Accelerating Science Using the Research-to-Practice Feedback Loop:

EARLY FINDINGS FROM A MULTI-STATE TRIAL

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INSTITUTE FOR JUSTICE
RESEARCH AND DEVELOPMENT

FLORIDA STATE UNIVERSITY • COLLEGE OF SOCIAL WORK • IJRD.CSW.FSU.EDU

A Note from IJRD Founding Director Carrie Pettus-Davis

I am the mother of a five-year old son with autism.

When he was born, my daughter – who was not yet three – called him “Baby Awesome,” which stuck. Awesome – who is now very much no longer a baby – has sandy blonde hair and he spends every possible moment swimming. He loves to dance and starts a family dance party almost every day. He climbs and jumps and roars with glee. He is literally always smiling. He is one of the most joyful children I have ever spent time with.

Awesome was officially diagnosed with autism when he was two years old. As my family and I struggled to comprehend his diagnosis and the challenges he would inevitably face, we took great solace in the fact that he was still so very young. Early identification and early intervention significantly increased our ability to reduce some of the most stigmatizing symptoms of autism and to help him thrive.

In addition to being a mother, however, I am also a researcher at the Florida State University – the home to one of the most advanced research centers on autism in the nation. As a researcher, I know that there is – on average – a 17-year gap between science and actual changes to policy and practice in medical and human service fields. So while my colleagues at the Autism Institute innovate every single day and identify increasingly more effective ways to work with kids like Awesome, the therapists who are currently working with him won’t have access to that knowledge for many years to come.

Awesome has grown by leaps and bounds in the past year. He began talking right after his fourth birthday. Since then, he has learned shapes and colors. He can count to 60. He makes three-word sentences which he shouts through his toothy grin. As I write this note, he is at school, having a last day celebration with his preschool class. Early intervention is absolutely working for Awesome.

The early intervention strategies that are being used to help Awesome and my family are, however, innovations which were discovered around 17 years ago. In another 17 years, Awesome will be 22 years old – a grown man. He will be well past the age of early intervention – and although we are certainly optimistic about his future, we will never know how the innovations of today – of 2019 – could help unlock more language, expression, and independence for him.

There are currently millions and millions of mothers and fathers, grandparents, siblings, friends, and extended family members agonizing as they manage their loved ones’ incarceration and release from incarceration. Like me, they want the best for their loved ones. They will learn everything they can to help their loved one thrive. And while my son is not incarcerated, I can empathize with their sometimes painful quest to know what will work best to help their loved ones. This may include helping them to process the incarceration experience, transition back home, manage mental health symptoms, overcome addiction, find a job that pays a living wage, and attend required meetings and appointments. They will search out best practices to identify what will be the most effective for their loved one – how they can help their loved ones, their families, their neighborhoods, and their communities to recover and do well.

In the United States, roughly 12,000 individuals release from prisons every single week. These 12,000 individuals return to their children and their parents – to our communities. Literally tens of millions of people are directly or indirectly affected by incarceration each year. How people do

after they come home dramatically impacts all of us – not just the immediate or extended family members of formerly incarcerated men and women. Not just friends and neighbors. All of us.

When people do well after incarceration, they make positive contributions to their families, neighborhoods, and communities. They help their children with homework and help with family finances. They help their parents and neighbors make small repairs around the house. They participate in community activities and add their passion and knowledge to broader community conversations.

When people do poorly after incarceration, they struggle to make ends meet, which takes both a financial and an emotional toll on their families. They feel disconnected and isolated and often seek out connection through problematic relationships with people or substances. They may commit crimes which reduces all of our safety. A return to incarceration will devastate their loved ones all over again, tearing open old wounds – wounds which may never heal. And some of these individuals will simply not survive. People are at much greater risks for death after an incarceration than those who have not experienced incarceration.

Since this study began just one year ago – six study participants have died. Six individuals. Six grieving families. Some of these individuals died in prison; others died within weeks of their release from incarceration. We still do not know the cause of death for all six participants, but we know that the initial weeks after release from incarceration carry the highest risk for death among formerly incarcerated individuals – especially those who have been diagnosed with an opioid use disorder.

Estimates suggest that individuals who are released from prison are three and a half times more likely to die when compared to people who have never been incarcerated. The two weeks immediately following release from incarceration carry the highest risk of death – formerly incarcerated adults are nearly 13 times more likely to die right after release and 129 times more likely to die from a drug overdose. Getting evidence rapidly to the field can be a life and death issue.

The 17-year implementation gap exists because of the formal and informal incentive structures which guide academic research. However, at IJRD we find this gap to be unacceptable. There are too many lives are on the line – too many children, families, and communities on the line. We must learn faster and make real-time course corrections as we go. Because we simply do not have 17 years to wait. This report reflects our best attempts to create and implement a Feedback Loop process that helps close that gap. We invite you to learn with us as we go, inquire about our process, and provide your thoughts. And we are deeply grateful for your interest in our work.

Sincerely,

Carrie Pettus-Davis, Ph.D., MSW
Founder and Executive Director
Institute for Justice Research and Development
College of Social Work
The Florida State University

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Overview of this Report

The purpose of this report is to catalyze the rapid translation of research findings into policy and practice, bridging the 17-year implementation gap between science and actual changes to laws, policies, and services which affect individuals leaving incarceration. Quarterly research reports released to stakeholders and the public are one facet of innovative and accessible approaches to conducting and disseminating research.

At the Institute for Justice Research and Development (IJRD), we release research findings in real-time, rather than waiting for the end of a study to report results. This represents a major departure from most research on programs and interventions, where results are released years after the conclusion of the study and are frequently shared only with academic audiences.

This is the third quarterly report which describes the inner workings and early discoveries of participants and researchers in a national groundbreaking longitudinal study officially titled *A Multisite Randomized Controlled Trial of the 5-Key Model for Reentry.* The study is currently being implemented in 12 urban and rural counties across four states – Florida, Kentucky, Pennsylvania, and Texas – and is in the process of expanding to additional states. Multisite studies allow IJRD researchers to learn rapidly and communicate those findings to policy makers and professionals working in real world settings.

For example, in the first report released only a few months after the study started, *Researching and Responding to Barriers to Prisoner Reentry: Early Findings From a Multistate Trial*, we reported our findings on the internal and external barriers to reentry that study participants faced as they transitioned from prison to our communities. Participants' experiences clustered into internal barriers such as: experiences with employment, experiences of trauma, the impact of mental health and substance use disorders, and having limited opportunities for social connection. These internal barriers affected how our participants moved through their world and interacted with the 5-Key Model.

In the second quarterly report, *The Psychological Toll of Reentry: Early Findings from a Multistate Trial* we explored the post-release experiences of our study participants in the comparison group – those who are not receiving the 5-Key Model. Using study participants' own reflections, we described the psychological toll that reentry takes on many individuals, underscoring their struggles to adapt to life after incarceration, to adjust to the slow pace of post-release stabilization, and to manage their worries and anxieties about their lives during the reentry period. We also examined how leaving incarceration affects not just study participants, but their families as well, who rarely receive any formal support as they welcome their loved one back home. Finally, we described the reentry service landscape that exists in the absence of the 5-Key Model and how men, in particular, struggle with the reality that they need help while wanting desperately to remain independent.

In this third report, we shift gears to step back from study participants' experiences and instead to focus on the process of conducting a randomized controlled trial of a complex, multifaceted reentry intervention across 12 counties in four states and how we use a rapid translation Feedback Loop process to inform the research, policy, and practice. At the close of our last report, we introduced the Research-to Practice Feedback Loop and described how we were using the Feedback Loop to increase the impact of research as we learn. In this report we will highlight examples of how the Feedback Loop has been implemented in practice.

About the Authors

The report was prepared by Dr. Carrie Pettus-Davis, Associate Professor and Founding Executive Director of 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, families, and communities 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 and smart decarceration strategies.

You can learn more the overall 5-Key Model study methodology here, how the 5-Key Model was developed here, and the broader work of IJRD at ijrd.csw.fsu.edu.

The Feedback Loop in Action

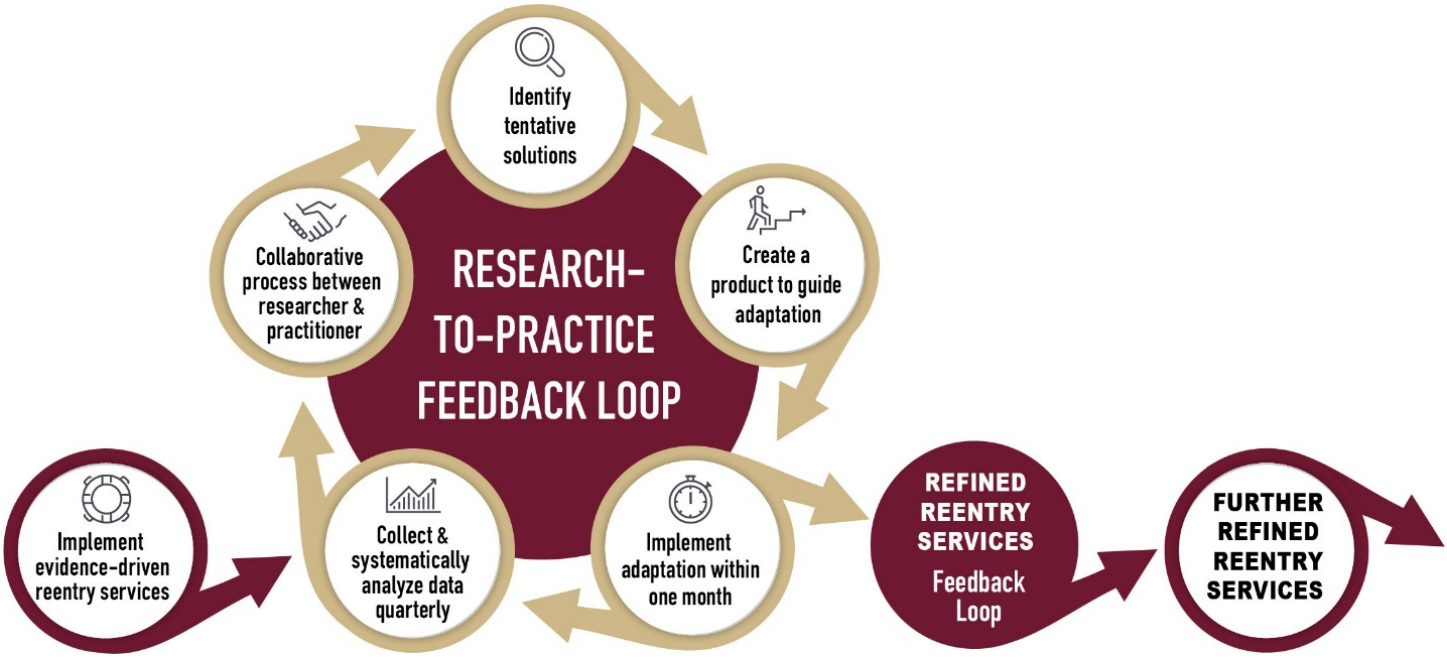
The Research-to-Practice Feedback Loop is the vehicle through which IJRD accomplishes the rapid translation of research findings into practice and closes the 17-year implementation gap. Based on the use of the Feedback Loop, we have released three reports on findings from one of the largest randomized controlled trials of its kind within 12 months of implementation.

