

Webinar Transcript: Welcome to Measuring Success Beyond Recidivism

– [Emily Bzdega] Hi everyone. Welcome to Measuring Success Beyond Recidivism. We appreciate you joining today. We are going to get started in just about two minutes. Going to let people join the session first. We are now at 3:00 PM Eastern Time, and I'm going to turn the session over to Janeen Buck Willison to start us out.

– [Janeen Buck Willison] Thank you so much, and welcome everyone to today's webinar, Measuring Success Beyond Recidivism, Metrics, Data Sources, and Lessons from the Field. It's a pleasure to be a part and to have you here today. And, for some reason I'm not able to advance my slides. One second. Emily, might you be able to help me?

– [Emily Bzdega] Can you try using your keyboard instead, the arrows on your keyboard?

– [Janeen Buck Willison] I did, yes.

– [Emily Bzdega] Okay. Okay. Do you wanna un-share and then maybe re-share? Oh, maybe try clicking the monitor and then the slide again.

– [Janeen Buck Willison] Sure. Lemme try that. Oh, there we go. Wonderful. Thank you so much for that help. Well again, welcome everyone to today's webinar, measuring Success Beyond Recidivism Metrics, Data Sources, and Lessons from the Field. We are excited to have you here. Before we get started, I would just like to draw everyone's attention to this slide and the conference recording notice, specifically that we are recording today's webinar. And, by staying in the webinar, you are effectively agreeing to the recording. If you prefer, you may participate just by audio only, by disabling your camera. And also would like to let you know that the recording will be made available on the National Reentry Resource Center website in about a week or so, I believe. And last, we are holding questions until the end, until the last 15 or 20 minutes of the webinar today, but you can queue up any questions or comments that you have using the Q and A function for the webinar today. And, with that, I believe I'll be turning it over to Meg Chapman for a welcome from BJA. Meg.

– [Meg Chapman] Hello, everyone. Hi. Thank you Janeen, and welcome everyone. Thank you for joining us. My name is Meg Chapman, and I'm a policy advisor from the Bureau of Justice Assistance or BJA. Thank you again for joining this webinar, and this is one of many we've hosted, and we have a few more as part of Second Chance Month which runs to the end of April. And, as Janeen mentioned, we are recording all of our webinars, and just in case you missed anything, recordings will be made available in a couple of weeks. So, before presenters get started, I just wanted to spend a few minutes providing some background on BJA and the Second Chance Act. So BJA is located within the Office of Justice Programs, or OJP, which is part of the US Department of Justice. OJP provides a wide range of services to the criminal justice community in the form of funding, training, research and statistics. Next slide, please. Under the direction of Director Moore, who was appointed by President Biden in February, 2022, BJA's programmatic and policy efforts focused on providing a wide range of resources, including training and technical assistance to law enforcement, courts, corrections, treatment, reentry, justice, information sharing, and community-based partners to address chronic and emerging criminal justice challenges nationwide. BJA's mission is to provide leadership and services in grant administration and criminal justice policy development to support state, local and tribal justice strategies to achieve safer communities by working with communities, governments, and nonprofit organizations. Next slide, please. BJA activities support five major strategic areas related to improving public safety, reducing

recidivism, integrating evidence-based practices, increasing program effectiveness, and ensuring organizational excellence. Next slide, please. And BJA does this through funding, education, provision of equipment and supporting partnership and collaboration. Through the Second Chance Act funds, BJA supports a suite of competitive grant programs available to state, local and tribal governments as well as nonprofit organizations to support the implementation and expansion or enhancement of reentry programs. Each of our Second Chance Act grantees also benefit, in addition to the funding, from the expertise of training and technical assistance providers who support grantees in the implementation of their grants, as well as provide training opportunities and develop resources for the field at large. And today's webinar is gonna host a little bit of that work. Next slide. BJA also funds and supports, we've mentioned already, the National Reentry Resource Center or NRRC, which is the nation's primary source of information and guidance on reentry and the host for Second Chance Month. So, please visit the NRRC to access Second Chance Month resources, which includes webinars like this, but also videos, podcasts, and publications. And then, please continue to visit the NRRC after April to learn about the latest reentry-related news, funding opportunities, learning events, and resources. And that's all I wanted to share with you this afternoon, because I just appreciate your time, and let's get started with this webinar. Thank you. Back to you, Janeen.

– [Janeen Buck Willison] Great, thanks Meg. So, thank you to everyone who has joined. As I said, I'm very pleased to be here today and appreciate the opportunity that this webinar affords to discuss the important topic of how to measure or ways to measure reentry success beyond recidivism, both for programs and participants. As folks around the screen know, reentry is a complex issue. The research is clear. The most people who return to the community after a period of incarceration have multiple needs, some that are profound, including the need for housing, employment, treatment, and others. And that these needs, if left unaddressed, can really impede reentry and reintegration success. Now by design, we know that reentry programs provide a mix of services and supports to meet the multiple needs of people who are returning to the community from prison and jail. And they do so with the goal of helping people successfully navigate life in the community again. Yet, measuring reentry success for programs and their participants often, not always, but often is reduced to a single outcome which is recidivism. Has someone reoffended--or, what's the recidivism rate? While an important outcome, experts agree, and indeed there has been discussion in the literature for quite some time that relying on recidivism to measure program effectiveness and participant success really only tells part of the story, and one that can conflate criminalized activity and system responses with individual behavior and at the same time overlook key structural factors that are to bear on someone's reintegration success. Measuring multiple outcomes is key to reflect multifaceted objectives of reentry programs and to more fully capture participant success. And it's also important to think about how all of these factors and outcomes fit together to understand the pathway towards success in the community. So, with that in mind, the objective of today's webinar is to support reentry program staff and evaluators in identifying key outcomes to measure or to capture both the aims of reentry programs more broadly, as well as to review strategies and resources for how to capture those additional outcomes. While learning from one Second Chance Act grantee's efforts, the Northeast Kentucky Adult Community Reentry Program and their evaluation team, which are joining us today, we will learn from them about how they measure program outcomes using a variety of data sources and approaches. So with that aim in mind, I just wanna share quickly that we will briefly examine the role and limitations of recidivism today as a measure of reentry success, and why it's important or useful to measure other outcomes beyond recidivism or in addition to recidivism. We'll also take some time to briefly explore alternate measures, outcome measures, and data sources that reentry programs can use to gauge program effectiveness and participant progress in areas that are most relevant to their respective programs. And then, as I mentioned, we'll hear from the local evaluation team and program partners from Northeast Kentucky

