsylvania → **400** recruitment
Texas → **800** recruitment

Recruitment began May 2018; participants release through March 2019. Data are collected in correctional settings prior to release, immediately after release, and then at 4, 8, and 15 months post-release. Local teams are established in each state. Practitioner staff deliver the 5-Key Model; research staff monitor fidelity to the 5-Key Model and collect data during research interviews.

The sunburst chart below shows study enrollment to date broken down by state. There are three groups of individuals shown: (1) Individuals who were screened, but ultimately were not eligible to join the study, (2) Individuals who declined to join the study, and (3) Individuals who joined the study. These groups are described in more detail in the sections that follow.



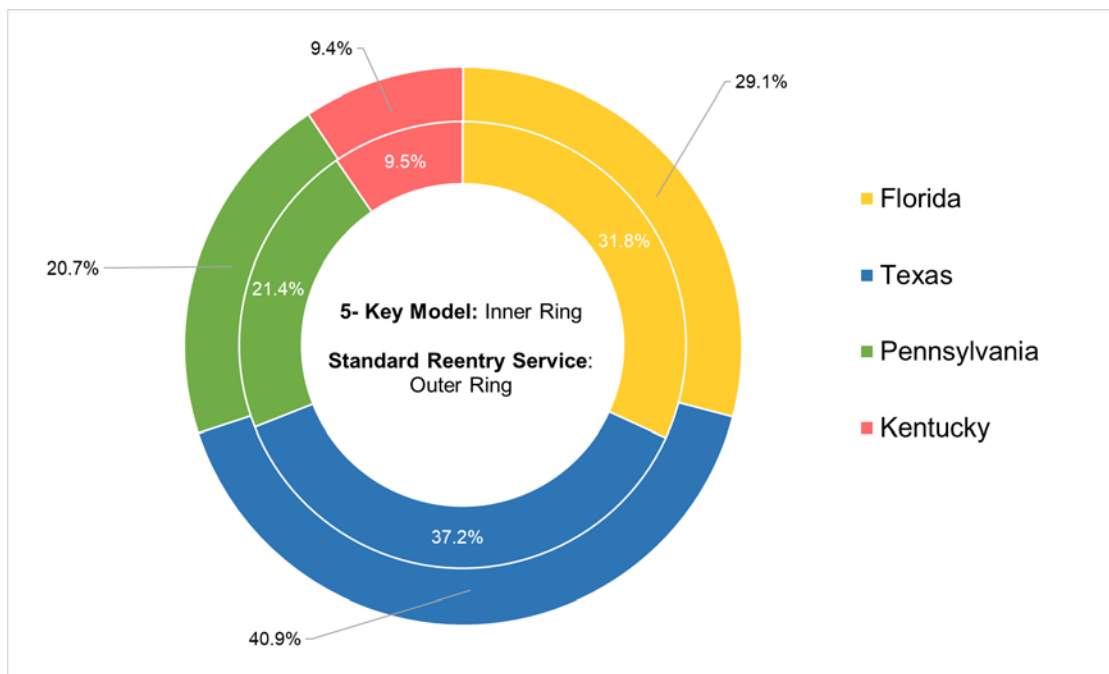
How do we decide whether an individual receives the 5-Key Model?

In order to test whether the 5-Key Model is effective, we need to compare social mobility, well-being, employment, and rates of recidivism for individuals who receive the 5-Key Model and individuals who do not. This means that approximately half of the individuals who join the study will not participate in the 5-Key Model. We use randomized controlled trial (RCT) methods to split the sample into two groups. One group – the “Treatment” group – will receive the 5-Key Model, and the other group – the “Control” group – will receive standard reentry services, which are comprised of whatever reentry services are already available to individuals during their incarceration and in their county. People in the control group may receive nothing at all or they may participate in an existing reentry program or be connected to reentry services in the community, but they do not receive the 5-Key Model. The critical component of the RCT method is that individuals are assigned to groups using a random number generator on a computer. This means that members of the research team do not make decisions about who receives the 5-Key Model and who receives standard reentry services.

Why do we use a random number generator to create groups?

Using a random number generator to create groups eliminates human error and bias which might otherwise result in the individuals who are assigned to 5-Key Model being different from the individuals assigned to receive standard reentry services. These differences may affect the conclusions drawn from the implementation and results of the study. For example, if only people who were very interested in the 5-Key Model were assigned to the treatment group, they might have different outcomes. Creating groups using a random number generator allows researchers to see whether those in the treatment group are improving when compared to those in the control group, which will help us to understand whether or not the 5-Key Model is effective.

The chart below shows the percentage of individuals randomly assigned to receive the 5-Key Model and standard reentry services by state.