What is the Feedback Loop?

We established the Feedback Loop with the guidance of a scientific advisory board and tailored it to work specifically within the context of reentry services, although the content could easily be applied to a range of other settings including child welfare, schools, and behavioral health.

The Feedback Loop provides a systematic framework to guide the refinement and adaptation of interventions and how they are implemented (or delivered) to individuals. The goal of the Feedback Loop is to catalyze collaboration between scientists, practitioners, and policy influencers in the field. In this way the researcher in the lab (whether literal or metaphorical) and those who deliver therapeutic services or who create and implement policies can work together to increase utility, acceptability, and feasibility of an intervention while simultaneously maintaining scientific rigor during an active randomized controlled trial.

You can see the graphic representation of the Feedback Loop below.

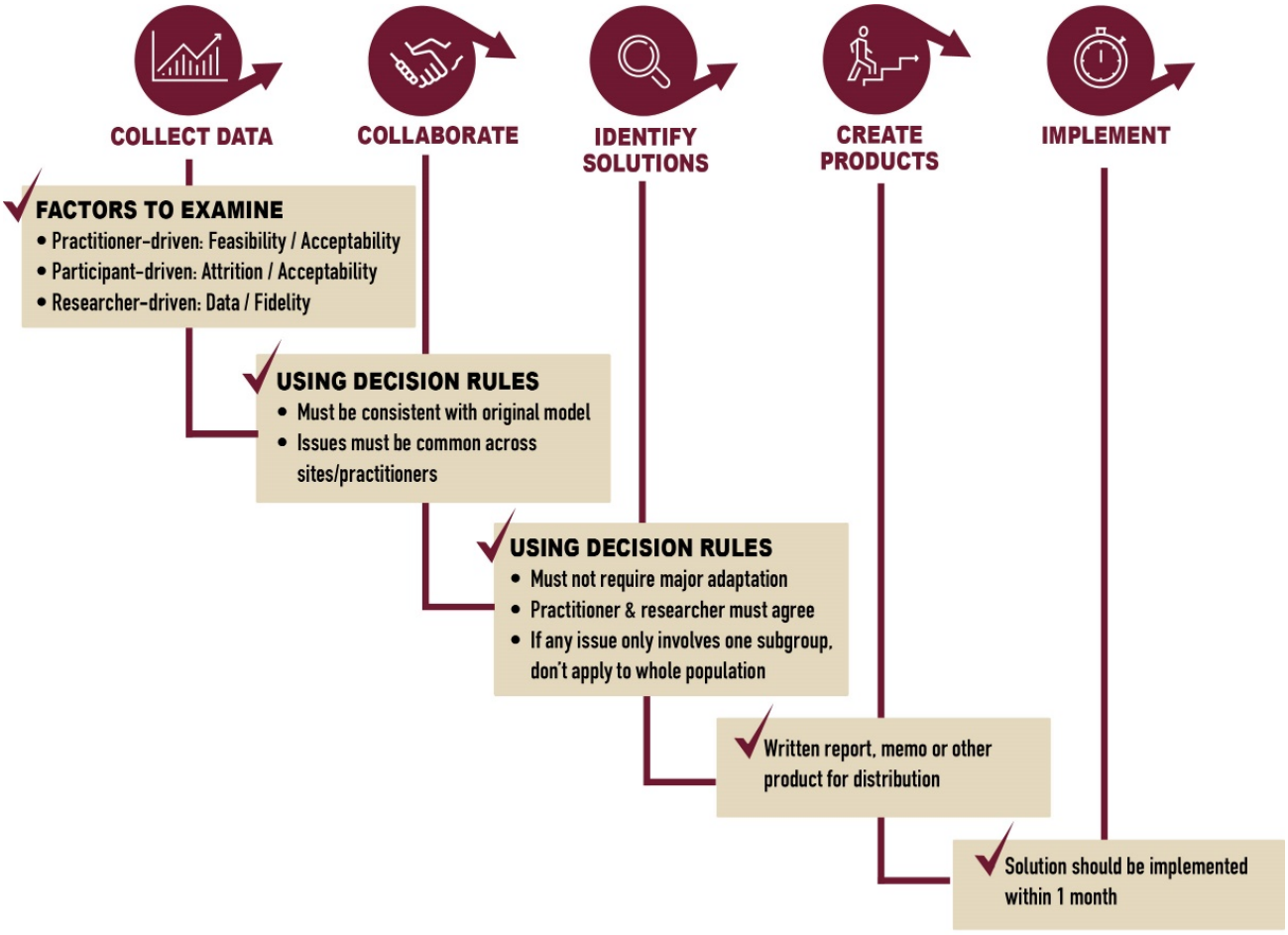


The Feedback Loop starts when we implement an evidence-driven intervention like the 5-Key Model. We commit to collecting and systematically analyzing data quarterly (or more frequently) to identify trends, patterns, and potential areas that require adaptation. We also provide space for team members to discuss any urgent adaptations which may be needed. Data sources may include verbal or written communications from the participants receiving the intervention

program, observations from practitioners implementing the intervention, or from statistical analyses of data collected during the course of the study. In sum, we actively seek data on the experience of implementing the intervention – from the perspective of the participant, the practitioner, and the researcher. We aim to ensure that the intervention is being delivered as intended, and that study participants are experiencing the intervention in the way that we hope.

The outcome of each Feedback Loop is to refine reentry services, improving their usefulness and effectiveness for participants and helping speed the rapid translation of research findings into policy and practice. Below, you can see the parameters that guide decision-making at each of the phases we apply to our work on a current challenge. The factors we address may be driven by participants' or practitioners' needs or may be identified by the research team during data analysis. We discuss these factors together as a team - careful to ensure that solutions are in keeping with the original model and are applied fairly and judiciously.

After collecting data, we engage in a collaborative process with practitioners to more fully understand the problem and how it is being experienced across study sites. When needed, we seek direct input from participants to contextualize challenges and identify potential remedies. From these conversations, we brainstorm and identify a tentative solution that is agreeable to all parties and is consistent with the original model. We then create a product to guide implementation of the tentative solution and to ensure that the process is documented for research and intervention delivery purposes. It is the goal for implementation to happen quickly and for new data to be collected to ensure that the solution produced the desired effects.



How the Feedback Loop Accelerates Science

In the sections that follow, we describe how the Feedback Loop has helped to address challenges and identify tentative solutions to issues which have arisen over the past year. We highlight five specific challenges to demonstrate our use of the Feedback Loop to catalyze the process of continual problem-solving, refinement, and enhancement and to provide a template for other applied researchers to do the same.

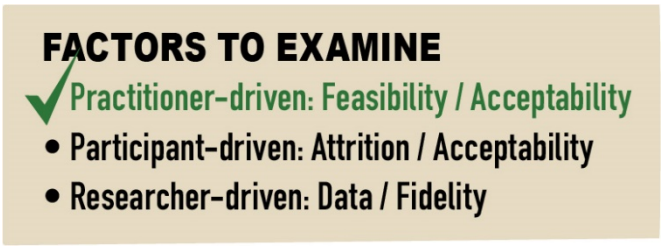
What we have come to learn is that deviation from the protocol is not inherently bad – sometimes the protocol simply should not be maintained. As stated, our primary goal is to decrease the time lag between science and adoption into practice – making adjustments through the course of the 5-Key Model randomized controlled trial ensures that we are able to quickly identify what is not working and move towards generating innovative solutions that will.

We have completed a Feedback Loop on three of the five presented challenges to date. We highlight one practitioner-driven factor, one participant-driven factor, and one researcher-driven factor. Then we describe one challenge which stalled part-way through the Feedback Loop and another adaptation that is currently in process.

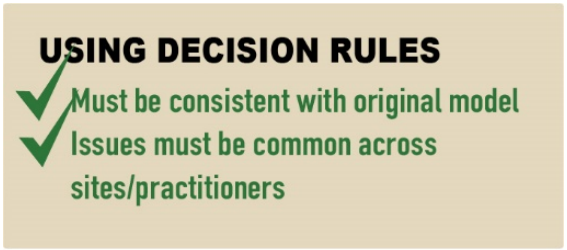
Completed Feedback Loop: Adjusting the 5-Key Model

Practitioner-driven innovation

When we first developed the 5-Key Model, we included 11 base sessions to allow participants to work with practitioners to identify how to move through the model to meet their needs, and offer a sampling of the model in its entirety. However, early on in the study, practitioners began to express frustration because they felt constrained by the slow pace of the intervention, indicating that following the order of the 11 base sessions made it difficult to adapt the intervention to be responsive to participants' immediate and urgent needs. It appeared as though we had unintentionally designed a non-individualized intervention, and that practitioners' dissatisfaction was stemming from the disconnection between the content presented in the early sessions and the pressing needs of participants' upon their release from incarceration.