Adult Community Reentry Program about the reentry context in their community and the structure and core components of their Second Chance Act Reentry Program and the holistic evaluation approach to measure success. We'll learn about their data sources, reflections on what worked well, what was challenging and lessons that they have for us around collecting those additional measures. As I mentioned a little bit earlier, we will reserve the last 15 to 20 minutes of the webinar for Q and A, and you can submit your questions and comments through the Q and A function, which might be at the bottom of your screen. And so, with that, I would like to take a minute to introduce our panelists today. From Northeast Kentucky Adult Community Reentry Program, the program evaluation team, we are joined by Morehead State University researchers, Dr. Lisa Shannon and Morgan Taylor. Dr. Shannon is a professor of social work in the Department of Sociology, Social Work and Criminology at Morehead State University, which I'm gonna refer to as MSU as we go along, where she also conducts evaluations on community-based substance abuse treatment programs. And she is the evaluation lead for the Northeast Kentucky Reentry Program. So, if you wanna wave, Dr. Shannon, that would be great. Thanks. And Ms. Taylor is a research analyst at MSU where she works on several SAMHSA and BJA funded projects including evaluations of drug courts, medication assisted treatments, and community reentry. And, Morgan, if you'd like to come on camera and just wave for a second, that would be great. In addition, we also are joined from the program's lead agency, Mountain Comprehensive Care Center, We are joined by Alisha Williams and Robin Henry. Ms. Williams is a therapist with Mountain Comprehensive Care Center, which I'm gonna call MCC and a project manager for the Community Adult Reentry Project. Ms. Henry, and if you'd like to come on camera just to wave to folks, feel free. Ms. Henry is a peer support associate with MCC, who works with reentry program participants supporting their reintegration. And last, I'm Janeen Buck Willison, a senior justice researcher in the justice practice area at RTI International, where I contributed to the BJA funded Evaluation Sustainability Support and Technical Assistance Initiative, which is a partnership between RTI and the Center for Justice Innovation, formally the Center for Court Innovation that's been in place since 2020. The initiative is designed to provide coaching and technical assistance to Second Chance Act grantees to build capacity for evaluation and sustainability. And so, with that, we will go ahead and dive into the content of the webinar today. So, as I said, just to ensure that we're on the same page, I'd like to just spend a few minutes talking about recidivism and what we mean by recidivism, how it's measured, and how it's been used in reentry research. I think this is a familiar concept for many people, but just as I said, so we're on the same page, I think it's helpful to define what we mean by recidivism. Recidivism commonly refers to an individual's return to criminalized behavior as measured either by a new arrest, a new prosecution, perhaps a new incarceration, or even a new violation, which could be both for a law-breaking behavior or non-compliance with the community supervision order. It's a foundational concept in the criminal legal system tied to the goals of public safety, incapacitation, and rehabilitation. It's often measured as just a simple binary, a yes, no, which makes sense. It's often meant to answer a deceptively simple or basic question, has somebody reoffended? A no signals success, while a yes constitutes a failure. There are many ways to measure recidivism, as I just noted. And there's really no one right way to define recidivism. It depends on what you want to know, but it's important to acknowledge that there are many different ways to measure recidivism. And, that it's often relied on as a metric to gauge the performance of the criminal legal system with respect to preventing crime, protecting public safety as well as an indicator of individual rehabilitation and as a metric of program effectiveness. In short, we often talk about recidivism as a success measure, that low recidivism rates are understood to signal success while high recidivism rates constitute or represent failure. So, it's a foundational measure. It's a foundational measure, in part, because it's relatively handy and easy to measure. It draws on data that's routinely collected by the criminal legal system. But, at the same time, there are limits to recidivism in terms of understanding really what it measures and what we mean by success. So, a review of the literature suggests there are really five key limits or concerns, if relying on recidivism as a primary

measure of program and participant reentry success. And, I do just wanna pause here for one minute to note that the next few slides in particular draw heavily on the research literature, including the National Academies of Science, Engineering and Medicine's 2022 report on the limits of recidivism, and that you can find full sites for the next few slides in the companion brief to this webinar, which is available on the NNRC website, and with the same title as the webinar. So, just diving in quickly, what do we mean by these limits of recidivism as a primary outcome? Why these considered limits? Well, first and foremost, literature points out that recidivism really measures failure in many ways as opposed to success. It counts those that return to the criminal legal system for new crimes or non-compliance. And, it says relatively little about why people return to the criminal legal system and really reveals nothing about those that do not. So, in that way, it's a limiting measure. At the same time, recidivism also runs counter to desistance. When you think about it, recidivism measured as that binary is really about a point in time, that someone was rearrested at a point in time or reincarcerated at a point in time. Desistance on the other hand, refers to the cessation of law-breaking behavior. And it's a bit more nuanced, it's better able to capture the complexity of behavior change and, some would argue, by proxy, rehabilitation. Desistance measures typically examine the time between new criminal legal system events like arrests or reincarcerations, as well as the changes in the number, type, or severity of offenses committed. And these can all be meaningful indicators of subtle shifts away from law-breaking behavior or activity. But desistance also recognizes that positive behavior change is gradual and nonlinear. As the National Academy's report states, from a desistance perspective, committing fewer crimes or less crimes or less serious crimes is a positive sign of movement toward desistance, and a move away from law-breaking behavior. Relatedly, recidivism can conflate individual behavior and system-level responses. Now there's a lot to unpack here. So, in a nutshell, I tend to think of it this way. Recidivism metrics are often derived solely from official records data. Sometimes they're derived from self-report, but they use information again that's captured at a particular point in time. And these can be proxies for both an individual's observed behaviors, but also reflect decisions that are made by criminal legal system actors and responses to policy and practice in some perceived behavior. And so in short, I tend to think of this limitation here is that recidivism is not really a pure measure of individual behavior. It also can obscure the social, racial, and economic biases that are embedded in the justice process through those policies and practices. And for additional information on that, I would just direct you to the Racial Equity Considerations When Using Recidivism as a Core Outcome resource, which is also available on NNRC's website. And then, for the last two, I see them as closely related. Recidivism can be an incomplete measure of program performance. It doesn't really reflect reentry program goals broadly. And what I mean by that is, focusing primarily on a program's recidivism rate can miss important short-term milestones and outcomes central to the program's operating philosophy and objectives, as well as progress toward important building blocks for participant stability. For example, recidivism rates really don't reveal anything about a program's success towards its goal of increasing participant housing stability, job skills, or social supports. And I think interestingly and importantly, recidivism may not always be the most salient measure of participants' success. The either-or nature of recidivism, again, reveals little about the circumstances of an individual's reintegration into the community or the factors that may affect movement toward desistance. And, in fact, there are several studies in the literature that when asked to define reentry success, program participants tend to identify factors that are central to their daily well-being and stability, things like having a house or a place of one's own, helping others, giving back, participating in community and civic life. And so these, I think, again, just demonstrate that there are many ways to measure success. And recidivism is one important measure or indicator. So, it's necessary but not necessarily sufficient for capturing, really, the broader aims and the complexity of reentry. So, given these limitations, what might researchers, evaluators, program developers, and staff do to capture a more robust picture of success beyond recidivism? Well, the research and literature suggests that a multi-prong approach is needed. One that includes measuring outcomes across a range