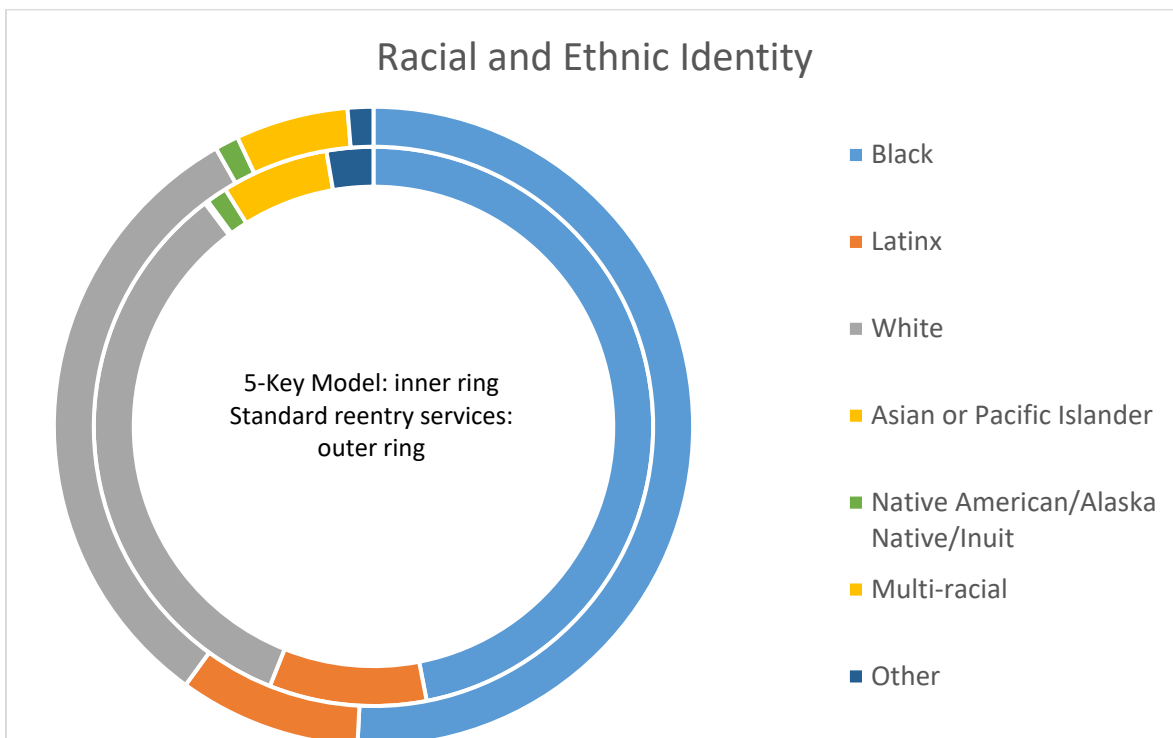


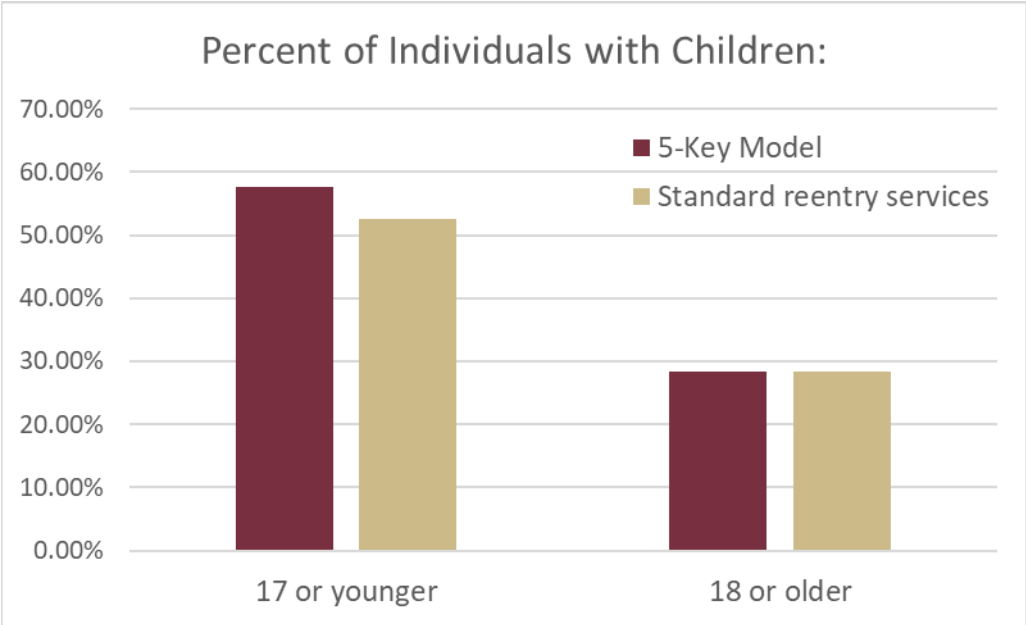
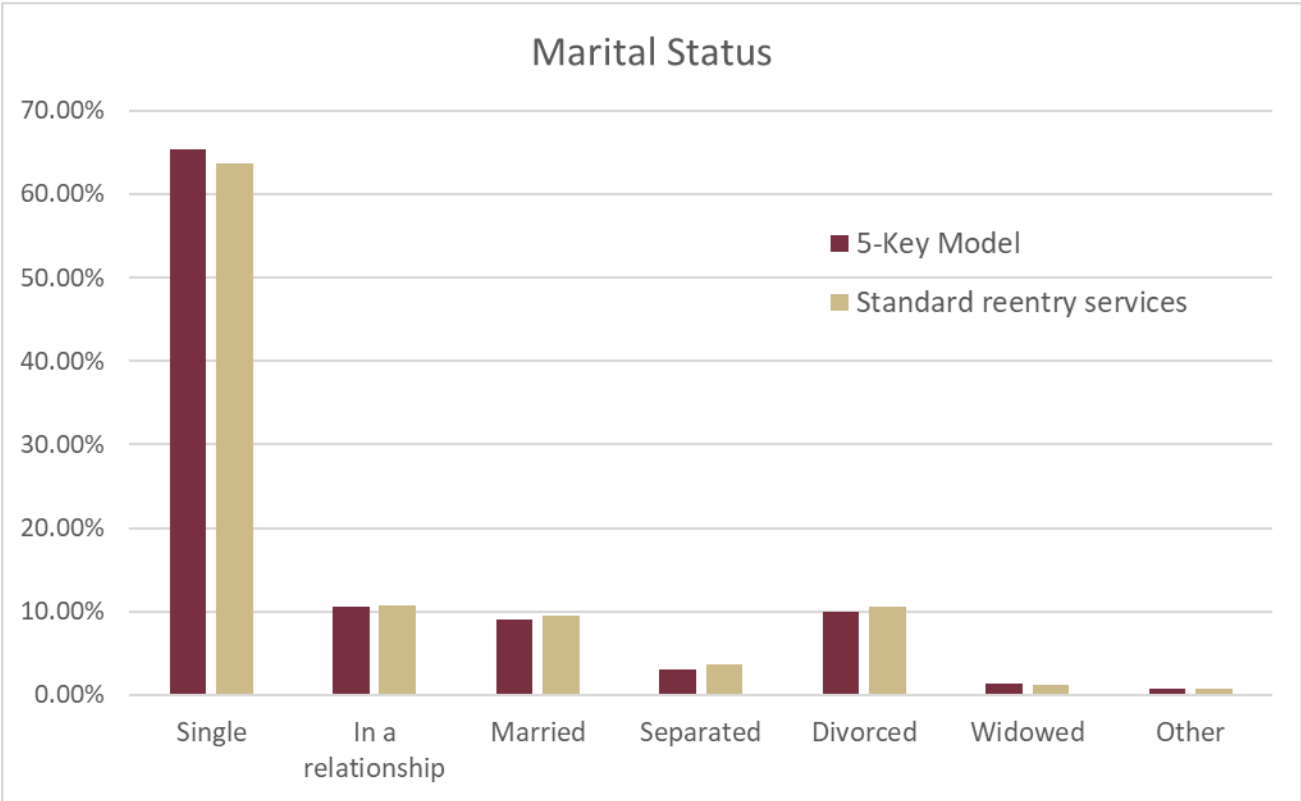
Is randomization working?

Determining groups using a random number generator should result in the 5-Key Model group and standard reentry services group being similar in most ways. Key demographic characteristics of the groups are described below. Using a statistical test, we found no significant differences between the groups on age, gender identity, racial and ethnic identity, sexual orientation, marital status, or parent status. This suggests that randomization is working and the two groups are equivalent.

On average, individuals in both groups are 37 years old and identify as 91% male and 8% female. Less than one percent of the individuals identified as transgender in each group. In both groups, individuals identify as 96% heterosexual/straight, 2% bisexual, and 2% homosexual/gay/lesbian.

The racial and ethnic identity, marital status, and the percent of individuals who have children in both the 5-Key Model or standard reentry services groups are shown below.





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Research Leadership Team

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