Based on this preliminary feedback, we began to investigate data sources to explore if all practitioners were experiencing the same thing. During our existing weekly researcher-practitioner meetings across the four study states, practitioners confirmed that something was simply not working – sessions with participants did not feel individualized, despite our intention to design a highly responsive and individualized intervention program. For example, one practitioner described feeling that they were unable to address a participant's immediate need - he lived with his sister and the two of them had been fighting - because they were working on a different area of reentry in that session.



In response, over a two month period, the research team did site visits to each state to gather more data on how the model was performing. The research team observed practitioners' interactions with participants. The research team was able to confirm that this trend was consistent across practitioners and states, and also across participant race and gender. We wrote up the themes that we observed across each state. Then we sent that report out to the state teams and requested their reactions to our observations and asked them for help in generating potential solutions.

IDENTIFY SOLUTIONS

USING DECISION RULES

- Must not require major adaptation
- Practitioner & researcher must agree
- If any issue only involves one subgroup, don't apply to whole population

We worked together to brainstorm ideas for how to help practitioners increase their use of clinical judgment, respond to results of the reentry well-being assessment tools, and exercise maximum flexibility while delivering an intervention in the context of a randomized controlled trial. Ultimately, we decided to remove the requirement to complete the 11 base sessions and instead shifted to a case conceptualization model to make sure that each participant was receiving an adaptive and individualized intervention plan. Practitioners were able to use all of the same intervention tools, but instead of having a pre-specified sequence, the intervention tools could be drawn upon based on the presenting needs of a participant on any given day.

CREATE PRODUCTS

- Written report, memo or other product for distribution

We created several products related to this decision. We created a case conceptualization tool to further assist practitioners to develop an individualized plan with each participant. We also revised the 5-Key Model Facilitator's Guide (the manual that guides how practitioners deliver the intervention to participants) and we created a new fidelity monitoring tool (to ensure that the intervention was being delivered to participants as intended). Finally, we conducted extensive in-person multi-day trainings, convening all team members in Dallas. These trainings were followed up with multiple booster sessions conducted using web-based streaming services.

IMPLEMENT

- ✗ Solution should be implemented within 1 month

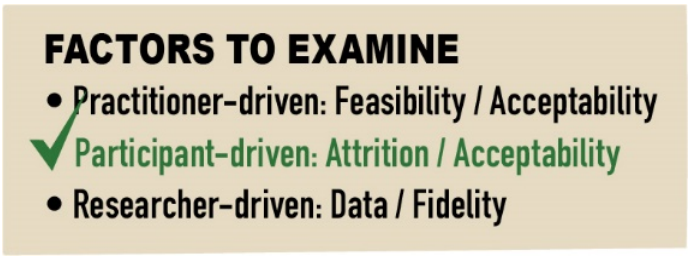
Based on our comprehensive and extensive data collection and collaboration processes, ultimately, we were not able to hold to the one-month implementation guideline. We spent approximately five months researching this challenge to ensure that we responded with a data-driven adaptation that would be acceptable to participants, practitioners, and researchers, maintain consistency with the original model, and maximize impact.

We learned a tremendous amount about study participants and practitioners during this process. Researcher-practitioner communication and collaborative decision-making on solutions helped us to quickly respond to obstacles such as unintended implementation outcomes as they arose. Our next steps are to monitor program dosage (estimating how much of the intervention participants are receiving) and ensure that practitioners are maintaining fidelity to the case conceptualization process. We will also ensure that practitioners' are correctly identifying participants' needs, selecting the most responsive intervention tools, and addressing the most critical need as they arise in real time.

Completed Feedback Loop: Enhancing the Use of Technology

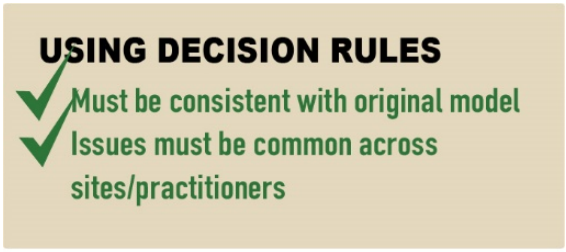
Participant-driven innovation

In the first two reports, we described the many barriers study participants face after their release from incarceration. Some of these barriers are external – transportation gaps and lack of internet limit their movements. Others are internal – managing the psychological toll that incarceration takes on their ability to trust and connect with outsiders and seek out help in the community as well as their own mental health or substance use challenges. Soon after the project started, practitioners began to describe the ways in which they were natural innovating to integrate technology into their work with 5-Key Model participants and we examined this innovation to see whether and how it could be more fully integrated into the study design.



We began to systematically collect data on the use of technology for program dosage purposes. Practitioners described how they texted with participants throughout the day to check on them, problem solve, and build trust. Study participants were highly receptive to this strategy – reaching out to share successes with employment and housing. Through frequent, low-pressure communications throughout the day, practitioners were able to build trust with participants, celebrate victories, and problem-solve obstacles. Many participants who were initially hesitant to talk on the phone, schedule an appointment, or meet face-to-face after leaving incarceration learned to trust practitioners and feel the benefit of connection through the use of texting and other technologies. Over time, these participants were willing to engage in more formalized services as a result of establishing trust and consistency in communications using technology.

Although used initially for trust-building, practitioners soon found other ways to use technology to increase connection. For example, when a participant called from a smartphone, practitioners would immediately switch to video. Other practitioners ran intervention sessions with groups of participants using web-based streaming video services, sharing worksheets and documents on that service so that participants could join on their lunch break from work or from home.



Practitioners described the strengths and challenges inherent to using technology among a group of individuals who have relatively little access to it. They shared tips and tricks and described additional ways they could envision using technology to reach study participants and help foster a relationship of connection and trust.

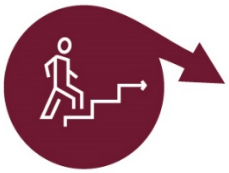
IDENTIFY SOLUTIONS

USING DECISION RULES

- Must not require major adaptation
- Practitioner & researcher must agree
- If any issue only involves one subgroup, don't apply to whole population

We chose to set boundaries around text messaging, deciding that while texts could certainly be used to build trust and stay in touch with participants, that text was not an appropriate format to deliver the 5-Key Model. For example, when a participant texted with a concern or needing support, practitioners would attempt to switch to telephone or web-based streaming services to provide support, increase connection, and work one-on-one in person with participants to find a solution to their challenge.

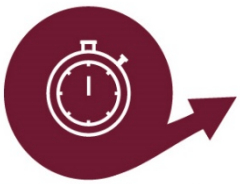
We also identified how to use technology to deliver the 5-Key Model in a way that was consistent with the original design. Specifically, we decided that individual sessions with participants could be conducted over the telephone or using web-based streaming services when needed or as model enhancements to be responsive to urgent needs. We also decided that web-based streaming services would be a workable option for conducting groups. In both circumstances, we instructed that technology-based applications should only be used when all in-person options had been exhausted.



CREATE PRODUCTS

- Written report, memo or other product for distribution

We changed our data tracking system to accurately capture program dosage and conducted training with team members on best practices and expectations.



IMPLEMENT

- Solution should be implemented within 1 month

This solution was quickly implemented as many practitioners were already innovating and the hurdle was for the research team to embrace the innovation.

NEXT STEPS

Although our assumption was that rural participants would rely on technology to connect with 5-Key Model practitioners – urban participants were also relying on technology to an extent, but for different reasons. We will soon begin analyzing data on the amount of technology-based engagement compared to in-person engagement and revisit practitioners' and participants' experiences with the different modes of intervention.

Completed Feedback Loop: Mobile Reentry Services

Researcher-driven innovation

The decision to move from brick-and-mortar reentry services office space more deeply into communities and homes was driven by the external barriers faced by study participants after their release from incarceration. Lack of transportation, hectic work schedules, and additional treatment programs required by corrections made it difficult for study participants to make it to practitioners' office space for individual or group sessions. Although the research team largely drove the movement away from a sole reliance on brick-and-mortar office space, many practitioners were naturally innovating to connect with participants beyond the walls of their office space. The stand-out examples provided by practitioners guided the identification and implementation of our solution. For example, one practitioner created a "coffee group" and met with participants for coffee at 6 o'clock in the morning delivering intervention sessions prior to people having to go to work. Another practitioner met with participants on the job site during lunch breaks to deliver services. These practitioners underscored the necessity to meet with participants when possible to help overcome barriers, noting how "either we go to them, or they're gone."

FACTORS TO EXAMINE

- Practitioner-driven: Feasibility / Acceptability
- Participant-driven: Attrition / Acceptability
- ✓ Researcher-driven: Data / Fidelity

Practitioners described the challenges inherent to both working within the confines of brick-and-mortar spaces and with meeting participants in the community. Office space is often inconveniently located for participants, requiring them to manage transportation issues and their work schedules to arrive to a scheduled appointment on time. In some cases, offices are located in the very neighborhoods participants were trying to avoid so that they can "stay out of trouble". In some cases, office space is located in larger buildings which have limited access after daytime business hours or weekends – the very times that some participants could more easily meet.

USING DECISION RULES

- ✓ Must be consistent with original model
- ✓ Issues must be common across sites/practitioners

Although it was clear that we needed to move away from providing services solely in brick-and-mortar office space, meeting participants in the community created another layer of logistical and practical concerns. For example, practitioners creatively found ways to create a safe space where participants could speak freely or experience emotions when they were sitting in a booth at a fast-food restaurant or on a bench in a public park. Others mentioned how they were able to meet in public libraries, but sometimes found themselves sitting on the floors for intervention sessions because those areas of the libraries were the ones that provided optimal privacy.

IDENTIFY SOLUTIONS

USING DECISION RULES

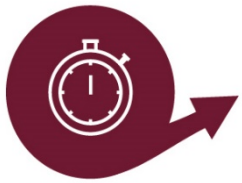
- Must not require major adaptation
- Practitioner & researcher must agree
- If any issue only involves one subgroup, don't apply to whole population

We retained brick-and-mortar space, but began to document plans for practitioners to use technology, public community spaces, home visits, and other creative solutions to meet participants wherever and whenever possible.

CREATE PRODUCTS

- Written report, memo or other product for distribution

We drafted policies and procedures memos to underscore both the method and the rationale for moving deeper into communities while also maintaining the safety of practitioners and study participants. We also conducted training with practitioners on best practices for engaging participants in the community.