of domains such as housing, employment, and community engagement, drawing on multiple data sources and methods as well as using a variety of measures that span the central concepts of reentry around stability, reintegration, well-being, and desistance. And there are many different ways to do this. The report that I just mentioned, the brief on measuring beyond recidivism, actually provides a number of sample or suggested constructs and measures that readers can check out, including well-being constructs such as that span the domains of physical, mental, emotional health, and cognition and suggests some measures that can be used as well as tools that can be used that are in the public domain. So, they are free of charge. Also, considering measuring things like a stability construct that looks, again, things like stability of housing, employment, education, family supports, and social networks, as well as community engagement. And then, really making sure that--including some outcomes around desistance that focuses on those change in the frequency, volumes, and severity of offending as well as the development or increase in pro-social attitudes and behaviors. So, recognizing that that can feel like maybe a tall order in some situations where evaluation resources are limited, we also wanna offer some strategies, thoughts, or food for thought, really, about how evaluators and program folks can think about and incorporate measures beyond recidivism to measure the success or indicators of success of their program. So, we do offer these just as consideration, as food for thought, and before we hear from Northeast Kentucky Adult Community Reentry Program and how they did some of this. But some of our suggestions are, first and foremost, it's critical to select outcome measures that align with the reentry program's core aims and activities, that really reflects the transition and stability goals that programs can set for clients. We recommend developing a logic model, which is a picture of how the program's supposed to work, that links program goals, resources, and activities to outcomes. Developing a logic model can be a great start and a good way to get both program partners and evaluators on the same page about what the program's designed to do and the kinds of outcomes that it's designed to influence. Another strategy is to involve participants and staff such as case managers, counselors, and others, early in the evaluation process, not as data sources, but as partners to identify and define key outcomes and ensure that the most relevant outcomes are selected for measurement. In-person and virtual interviews and small group discussions are an effective and often inexpensive way to engage these groups early on in the process and make sure that evaluators and program folks are thinking about key outcomes in a relevant way. Also, measuring client well-being and stability beyond recidivism. I talked a little bit on the last slide about some examples of measures and constructs to incorporate, but doing so will require several types of data. So, using a mix of data and data sources that are important. Administrative data like individual records maintained by service providers, the criminal legal system, and social service agencies can be a resource of data to measure some of these outcomes beyond recidivism. Also, self-reported data from program participants and even possibly their families. Programs may also need to collect different client outcomes... Sorry--may also need to collect different kinds of client materials, such as pay stubs, to fill in gaps from data that aren't readily available to measure some of these key outcomes. And, I just wanna acknowledge here too, the primary data collection, we recognize that that can be expensive and resource intensive and one option or strategy is to reduce costs by building a self-reported data collection into program operations such as intake, assessment, and client exit procedures. These can offset costs while also building a foundation for evaluation and performance monitoring. So with that, we will next hear from our SCA grantee, the Northeast Kentucky Adult Community Reentry Program, which as I mentioned earlier, incorporated multiple measures of reentry success into their holistic evaluation. They'll share with us a little bit about how and why they use those measures, what they learned from doing so, and reflections on that process. And so, with that, I would like to turn it over to Alisha Williams and Robin Henry who will tell us a little bit first about the reentry program in northeast Kentucky. Alisha?

– [Alisha Williams] Thank you Janeen, and welcome. I'm Alisha Williams, and I am here to discuss a little bit about our program at the Northeast Reentry Program, which is part of a Second Chance Act initiative. And, as you can see, we are located in the northeast part of Kentucky, and we are working in the Rowan County Detention Center is where we are doing our research. And, as you can see, it is centered around Lewis County, Fleming County, Bath County, Menifee County, Morgan County, Elliott, and Carter Counties. Our "why" for the Second Chance Act is, we are trying to break the cultural cycles, we need to provide family stability, and we need to improve the community safety. The issues that we are seeing in this location is obviously unemployment, housing, healthcare, mental health, lack of education, transportation, and obviously the risk of being reincarcerated. Next slide, please. So part of the reentry program, our objective is we are trying to reduce the recidivism by 25%, which there's no standard definition of recidivism, but in the grant it's stated as being reincarcerated. So, we are trying to eliminate that, primarily by comparing data from treatment and control groups. And we do that with improving economic stability, improving housing stability, reducing substance use and mental health symptoms. The targeted population as you can see is-- there is 150 people that we are allowed to provide services to that have high-risk adults, and it's based off of the LSI-R assessment, which is gathered from the ages 18 and older. And it's as convicted as an adult in the Rowan County Detention Center. With the eligibility for this, the services are provided with the inmates. They have to be inside the jail from three months to six months while being part of our pre-release services. And then, with that, they have to be released to Rowan county or surrounding counties, which I had mentioned. And sometimes other counties in the proximity may also be accommodated. It just depends on the services that the client may need. Next slide, please. So, some of the core components that we use, obviously, is peer support. And the reason that we do this is when we are working with substance abuse, peer support is a great support and mentor for some of these individuals, because they don't have it. And this is real-live stories from people that we've actually worked with and that are actually in their community. So peer support-- they also conduct recovery groups inside the jail, and they help with relapse prevention. Outside of post-release, they also give individuals and groups sessions as well. The CSA provide services post-release, and they will help assist with transportation, needing to go to interviews, to doctor's appointments, to get their driver's license, whatever transportation that they need we do provide with them with their CSA. The case manager is the one that also gives them assistance with their benefit enrollments. They coordinate recovery. They provide other services as far as getting them into vocational rehab to work with assistance with local employers for ex-offenders, because we find it very hard if you're not in a recovery-focused community that it's very hard for these individuals to find jobs. So, and we also provide a mental health and substance abuse treatment, pre-release and post-release. And, with that, the mental health associate will conduct evidence-based treatment with the individuals that are incarcerated with evidence-based curriculum. And then, with--outside, we also offer post-release services as well. Most of the time mental health and substance abuse treatment are co-occurring. So, they usually happen-- if substance abuse occurs, it's more than likely because there's some kind of mental health that is with it as well. We also gained that, another core component we use is the LSI-R assessment and the psychosocial assessment. The LSI-R is a Level of Service Inventory - Revised. It's a validated risk/need tool that determines the risk to reduce the recidivism. The domains include, with the LSI-R-- it's gonna tell us about their peers, their associates, their peers, history of their antisocial behaviors, personality problems, relationships, housing status, leisure activities, if they do need mental health or if they need SUD treatments. And the psychosocial assessment, it also evaluates the presenting problems, like their development, their life history, their family support, education, occupation, legal history. So, based off of that, normally there's at least 80% that participate that have some kind of behavioral health need as part of this reentry program. So, 80% of that. And then, what we offer is the evidence curriculum. So, pre-release the project will incorporate a mix of--it's a cognitive-based program treatment, and it's case management. And then, we wrap around the services to provide