IMPLEMENT

- Solution should be implemented within 1 month

This solution was quickly implemented across all four states and was highlighted in the first quarterly report.

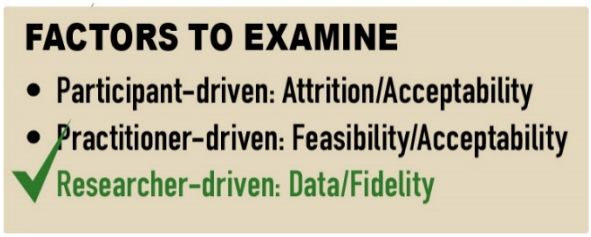
NEXT STEPS

We will begin to analyze how frequently interventions are being delivered in the community versus in a brick-and-mortar office space. We will assess the impact of the location of intervention delivery on staff time and participant retention.

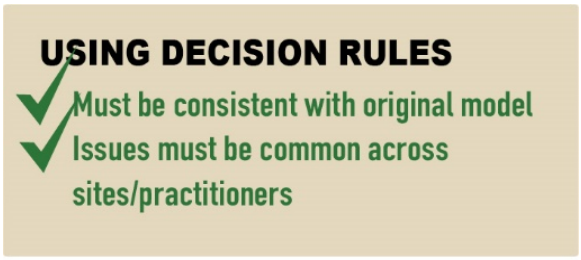
Stalled Feedback Loop: Running Groups with Participants

Researcher-driven innovation

Soon after study participants began to release from incarceration, it became clear that practitioners were frequently not able to run groups at the brick-and-mortar office space as we intended. This gap was due in large part to the challenges identified above for participants to arrive at our office space given their lack of transportation access and multiple employment and family demands. The logistics of identifying a time when several participants could arrive for a group session compounded the issue and left many practitioners feeling as though groups were simply unachievable. Study participants also expressed resistance to groups due to distrust and sharing sensitive and personal information with people who they do not know.



We realized how few groups were being run while analyzing program dosage data soon after our participants began to release from incarceration. This gap was further explored when we noticed that practitioners were primarily conducting individual intervention sessions, the majority of which were occurring in the community. When we asked practitioners across our study states about the reliance on individual sessions, they described both internal and external barriers to group participation.



The research team felt keeping some of the intervention sessions as group-based as originally designed was important both to enhance feasibility but also to generate social support for study participants using the therapeutic group context. Therefore, we made several suggestions for practitioners to overcome these barriers and increase their use of groups. Our goal was to ensure that practitioners were exhausting all possible options to run groups before resorting to individual sessions.

IDENTIFY SOLUTIONS

USING DECISION RULES

- ✓ Must not require major adaptation
- ✗ Practitioner & researcher must agree
- ✓ If any issue only involves one subgroup, don't apply to whole population

Identifying a workable solution, however, has been elusive. During talks with practitioners, we faced resistance about the utility of groups. Practitioners overwhelmingly prefer working individually with study participants and enjoy the adaptive nature of the 5-Key Model and being able to fit the model to the challenges faced by study participants as they arise. Practitioners also noted that study participants were reluctant to even attempt a group-based session, citing concerns about comfort and fear of sharing personal stories with 'strangers.' Participants' concerns served to fuel practitioners' own reluctance to attempt to integrate groups into their work with participants in a systematic way. Practitioners felt a therapeutic and logistic justification to preferencing individual sessions over group-based sessions. Although the use of groups has increased, especially using web-based platforms, practitioners still resist running groups more than the research team would prefer.

NEXT STEPS

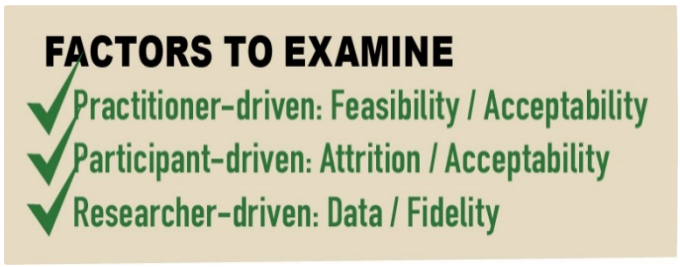
During the next phase of the 5-Key Model study, we will work more closely with practitioners on creative problem-solving for implementing a group-based intervention. We will also help practitioners to create a safe and trusting space for group-based sessions to occur, to help participants overcome logistical barriers to participation, and to prepare participants for attending regular groups after their release from incarceration. Additionally, we will monitor success stories, particularly those about conducting groups using web-based streaming services, and highlight those examples in our ongoing training efforts with new and existing team members. Data analysis will also explore whether in-person or web-based groups are experienced differently by study participants and examine differential impact and effectiveness of individual-format versus group-based sessions. Perhaps as we test our assumptions, the data will present a different story.

In Progress Feedback Loop: Changing Our Staffing Model

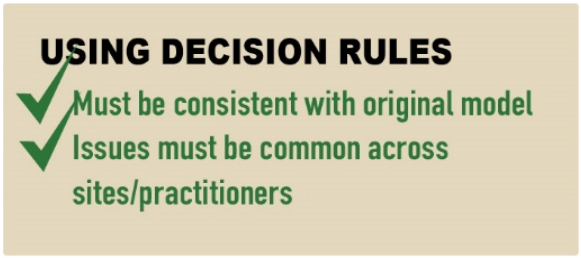
Team-driven innovation

As we expand the 5-Key Model research into new states, we are piloting a new staffing and training model. In June 2019, we will bring on 16 Post-Master's Fellows – recent Master of Social Work graduates who have committed to working with IJRD for three years. Fellows will help us roll out the next phase of the 5-Key Model study as we expand later this year.

Our goal was to work with 5-Key Model leadership team and team members in the field to hire staff members who were passionate about working with individuals leaving incarceration, were looking to deepen their clinical and research skills, and were committed to staying with IJRD. We chose to focus on recent graduates in social work due to our commitment to train the next generation of workers and thought leaders on this issue.



Hiring for the 5-Key Model project has posed several challenges. First, there has been a limited local workforce with the skills, abilities, and passion needed to engage individuals both within the prison setting and after their release back into the community. Although we were able to get top-notch team members, some of these team members used our project as a means to find more permanent work within their community or as a transition from one job to another, creating a turnover challenge for the project. Moreover, this study requires a highly flexible team of workers who are comfortable with continual learning in a fast-paced, research-oriented environment and making adaptations to the model and the process as we go. Therefore, we decided to create an exciting position for new graduates who were both passionate about working with incarcerated and formerly incarcerated individuals and were seeking a venue to hone their clinical and research skills after graduation.



In responding to current challenges and preparing for study expansion, we quickly identified a need for a 5-Key Model leadership team to help coordinate activities across study states and enhance training and support for new hires and our current staff. We created a Project Director position, two Training Specialist positions (one responsible for training practitioners and the other responsible for training research staff), and promoted existing team members into those roles.

IDENTIFY SOLUTIONS

USING DECISION RULES

- Must not require major adaptation
- Practitioner & researcher must agree
- If any issue only involves one subgroup, don't apply to whole population

We conducted a national recruitment effort for the first incoming class of Post-Master's Fellows. We conducted webinars, question-and-answer sessions, and received nearly 100 applications. We created a two-step interview process in which potential Fellows demonstrated their passion for working at the intersection of social work and criminal justice, demonstrated their abilities, and suggested ways they would help study participants overcome the many internal and external barriers they face after leaving incarceration.

CREATE PRODUCTS

- Written report, memo or other product for distribution

We have already formalized the interview process to use for future recruitment. We are in the process of finalizing training manuals and materials for incoming Post-Master's Fellows to ensure that training is active and engaging. We will use both web-based and in-person training formats to facilitate team building, problem-solve common challenges, and ensure that Fellows hit the ground running.

IMPLEMENT

- Solution should be implemented within 1 month

Onboarding and training begins in June. We will provide updates on the next phase of this research project in the coming reports.

Update on Study Participants

Below, we provide updates on study participants. All of the participants who will remain in the study from this point forward have been released from incarceration. The data presented below are largely drawn from the second post-release interview, which occurs when participants have been released from incarceration for approximately four months.

Why are participants still incarcerated?

We completed baseline interviews with 1,543 participants across the four states. As of May 2019, however, 34% of these individuals are still incarcerated and will therefore be unable to receive the 5-Key Model or participate in the comparison group in the community, thus falling out of the study.

Below you can see how many participants have been released in each state.