the interventions which are appropriate for participants based upon their needs. So, the evidence-based is the cognitive behavior services we'll provide to all participants, and we use the New Direction curriculum for that. And then, with those components, with the New Direction, it is offered with early recovery skills, relapse prevention, family education, social support, and the reentry challenges and peer support. So, with that being said, I'm gonna turn it over to Robin Henry where she can discuss the pre-release activities and the post-release activities, because it's part of the research.

– [Robin Henry] All right. Can you see me? Okay, so I'm Robin Henry. I am peer support, CSA, and I also do most of the research collection that is turned over to Lisa and Morgan. During their pre-release activities, we order birth certificates, order their GED transcripts, both of which will be needed when they go to obtain employment after release. So, we try to do that while they're still incarcerated so it's here before they're released. When they attend the groups and they don't make excuses, you know, we do give \$20 hygiene assistance every six weeks. It's kind of a reward for participation. We go ahead and sign up for a program that we have here called EKART or SITE, it's assistance with clothing for employment. We have them fill it out before release, so that once they're released, they're already signed up. I have it submitted and as soon as they find employment, they will pay for their steel-toed boots, work clothes, things like that. So, they're pretty much good to go with that. We do their application for sober living, so that once released--not everybody has a place to go. A lot of people still have addiction at home, and they don't wanna go back to that. So, we try to offer that, help 'em get into treatment if they would rather do that. But, we do offer to help 'em figure out a different route to go. We do go ahead and schedule their Vivitrol if they are interested in that, so that they don't have a long period to wait after release. It's kind of important that they go ahead and get that as soon as possible. Providing clothing for release, we do try to provide at least one outfit, one to three depending on funding and stuff. I do work with the community a lot, and they will give Goodwill vouchers, things like that sometimes if we can't provide ourselves. So, all of that we do try to document on a spreadsheet, keep record of any services that we gave them so that we can pass it on when needed. Can we go to the next slide? Sorry. Okay, now once released, the post-release activities, we provide transportation and/or bus passes, we do help 'em sign up for other programs here in the community. There are a lot with Goodwill Opportunity Center, things like that. And we try to make sure that they have transportation to the doctor's appointments, things that they need. We order their transcripts if they didn't get 'em while they were incarcerated, and they're like, "Hey, I don't have 'em. I do need 'em," we'll still do that after release. We help 'em set up an email. We actually encourage them not to use the one they had before, so that they don't have the same contacts that are trying to get ahold of them. So, once they set up an email, we set up appointments for health screening. A lot of times they'll need, like, Hep C treatment or something that family doctor may recommend, and a lot of times they want assistance making those appointments, so we encourage that. We set up appointments for their ID or driver's license, and we try to help 'em get that. Sign up for benefits, food stamps, health insurance, etc. Definitely want medical insurance. Food box, we do try to get them a food box the day of release, so that when they go to sober living they're not going without food. Provide participants with clothing, bedding, laundry baskets and detergent. We want 'em to have what they need, so that there's nothing that's going to make 'em think, "Hey I can't do this." We try to break those barriers. A lot of times as peer support, I find it more important post-release even than pre-release. Pre-release we build that bond, post-release we bridge that gap when they first get out until they get a sponsor. So, when they have some kind of thought of, "I can't do this," they have someone to call. I love what I do. But, all of this is documented. We have, since then, actually been able to help 'em get their teeth fixed, things like that to help their self-esteem, and it has been very successful. So, I really love that. We have worked with the GED office in our community, and they now will come to our office to teach, because I have found that there are several of our clients that could not read or write. And, when they go in the community, they get afraid they're gonna run

into people they know or embarrassed. So, they have now offered to come to our office and teach with just our group. So, there are more that are stepping up and willing to try to get their GED, which is great. So, with that, I will turn it over to Dr. Lisa Shannon. Thank you.

– [Lisa Shannon] Thanks, Robin. So good afternoon. I'm Lisa Shannon. As Janeen said, I was the primary evaluator for the project. So, I'm gonna spend a little bit of time talking about the various components of the evaluation, what were our evaluation questions, and a little bit about the measures. So, before I dive in, I just want to emphasize that all aspects of the evaluation of this project were highly collaborative between MSU, which is Morehead State University, and MCC. Throughout the entire project we had weekly communication and monthly or more frequent team meetings to discuss components of the project and the evaluation, etc. So, there were three primary components to the evaluation of this project. First, there was a process evaluation, and the main goal of that was to assess the project implementation. MSU was responsible for this component of the evaluation. And what we did was we conducted qualitative interviews with key stakeholders annually. And that included administration, staff, and participants. This data is not gonna be discussed much as part of this presentation based on time, but just thought it was noteworthy to mention, so that you could see the holistic evaluation process. Can you go back a slide please? Thank you. So, the second component of the evaluation was the outcome evaluation. And this component was very critical to capture self-report data on the project participants. And Robin--if you have questions about this component, Robin actually conducted many of the interviews, so she can help answer questions about that. But, the plan was to conduct a baseline interview with the participants and that was pre-release. And then, we did a follow-up interview with project participants, three months post-release. So, we wanted to get two different time points to capture data on different outcomes. For this component, we developed our own interview, but it contained components of the Addiction Severity Index Lite, which is a publicly available tool. And it also contained components of the Substance Abuse and Mental Health Services Administration Government Performance and Results Act tool. So, comprehensively, these two together, we got data on different domains for the participants. And then finally there was the secondary data component, which was an Excel file where we got information from MCC weekly or more frequently. And this file captured information on a variety of outcomes-- recidivism, employment, housing, services that were being provided, service linkages for family stability, and also access to entitlement benefits. Next slide, please. So holistically, our evaluation had three questions. We were looking at, What community partnerships are integral to establishing a comprehensive and holistic reentry process? And, in the end of the project, we answered this question mostly via process evaluation data. Our second question was, Does the provision of services to individuals exiting the Rowan County Detention Center impact post-release recidivism? The primary source of information for this question was that secondary data or the Excel file. And then, we also had a third question, which was, Does the provision of services to individuals exiting the Rowan County Detention Center impact other individual outcomes such as family stability, economic stability, housing stability, substance use, mental health functioning, and access to entitlement benefits? And for this question, we did use a combination of the outcome evaluation for the interview data and the secondary data from the Excel file. Next slide, please. So now, I'm gonna talk briefly about the measures that we used. It does include recidivism, but also show you how we attempted to move beyond just recidivism as an outcome measure. Next slide, please. So, there were a range of success measures that we included in the evaluation. We did this for a variety of reasons. The first--one success measure, of course, was post-discharge recidivism. This was a requirement of the grant solicitation and as Janeen said, is an indicator of success or perhaps failure, but it's really just one piece of a bigger picture. So, based on the goals and objectives that were included in the grant, other measures of interest to this project team was employment and education, housing stability and living arrangements, substance use, mental health