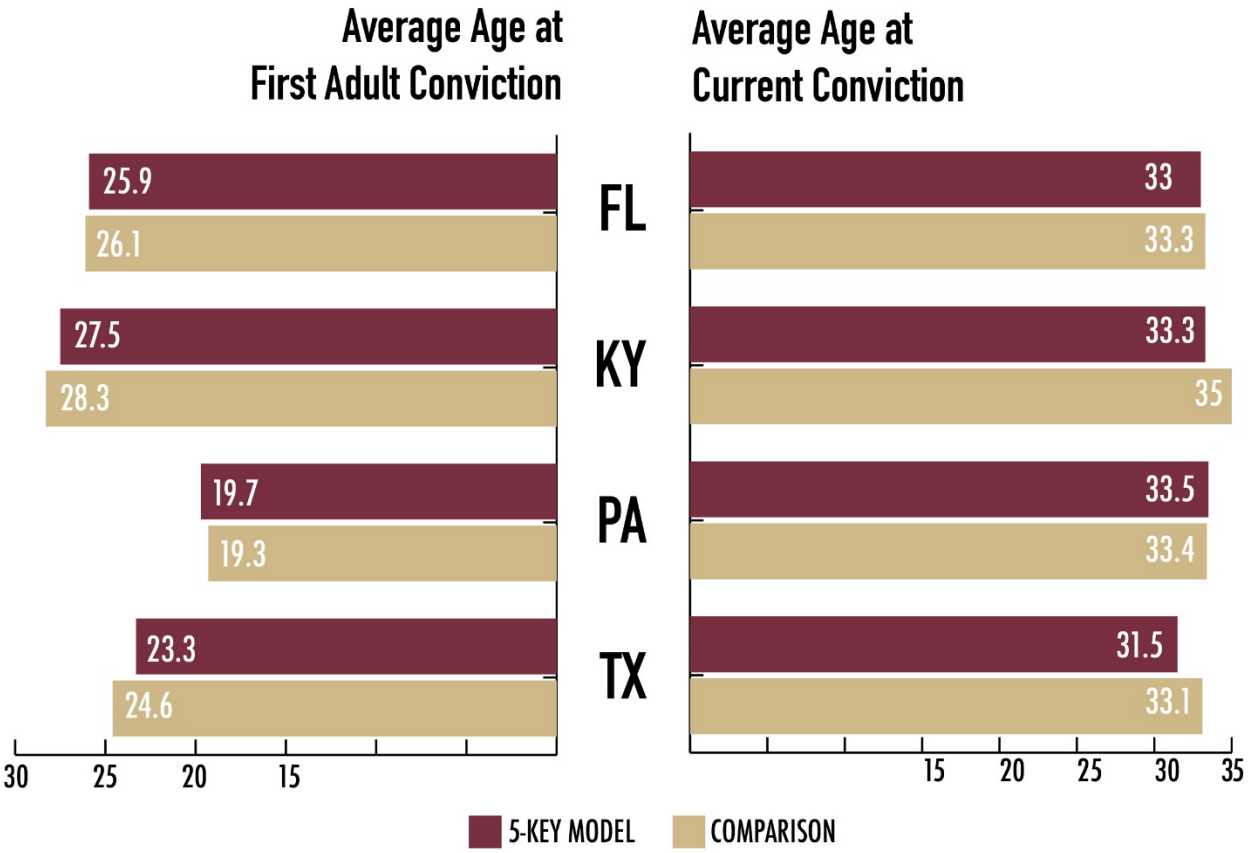
The final sample is comprised of 1,013 individuals. We have 449 released participants in Florida, 114 in Kentucky, 167 in Pennsylvania, and 281 in Texas.

The differences noted above are due to each state's sentencing structure. For example, Florida uses determinate sentencing – meaning that the judge issues a sentence and the individual will spend at least 85% of his or her sentence in prison. Determinate sentencing is only used by approximately 13 states; the vast majority of states use indeterminate sentencing. Indeterminate sentences are provided as a range with a minimum and a maximum value. In Kentucky, Pennsylvania, and Texas, for example, and individual may be sentenced to 3-6 years. They will serve a minimum of 3 years and a maximum of 6 years, but their actual release date is not yet determined.

For the three states in our study which use indeterminate sentencing, the state department of corrections provided several potential release dates for individuals. We worked with those states to try to best predict when an individual would release, but ultimately we were only able to make predictions based on the information we had.

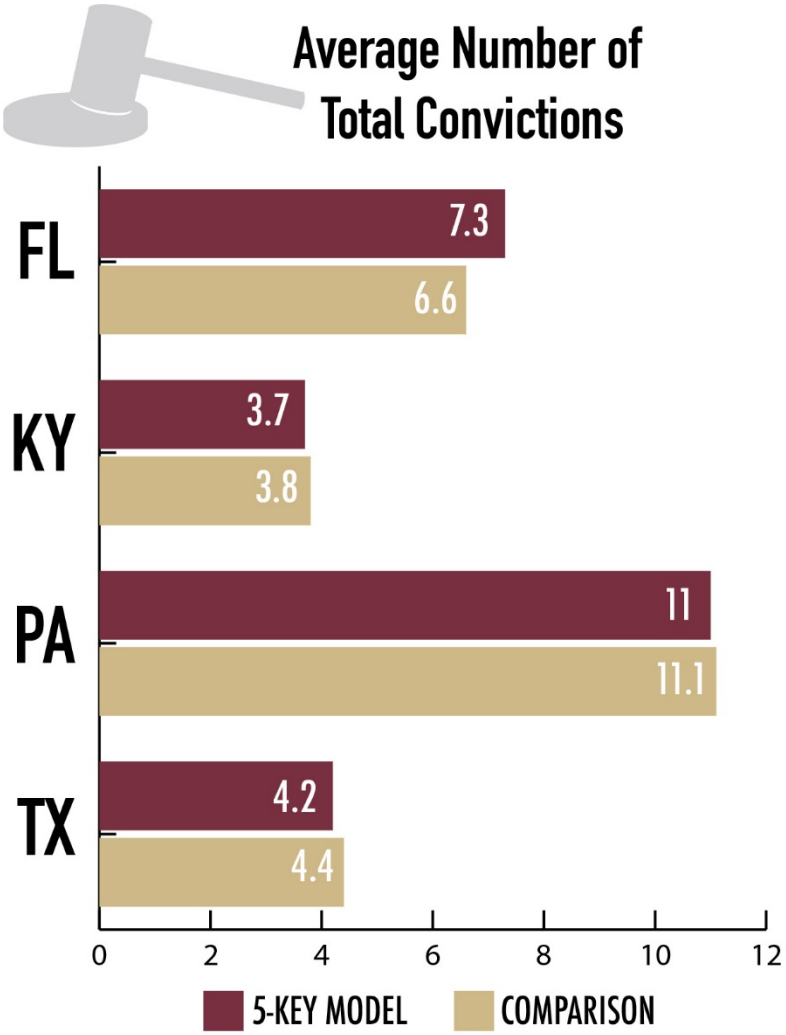
Average age at first adult conviction and current conviction

In the last report, we presented data on participants' average age the first time they were charged with a crime as an adult. Unfortunately, we were unable to standardize this data across states, although we were able to compare age at first adult conviction. Therefore, below we present the data on participants' average age when they were first convicted of a crime (versus charged with a crime) as an adult. Participants in Pennsylvania were, on average, the youngest; those in Kentucky were the oldest. Across study sites, participants were between 31 and 35 years old when they were convicted of their current criminal offense.



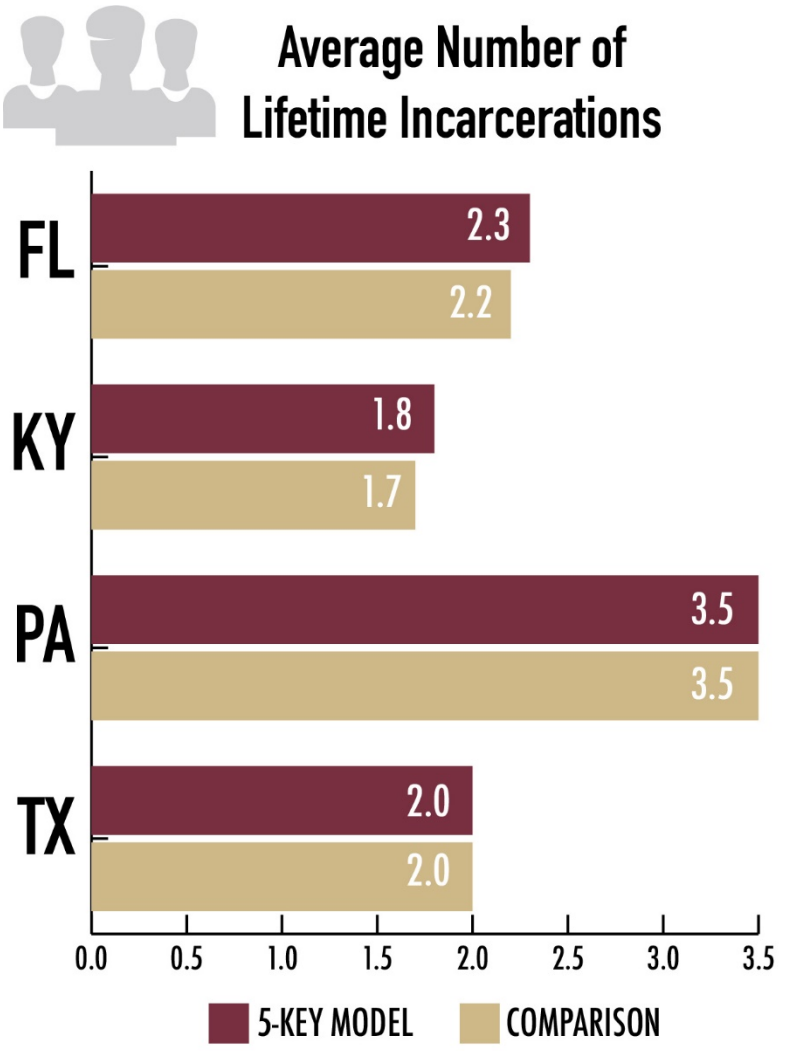
Average number of total lifetime convictions

Likewise, we were unable to collect data on participants' prior charges across states and we have updated the table below to reflect the average number of adult convictions instead. Participants in Kentucky had the fewest lifetime convictions; those in Pennsylvania had the most. This variability may be related to the average age of participants in each state when they were first convicted.



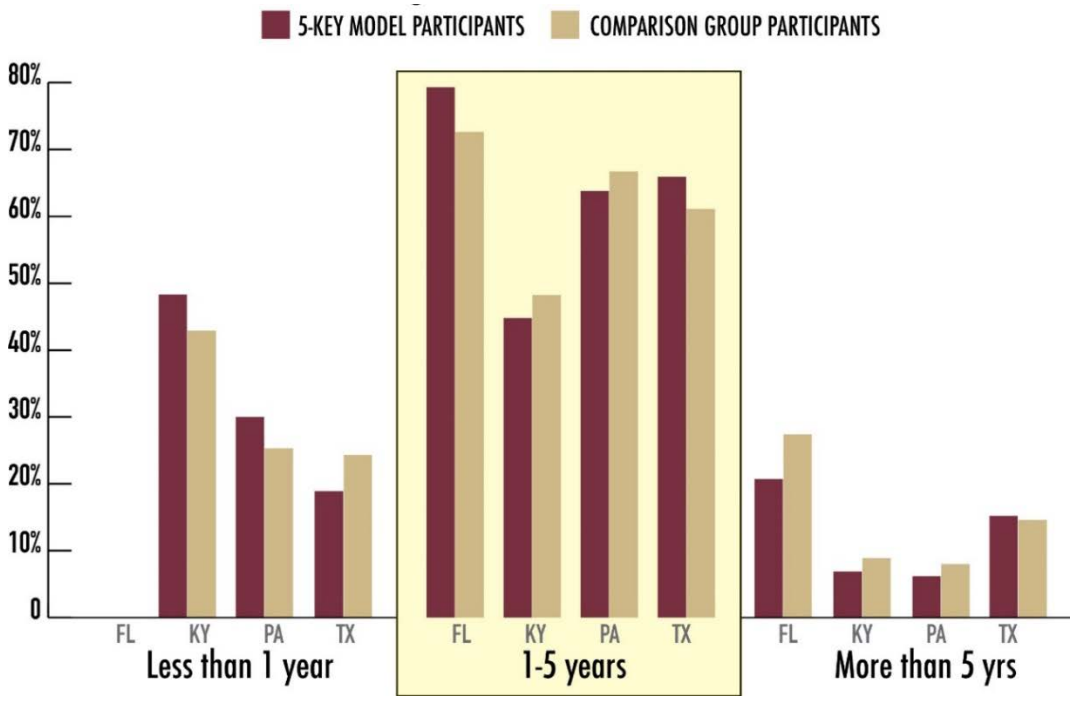
Average number of lifetime incarcerations

On average, study participants have been incarcerated in prison between 2-4 times in their lifetime, including their current incarceration.