functioning, family stability/reunification, and access to entitlement benefits. And, if we had hours and hours to talk, I would show you the grant goals and objectives. And there were specific targets for each of these that were outlined in the grant application. So, we put together a set of measures to oftentimes collect multiple indicators of these domains, so that we could show it from different perspectives. Next slide, please. So just briefly--because in the next section of the presentation, Morgan is gonna overview some of the outcomes data-- I wanted to give you a little bit of context on the measures. So, the measures that we're gonna present from is the outcome evaluation first, and that is abstinence. So the measure of substance use is abstinence in the past 90 days. Our mental health functioning measure is about mental health symptoms, which is anxiety; depression; cognitive difficulties; trouble understanding, concentrating, remembering; and taking prescribed medication for a psychological or emotional problem. That was the past 90 days. We looked at employment, which was employment patterns in the past 90 days. We looked at education, which was being enrolled in a school or job training program that was current. We also looked at housing stability and living arrangements, which were the individual's self-reported living arrangements in the past 30 days. And so, just remember for this slide, all of these measures-- it's self-report data. Someone was sitting down interviewing the individual and asking questions about each of these specific domains. Next slide, please. The other measures which you'll hear about today came from secondary data. This was the Excel file, and I think it's an understatement when I say it was a comprehensive Excel file that was updated regularly. So, it contained a variety of indicators of success for the participants. So first, it did contain recidivism, which was defined as reincarceration in the 12 months post jail discharge and after community reentry. And we put that qualifier on there, because some people left jail, but maybe went to a treatment facility or some other locations. So, we truly didn't start looking at outcomes until after they were back in the community. And so, this definition of recidivism was selected to be consistent with baseline recidivism, because when the grant was written, the indicator of recidivism was 12 months reincarceration for a comparable population. So, that's why that definition was selected. For employment, from the secondary data, we looked at any post jail discharge employment. For housing stability/living arrangements, we looked at participants' receipt of a housing placement services from MCC--this was any. For family stability and reunification-- we do qualify this, that this was only for individuals who needed reunification services. And so, that was pre- or post-release services related to family stability and reunification, any of those. And then, we also had access to entitlement benefits. And this was any post-release receipt of entitlement benefits, which included Medicaid, SSI, SSDI, and SNAP. Next slide, please. So here, I will turn it over to Morgan, and she's going to share some examples from our final project data. And, just for some context, this project spanned four years, because we did get a no-cost extension related to some COVID-related delays. So, this is our final data set.

– [Morgan Taylor] Thank you Dr. Shannon. Good afternoon, everyone. You can go ahead and go to the next slide please. Okay, so data on this slide, as she mentioned, was gathered from the participant interview data. Baselines were conducted at program entrance, and then follow-ups conducted three months post community reentry. For substance abuse (abstinence in the past 90 days), there was a 30% increase in alcohol abstinence, and a significant 1,300% increase in drug abstinence. For mental health functioning in the past 90 days, there was a 22% decrease in anxiety symptoms from the baseline to the follow-up; a 28% decrease in depression symptoms; 23% decrease in cognitive difficulties, which as Dr. Shannon mentioned was defined as trouble understanding, concentrating, and remembering; a 13% increase in controlling violent behavior, and a 31% increase in taking prescription medication for a psychological or emotional problem. Next slide, please. Okay, continuing with the participant interview data for employment patterns in the past 90 days, there was a significant 65% decrease in participants being unemployed and looking for work, a significant 400% increase in being employed full-time, and a 100% increase in being unemployed and disabled. And, for education-- this would be current enrollment

in a school or job training program-- there was a 100% increase in being enrolled part-time. And then, the last section for the interview data, housing stability or living arrangements in the past 30 days, there was a 42% decrease in living with someone else at their apartment, room, or house; a 41% increase in living in their own apartment, room, or house; a 73% decrease in living on the street; and a 100% decrease in living in a shelter. So, how do we use this participant interview data, and what does it mean for the program? So, an example of how we use it and what it means is, one of the goals for this program was to reduce substance use for 60% of program participants of the targeted population with identified substance use disorder issues by the end of the project period. The MCC North Eastern Kentucky Adult Reentry Program achieved this goal. And, as we mentioned earlier from the baseline and follow-up data that we gathered, there was a 30% increase in alcohol abstinence and a significant 1,300% increase in drug abstinence. Next slide, please. Back one, sorry. Okay, thank you. So, this would be the secondary data, and it would be our shared spreadsheet data that Mountain Comprehensive Care Center would send to us weekly. And it was like Dr. Shannon mentioned a very collaborative effort with that. So, in terms of recidivism-- and this is 12 months post jail discharge-- there was a 32%--or, I'm sorry, there was 32% of participants recidivated in the 12 months after discharge. In terms of employment--any post jail discharge employment-- 34% of participants had employment after jail discharge-- I'm sorry, 64% had employment after jail discharge, and 30% were looking for employment after jail discharge. And for housing stability and living arrangements, 91% received housing services from the grant staff. Next slide, please. And so, for family stability and reunification-- and again, this was only for participants who identified needing these services-- 64% received pre-release services and 67% received post-release services. And lastly, access to entitlement benefits-- and this would be any post jail discharge access to entitlement benefits-- 65% received any entitlement benefits, and we break that down by: 64% received Medicaid, 50% received SNAP, and 9% received SSI or SSDI. And again, how do we use this secondary data? Another goal that the MCC Northeastern Kentucky Adult Reentry Program had was to increase access to public or healthcare benefits for 80% of program participants. And they did make great progress towards this goal, according to the outcomes data from the Excel secondary data spreadsheet, as 65% of the participants received any type of entitlement benefits. Next slide, please. And I'm gonna turn it right back over to Dr. Shannon.

– [Lisa Shannon] Thank you. I just wanna, just--one statistic caught my attention, and I just wanted to explain it a bit further. Janeen, if you could go back just for a second. One more. Okay. So, the employment-- the 100% increase in being unemployed and disabled-- that is a percentage of change. So, the raw data such as the percentage that reported it at the baseline and the follow-up, I double checked it, it was like 4% at baseline and 8% at follow-up, which does translate to 100% increase, but just taken as the percentage of change can kind of catch your attention. So, I just wanted to make a note of that. And now we can talk about lessons learned.

– [Janeen Buck Willison] Great. And that was a question in the Q and A, so thanks for addressing that.

– [Lisa Shannon] Oh, great! I'm a mind reader.

– [Janeen Buck Willison] And we are seeing other questions. But we'll hold till the end.

– [Lisa Shannon] Okay. That just caught my attention, and we just, we didn't have all the room on the slides to put the baseline and the follow-up numbers without it becoming too cluttered. So, I just wanted to make that note. So, you can go to the next slide, please. So--and I also welcome Alisha, Morgan, and Robin to chime in here as we close. But, I think as a whole, we learned a lot of things over the course of this project. Number one, that if you want to do an evaluation like this, that partnership

and collaboration is key. As I mentioned earlier, we made a commitment when we were doing the planning and implementation guide-- we met face-to-face at least monthly, then COVID happened, so we met virtually, but there was continuous and constant communication between the evaluation team and the project team. We also learned that having the appropriate community partnerships is key to getting the various sources for the needed data. So, for example, the Department of Corrections in the jail had to be very cooperative in providing the recidivism data, because in Kentucky that comes from either Justice Exchange or CourtNet, which are, you know, Department of Corrections or AOC-retained databases. Fortunately for us, a lot of the data could come from MCC, so that was a benefit. I would also say a lesson learned for us is about regular and honest communication. The project team was very respectful of one another, but you know, there were some pretty intense and honest discussions as the project started. Just one example was from the grants notice, the request for funding applications, BJA would have preferred this to be a randomized controlled trial for the evaluation. But, there were some project team members who were very vehemently opposed to that. So, there were very respectful conversations about the pros and cons of doing that. And then, we worked with BJA to discuss these concerns. Also, as an evaluator, I think my preference for data consistency is for things to remain the same for the entirety of the project. But, that did not happen with this project. As the project was implemented, things evolved. There was COVID. There are situations that arose that weren't anticipated. So, definitely a lesson learned for me was the importance of being flexible and having an evaluation plan and mindset that allows for flexibility and adaptation. And, finally, just from my perspective, this kind of evaluation does really provide very rich data. As you could see from just our small presentation of data, we had outcomes--similar outcomes, you know, like for employment-- from the interview data and also from the secondary data. So, that does provide just a richness that you don't see if you just have one measure. But also, the commitment to do self-report data and do those interviews. It adds a level of complexity to your evaluation, because you have to not only catch those people when they are pre-release and incarcerated, which might be an easier time to get them to sit down and do an interview, but you also have to catch them post-release to get that outcomes data. And also, some of the outcomes data were a little bit harder to collect than others. So for example, data on family reunification, this was something that the team worked on throughout the course of the project to, you know, to define who was in need of family reunification services and what that looked like. And so, with that, I'm done with the lessons that I learned. Like I said, Alisha, Morgan, Robin, if you have lessons that are not listed here that you wanna share, please do so. Otherwise, I think that concludes what we had to say.

– [Janeen Buck Willison] Great, thank you, Lisa. Morgan, Robin, or Alisha, any additional thoughts here on lessons learned? And if not, then we'll turn to the question queue. And we have quite a few.

– [Robin Henry] I would like to say some things that I've learned from collecting the data. As Lisa was saying, it was a very complicated thing to get all of the information that was needed, especially after post-release. A lot of times, three months after release, they're working full-time jobs. Some are even going to school. Trying to get them to come back to do a lengthy evaluation is kind of hard. I was a little more flexible with it, and I would try to get them to do it over the phone if that's all I could get from them, which I was grateful for if they would do that. So, there was some data that was just unable to be collected. Some of 'em go back home to other counties, and then we just lose track of 'em. So, communication is very important between the research team. It is. There was many, many times that I had to call and say, here is a whole 'nother scenario that we hadn't really figured out how to put on the spreadsheet just yet. So, we had to talk about it so that when I put it on the spreadsheet, they would know how to read it. And so, I think that is extremely important, is the communication, and that's pretty much what I've learned. Thank you.

– [Janeen Buck Willison] That’s great. Thank you so much. I think at this point, if we don’t have other reflections, I’m happy to turn to the question and answer queue for folks. And, I was just gonna say, if it’s okay, it might be great if the panelists, all of us, could show ourselves, and then we can, yeah, we can work through the queue together. And, thanks to everyone who put questions in the queue. So, I’m gonna start, there are a couple questions about the program. So, I’m gonna start there just with some quick clarifications if we can. And then, we’ll pivot to some of the more specific research and evaluation questions. So, a couple folks just had a question, if you could recap what Vivitrol is and also what the LSI-R was, how it was used, and who conducted that assessment? And maybe that’s a question for Alisha and Robin to jump in with.

– [Alisha Williams] Okay, so the Vivitrol is, it’s like a blocker. So it’s a shot that you can get once a month that is for opiate and alcohol use. It will allow you to--the cravings will be blocked. You will still have triggers with it, but your mindset is totally down a different path than what it would be without it. We have seen a very good-- Vivitrol really does work, if you do get your shot every 30 days. They also have a naltrexone pill. So, if you are not wanting to take the shot, you are open to-- they can give you a prescription for a pill form. But, it is something that has been very useful, and it has been very well shown that it does work. Robin, do you wanna touch on it?