Length of Current Sentence

We present the average length of participants' current sentence below, broken down by study group. Overall, the majority of participants were serving a sentence longer than one year but shorter than five years, although variation by state was detected. For example, in Florida, individuals with a sentence of less than 365 days are held in local jails. Only those with a sentence in excess of one year are sent to a state prison.



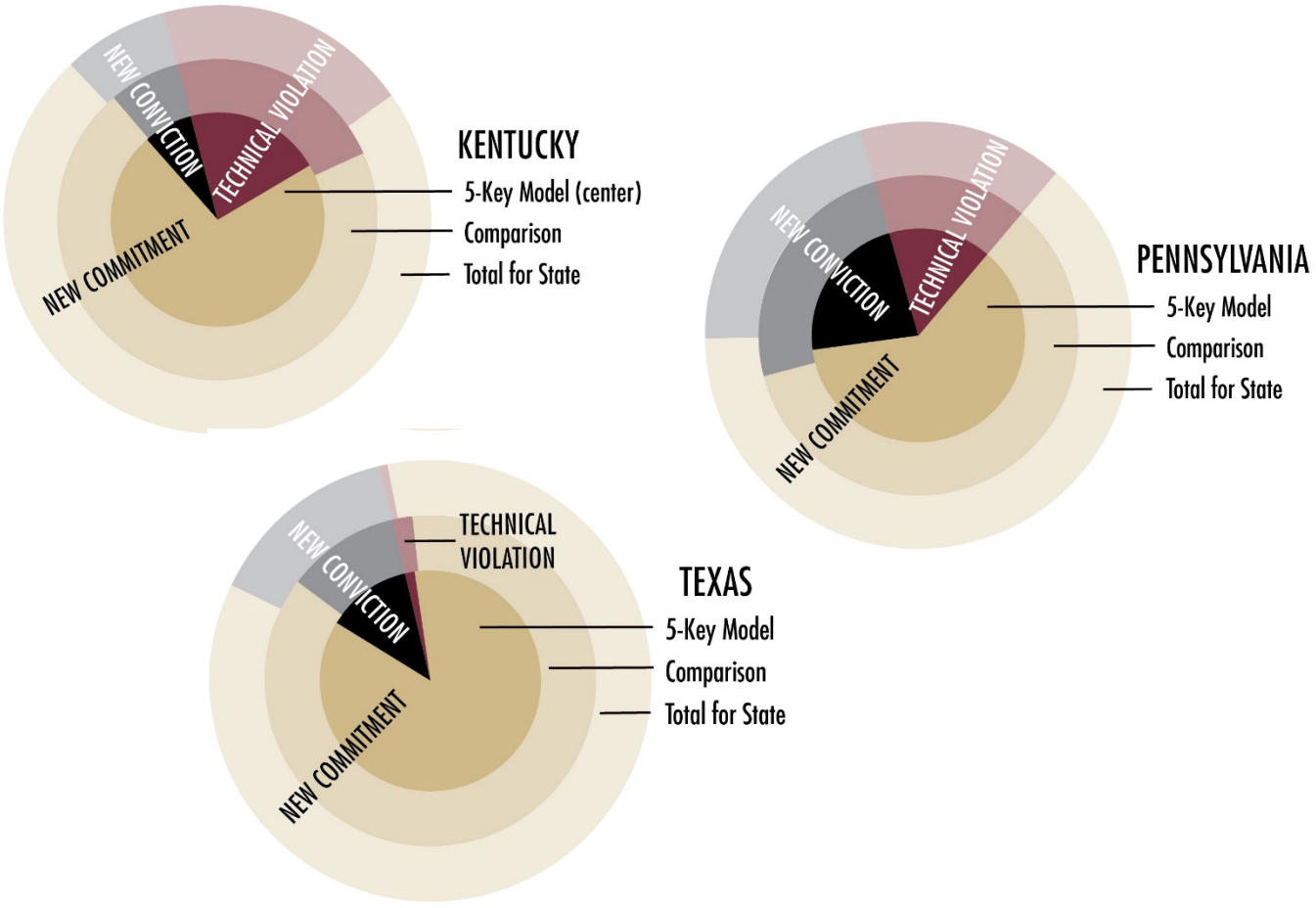
Reason for Current Incarceration

When we recruited study participants during their most recent incarceration, they were serving sentences for a new commitment, new conviction, or a technical violation. We did not yet have data from Florida on this variable at the time of this report.

A new commitment means that the participant was charged, convicted, and sentenced for having committed a new crime. Some of these individuals may have a history of criminal justice-system involvement, but their current incarceration was unrelated to any prior conviction or incarceration.

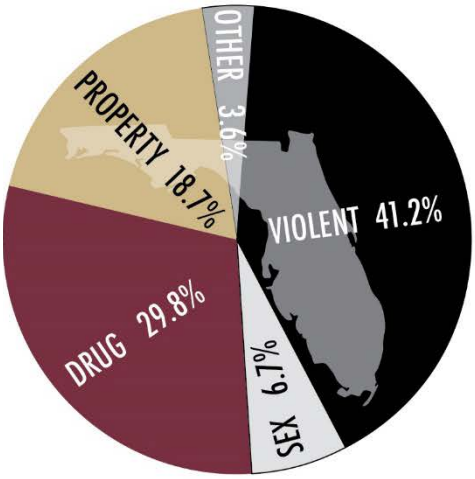
A new conviction means that an individual's sentence was extended. These individuals may have been released from incarceration on parole and then committed a new crime after release. Therefore, they were returned to prison to serve out the remaining sentence on their original conviction and they were also given a new sentence for the new crime.

Technical violations means that an individual was released from incarceration on probation or parole and they failed to meet the terms of their release by violating an administrative rule (for example, they missed a meeting with their probation or parole officer or missed curfew at a halfway house). These individuals were returned to incarceration, but had not committed a new crime after their release.

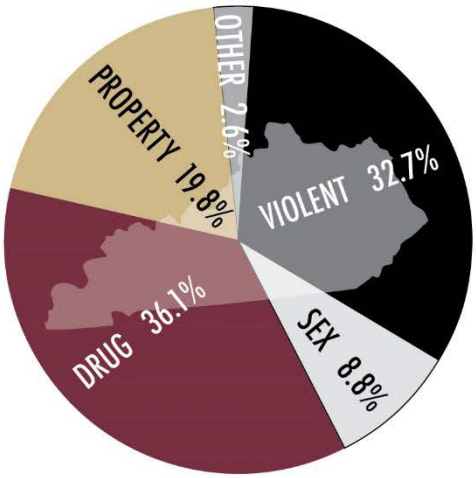


Most serious offense for the current incarceration

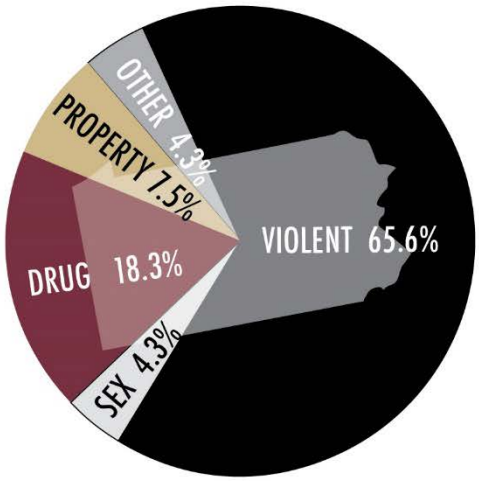
Below, we present study participants' index (or most serious) crime in five broad categories: Violent crimes, Sex crimes, Drug crimes, Property crimes, or other types of crimes (for example, public nuisance or gun possession charges). The state breakdowns reflect the proportion of study participants' in each state with an index crime in each category.