– [Robin Henry] Yes. Actually Vivitrol, I like to encourage them to get Vivitrol instead of Suboxone or something like that, because you don’t get high on it. It doesn’t have the effect that, you’re gonna go home with excess amounts and if you just feel like you’re having a rougher time, you’re gonna take that. It’s a shot that does not have any kind of “getting high” effect. And it does kill the cravings. I have--my brother and family members are on it, currently, and they have been on it for like a year, and they love it. They don’t have the cravings. They stay focused and it does not--it doesn’t get ‘em high. And, I think that is the main thing that is so great. And it doesn’t have a withdrawal. There’s not like--if they come off of it, if they decide, “Hey, I don’t want this anymore,” there is no withdrawal. There’s no side effects like that. So, I think it’s a great thing.

– [Janeen Buck Willison] Great, thanks for that. And could one of you just remind everybody what the LSI-R is and how you use that in the reentry program? And what LSI-R stands for?

– [Alisha Williams] Yeah, so the LSI-R is a Level of Service Inventory. It’s revised. So, it’s a validated risk/need tool that will determine at what risk that these clients or participants will be at risk for recidivism. So, we’re using this tool to see how high that they score based off of where they meet will be determined if they can be part of our program. Because, if their score is too low, then they can’t be part of the reentry program. They have to be at high or medium risk at the level. And, what that determines is--the domains of this, of the LSI-R is--it includes attitudes, associates, peers, history of their antisocial behaviors, personality problems, relationships, their housing status, school, work, and if they’ve got any mental health or substance abuse disorder. So, we take all that information and then we will-- it’s on a scale, and then we will base it whether or not that they would benefit from the reentry program. And Lisa, I don’t know if you can maybe highlight on that anymore. I’m not sure. I mean that’s pretty much the gist of what I-- that’s how we determine whether or not that they’re part of the program.

– [Lisa Shannon] Yes, I would just, I echo what you would say. It’s a tool to assess risk. It’s a standardized tool. You have to purchase the license to use it. And that was selected as part of the grant process, I believe. And then, the project management team felt it was appropriate and put it in the planning and implementation guide.

– [Janeen Buck Willison] Great. Thanks so much. And then, we had a number of questions about the evaluation as well and wanted to-- so let me put out the first one. It was helpful--asking if you could clarify the size of the program or the sample on which you were collecting data. And a companion question to that was, and what's the local recidivism rate like relative to program participants or statewide? Is there kind of--what's the the comparison metric there if you know?

– [Lisa Shannon] Okay, well in the grant, the baseline recidivism rate was established to be 44.4. And then, our goal was to decrease recidivism by 25%. So, if you compare the 44.4, ours was only 32% for the 12-month post-discharge period. So, I think that was one question. The other question--so the sample size is actually something that's very complicated. So, and the different data, like the outcomes data and the secondary data have different sample sizes, because the—it wasn't necessarily all matched. So, this is really a great question. So, for the outcome evaluation, the matched baseline and follow-up data, it was based on 48 people that participated in the program. And then, the secondary data for the most part is based on 92 unduplicated participants. And, like I said, the difference in the sample size is that for the interviews, Robin-- or before Robin, it was Isabella--had to capture the pre-release data via interview, which was often easier than getting them three months post-release. So, that was the only sample we had for those. And we felt that even though it was a smaller sample than in the secondary data, because the self-report data was so rich we still wanted to use it. But, I will say also for the secondary data, the sample size does change a little bit across different measures, because as Robin was talking about, there were all of these unique situations and participants that made us realize that you really just can't use all 92 participants for all of those measures. Just as an example I gave with the family reunification, not all of the participants needed family reunification services, and for employment, not all participants were seeking employment. Some of them may have been disabled. Some of them may have been retired, and didn't want to seek employment. So, there were all of these nuances that had to be accounted for when we were analyzing the data. I think that got those questions, but if not, I'll chime back in.

– [Janeen Buck Willison] Oh no, it looked like it did. Thanks. It looked like it did. And then, a question I think really across the panel was just around engaging participants in the qualitative data collection. Was that difficult? Did you offer any incentives? If you could talk a little bit about that, and Robin, that might be for you too and Alisha. Thanks.

– [Alisha Williams] So, yes, there were incentives that was offered. Normally in order to get some people in here, they didn't have transportation, so we would have to go give them transportation. If we could not provide transportation, we would offer them a \$10 gift card. It was a gas card, sorry. It was just a gas card. So, it was only used for gas to get them to be able to attend, to transport back and forth to the office. That was one incentive. Another incentive is when like, let's see, Robin, you might be able to chime in if you want to, but I know that we gave the gas cards to 'em, and then we've not had-- we've been at a standstill. It's kind of like everything's running together.

– [Robin Henry] I know a lot of times--I'm sorry Alisha--

– [Alisha Williams] No, you're fine.

– [Robin Henry] A lot of times, in order to get them to come back in, I honestly, as peer support, would make it seem like it was an accomplishment. You know, when I called and asked them to come in, I would be excited, you know, "Hey, you've met your three-month mark. I was just wondering if you could come back in and do this." And it was kind of like they had achieved three months of sobriety, and

they've done something great, and they just wanted to come in and share it with me. And, you just have to really kind of give them credit that they're doing something different. And, a lot of times just having that encouragement and praise, they came in. And they really had no reason to other than they just was proud of themselves. And that's where the peer support really comes in, because you build that bond while they're incarcerated. And when they get out, and they have no one to call, they do call you. And I've had many, you know, unscheduled times that they'll come in and say, "Hey, can I talk to you?" And so a lot of times the incentive is just that they're proud and you're proud of them. And I know that sounds kind of silly, but to someone new in recovery, doing something different, an entire different way of life, a lot of times that's all it takes. And that's pretty much what they got, a gas card and a little bit of, you know, praise. So, that's pretty much the incentive we have.

– [Janeen Buck Willison] Well, thanks very much. Another question around the evaluation strategy and outcomes was wondering how you balance the self-reported data with the secondary data and whether any partners discredited the self-reported data. So, I think the question is kind of, How did you use those two pieces of data together? And, was one kind of elevated over the other by any partners?