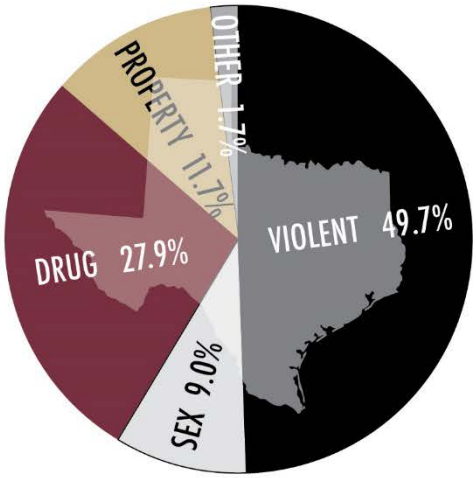
FLORIDA



KENTUCKY



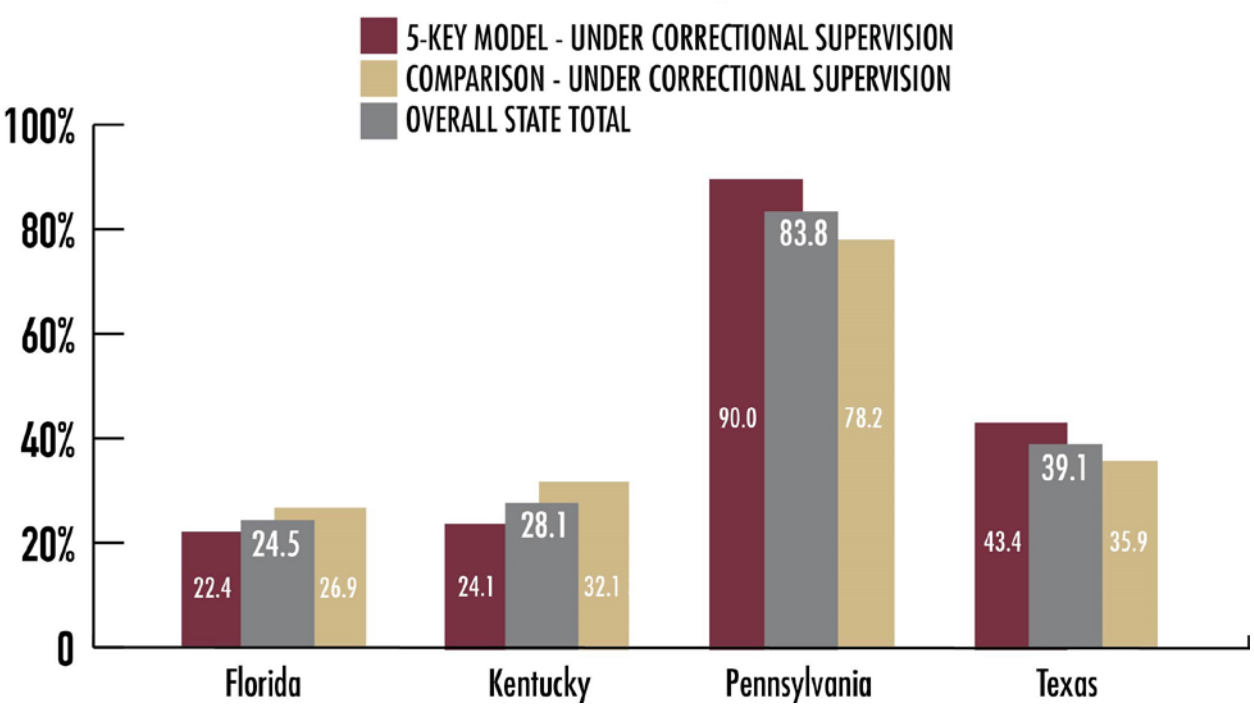
PENNSYLVANIA



TEXAS

Post-Release Supervision

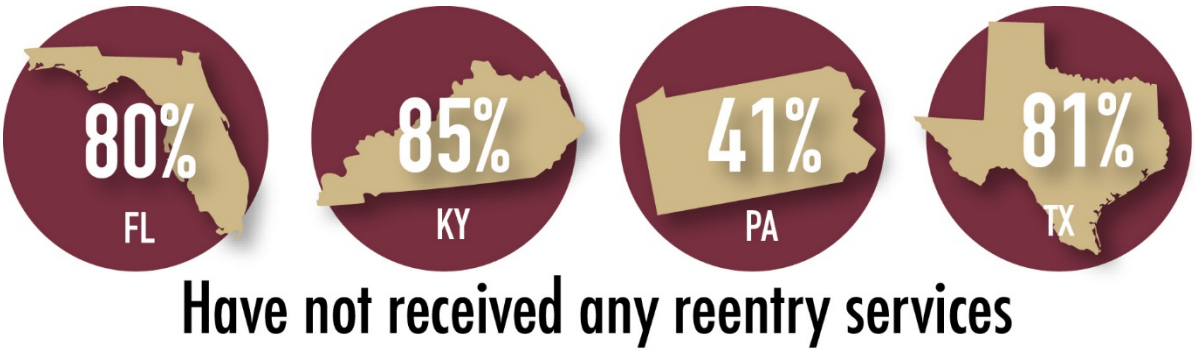
Many study participants release from incarceration under some form of post-release supervision like probation or parole. The use of post-release supervision is not equally distributed across the four study states. Roughly a quarter of participants in Florida and Kentucky are under some form of post-release supervision. However, more than 80% of study participants in Pennsylvania are under post-release supervision.



Post-Release Services for Comparison Group

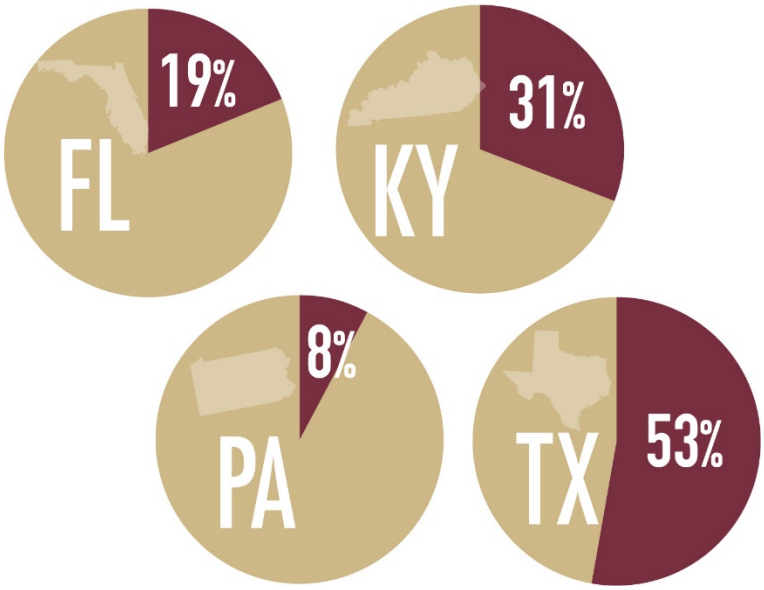
Although participants in the 5-Key Model group are working with 5-Key Model practitioners, those participants in the comparison group receive whatever services already exist in their local communities.

In Florida, Kentucky, and Texas, more than 80% of study participants in the comparison group reported that they have not received any reentry services by the time of their second community interview (which occurs approximately 4 months after their release from incarceration). Many more individuals in Pennsylvania are receiving reentry services at this time, which we attribute to high rates of post-release supervision and the use of halfway houses in that state.



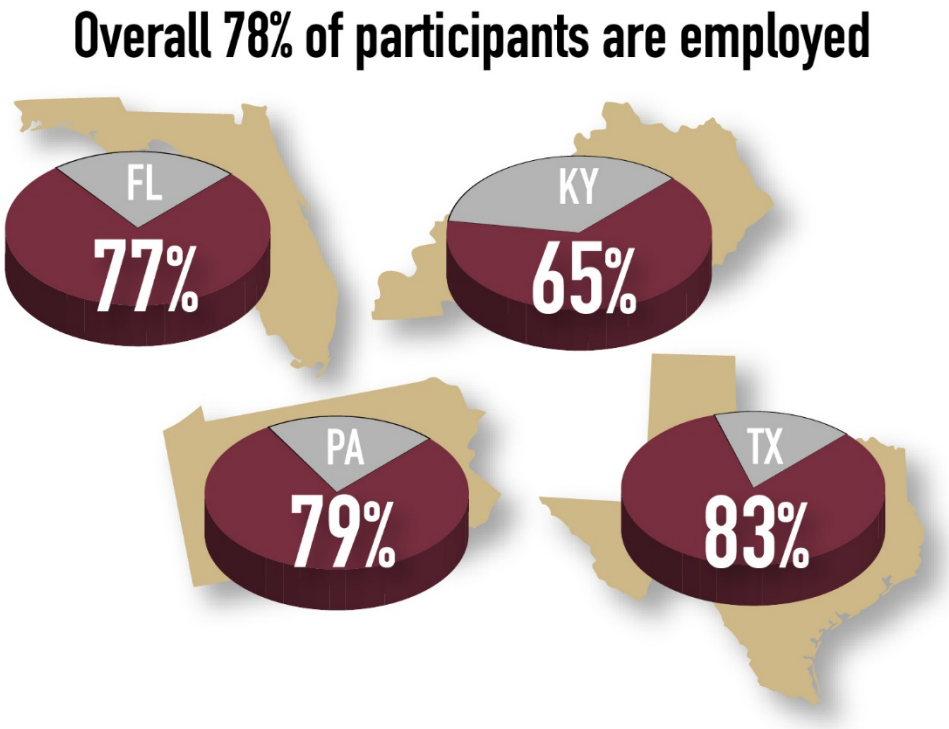
Mandated to Treatment

Each state has some form of mandated treatment function that occurs through corrections, sentencing guidelines, parole, or the courts. The percent of participants who are mandated to post-release treatment are indicated below.



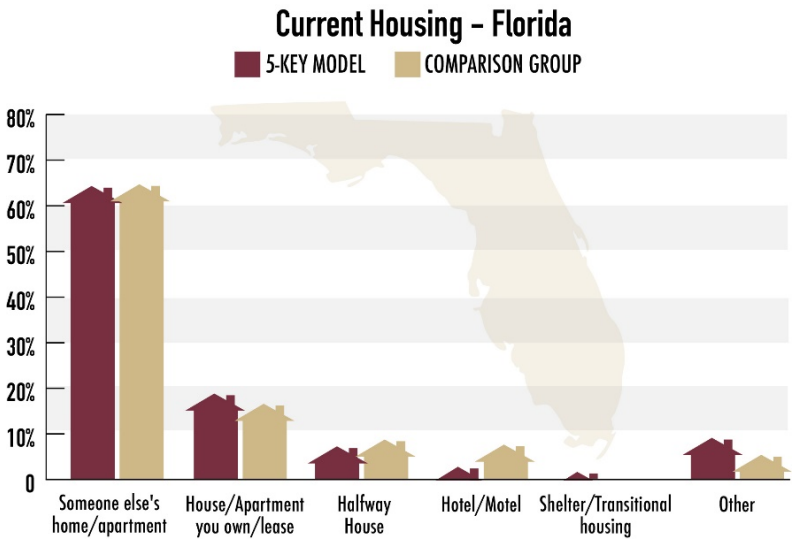
Employment

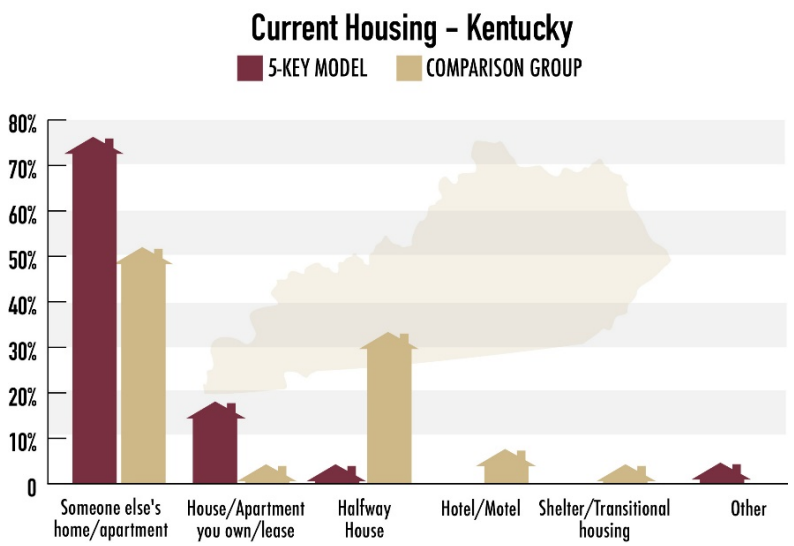
More than three-quarters of 5-Key Model and comparison group participants have found employment by their second post-release interview, which occurs approximately 4 months after their release from incarceration.

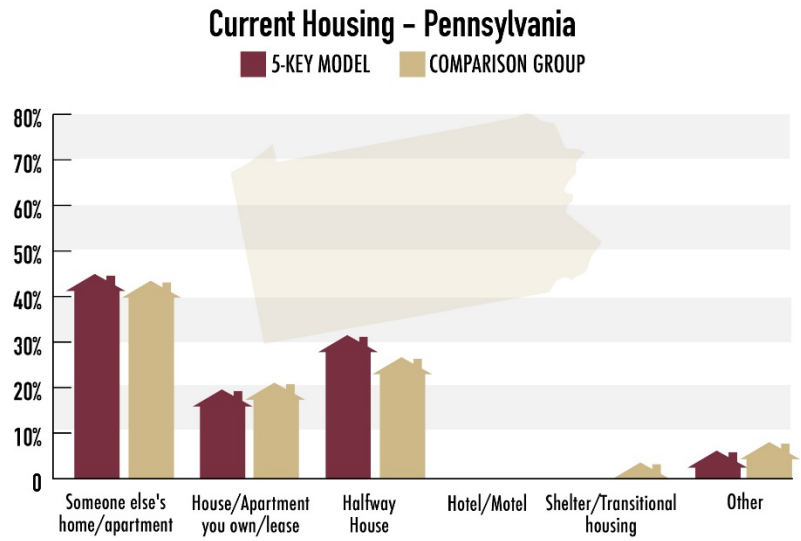


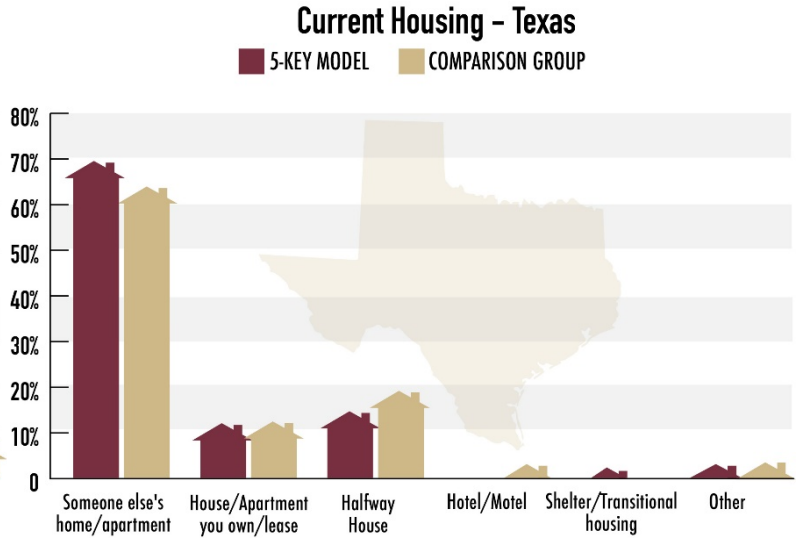
Housing Status

At the time of the second post-release interview, a substantial proportion of study participants are still living in someone else's home or apartment. Most commonly, this "someone else" is a family member.



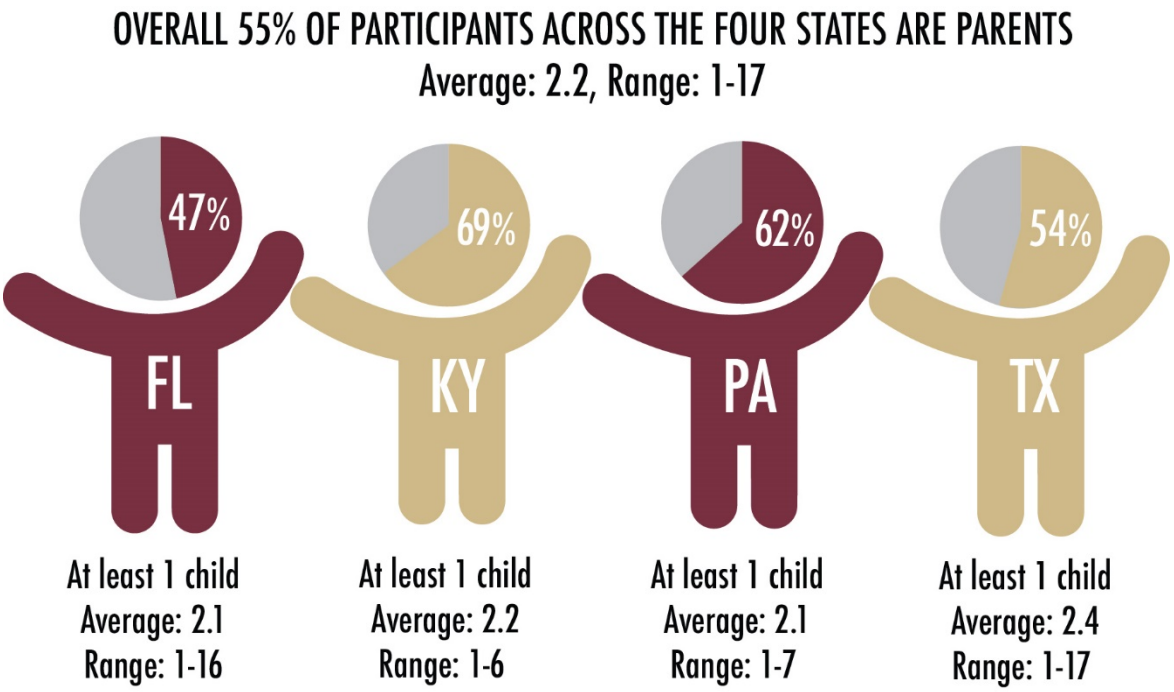






Parenting and Children

Just over half of study participants across the four states have any children. On average, parents in our study have 2.2 children, although wide individual variation exists.



Conclusions and Next Steps

Conclusions

The innovations led by practitioners, study participants, and members of the research team have helped us to improve the 5-Key Model, enhance how the 5-Key Model is delivered, and maximize the impact of the Model on the lives and well-being of study participants.

Our primary goal in using the Feedback Loop is to decrease the time lag between science and adoption into practice, helping to ensure that the 12,000 men and women who release from incarceration every week have access to the innovations of today – not the innovations of 17 years ago. We have applied the Feedback Loop multiple times in the past year to help us quickly identify what is not working and generate solutions that will. We will continue to use the Feedback Loop to examine the effectiveness of the tentative solutions we identified for each of our five highlighted challenges and to address new challenges as they arise.

We have learned throughout this process is that some challenges require more time than expected to collect data, collaborate, and to identify and implement a tentative solution. We have also learned that while members of the research team felt that some challenges did not require a written product (instead focusing on trainings or other interactive products), practitioners highly valued the written product as a form of communication and inclusion.

Next Steps

The 5-Key Model study will expand later this summer. We will use the fourth quarterly report to update you on the next phase of the study and to provide more data and findings as related to our current study participants in Florida, Kentucky, Pennsylvania, and Texas. In the fifth quarterly report will be able to report more on preliminary outcomes because participants will have been out in the community long enough to explore some outcomes. We will also be able to get an initial glance at participants experiences in our expansion states.

Acknowledgements

We extend our deepest gratitude to our research team and collaborators who work diligently every day to improve the lives of individuals and families impacted by criminal justice system involvement in order to promote the safety and well-being of our communities across our nation.

Research Leadership Team

Carrie Pettus-Davis, PhD, MSW; Tanya Renn, PhD, MSW; Stephen Tripodi, PhD, MSW
Johnny Kim, PhD, LCSW; Annie Grier, MSW; Kerensa Lockwood, PhD; Nancy McCarthy, BA; Stephanie Kennedy, PhD; Kolawole Ogundari, PhD, and Katie Morphonios, BA

Our Collaborators and Supporters

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- Justice and Public Safety Cabinet of Kentucky, Secretary John Tilley
- Commonwealth of Kentucky Department of Corrections, Commissioner
- Florida Department of Corrections, Secretary Mark Inch
- Pennsylvania Department of Corrections, Secretary John Wetzel
- Texas Department of Criminal Justice, Executive Director Bryan Collier
- Volunteers of America Mid-States, President and CEO, Jennifer Hancock
- City Rescue Mission Jacksonville, Manager of Operations
- Goodwill of Southwest PA, President and CEO, Mike Smith
- Unlocking Doors, President and CEO, Christina Melton Crain
- University of Denver
- Jacksonville University
- University of Kentucky
- Carlow University

Finally, we would like to thank the many other individuals not listed by name who contribute to this very important work every day. Although there are far too many individuals to list, we are deeply grateful for their contribution as this work would simply not be possible without them.

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