– [Lisa Shannon] So, for each stakeholder meeting, we met quarterly. We prepared a short infographic-style overview that highlighted the various measures that you saw today. We presented them together similarly to how we did today, explaining the sample size in a little bit more detail for each of the measures. And, there was really no preference. I don't know if Alisha or Robin felt differently, but I feel like the stakeholders in the project valued both data sources the same. We had more secondary data, for sure, but I think the key stakeholders also saw the value of that self-reported data even though we had a smaller sample size, that it was just important to get some of the information directly from the participants. And, just as a note, when we originally planned the evaluation in the grant, it was proposed as only secondary data, because at that time I felt that it would be easier to just capture secondary data on this very transient population. But, the program director at the time felt very strongly that there should be interviews. So, that was actually something that was added post funding being awarded. So, it was very valued even though we would've liked to have more of it. But, there's so much background. This project literally began being implemented in March 2020, when the jails were on lockdown. So there were so many other factors that went into the implementation and added complexity to both the implementation of the project and the evaluation in that, people weren't interacting face-to-face, so it was difficult to get them to do an interview.

– [Janeen Buck Willison] Right. Thanks for that. And a couple questions that kind of speak to challenges, implementation challenges around the program and for the evaluation. A couple, I'm gonna group these together. One was a question around, How did you handle cases where the participant wasn't eligible for the program? And then, related to I think sometimes implementation or operational challenges, just understanding it would be helpful to hear what kind of staff turnover you may have had during the period and how many program staff worked with the grant, and just how staff turnover may have impacted the implementation or the operations of the program?

– [Alisha Williams] Well, speaking on that part, I just recently took over the program in August. So, I got the back end of the grant. So, the turnover rate was fairly high. I mean medium, high, I don't know. There have been lots of hands involved. But, as far as with the participants or clients that is not eligible for services with us, they would always--and I would never leave without giving them some kind of resources at the jail, just where they would have someone to call or resources to reach out to when they did leave. But, we would never leave anyone without anything. Like, it's not just like, just because we cannot provide services for you at this time, you know, if you are eligible at a later date, I will keep the

paperwork in a folder, and then I will get back with the staff at the jail, and we will discuss when they would be eligible to be actually part of the program. So, if they're too soon, if they're not within the three months, then they would always get resources from us and phone numbers. And if they needed to go to sober living, we would give them applications. And then, as far as that, then if they're in there at six-- if they know that they're gonna be in there a year, then obviously we would go back to their application when they would meet that window of the three to six months.

– [Janeen Buck Willison] Thanks for that. Thank you. Also, a related question just around program costs in the sense of, how much for all of these services-- do you have a sense of what-- or did you calculate what the purpose per participant cost was over the evaluation period? Is that something you were looking at and what can you share?

– [Lisa Shannon] That was not one of the main questions of the evaluation related to costs. I think it's a great question, because obviously cost and being able to cost out, you know, how much does it cost to provide these services versus avoided costs down the road? It would've been an excellent thing to do. It may be something that we can do in the future, but just for this evaluation purpose, it wasn't one of the main questions, and we didn't necessarily have the level of data needed in terms of, you know, how many peer support services were provided, or how many of this specific service was provided. So, we just didn't have the level of information that was needed. But, it is a great question, and it's something that we might think about doing in the future, not with this project data of course, but as we work on new projects in this area.

– [Janeen Buck Willison] Certainly, certainly. There are a couple questions here around the New Directions curriculum, and also around LSI-R, wondering if there are links to the New Directions curriculum, if that's something that you--if we could, I think maybe share in the chat? I'm guessing that might be something-- or if you can point them maybe to the organization that offers New Directions.

– [Alisha Williams] I can actually-- it's back here on my bookshelf. I probably could pull it and put it in the chat. It'll just be just a few minutes. But yeah, I mean it's just, honestly, it's something that we had searched, and they can actually pull it up on Google.

– [Janeen Buck Willison] Great.

– [Alisha Williams] Yeah, but I can pull the information.

– [Janeen Buck Willison] I think a follow-up question here, again, both around recidivism, how you-- if you could remind folks how you defined it? And also, how you set your recidivism rate and what you think a reasonable recidivism rate might be. Like what you--if you have thoughts on that?

– [Alisha Williams] Well, I was getting ready to say Robin could probably highlight in that area of it, but go ahead Lisa.

– [Lisa Shannon] Let me tell you the definition of recidivism again. It was on slide 26 if you want to go back, Janeen, but I have it printed, so I'll go ahead and start talking, 'cause I know we're running short on time. So recidivism was defined as reincarceration in the past 12 months, post jail discharge and after community reentry. So, this definition of recidivism was selected as I stated, because that matched the baseline recidivism rate that was established in the grant. So, BJA in writing this grant required applicants to establish what is the baseline recidivism rate among this population. And that's what I cited earlier, which was 44.4%. And so, albeit I will acknowledge there are many definitions of

recidivism, reincarceration is one of them. Rearrest, reconviction are others. This definition was selected because it matched and we would be able to directly say, "Okay, when we're tracking our data, this is the exact reduction," because the measure matched what we had already established. So, and I will say throughout the four years of the project, this definition of recidivism was revisited numerous times, limitations acknowledged. But, as an evaluator I did have flexibility, and was very understanding of those unique situations that Robin brought to us, that, before her, Isabella brought to us, and then before Alisha, that Kristen brought to us about, you know, specific cases and really, really wanting the data to adequately show, you know, the improvements and not be overinflated or underrepresented. And so--but the definition of recidivism was one that we really held tight to, because it was something that was required in the solicitation, and we really, really wanted it to match. So, we did track other--we did look post 12 months. I mean, we had other than just the yes/no. So, we did have a little bit more information than we put in this presentation. But, in terms of reasonable reduction and what I would suggest, the target for our grant was a reduction of--it was a 25% reduction and that's--at the time of writing the grant, the team felt that that was something that would be measurable, and that it would show substantial progress.

– [Janeen Buck Willison] Thanks. Yeah, thank you. I think that's kind of an evergreen question across evaluations is to think about, what's a reasonable expectation, and balancing that against both the needs that people might have, the resources that are available, and then thinking about that pathway towards stability and what's really necessary and thinking about--I mean, and then there are more technical aspects of that too. But I think that's kind of an evergreen question.

– [Lisa Shannon] Yes. And, I do wanna add, the MCC works with a grant writer, and so she is also very collaborative. So, when proposing these grants, if she has an evaluator in mind or an evaluator that's committed, she works with that evaluator to establish what are, you know, what is a reasonable target, and what would show good progress? So, that's another aspect that I think is unique to this project is that there really has been, you know, collaboration from start to finish.

– [Janeen Buck Willison] Thank you. And then another kind of large evergreen question to end with, which is just thoughts about how we can better track overall reentry success as clients engage in different reentry programs or services within a community and across different stages of reentry. Any thoughts on that?

– [Lisa Shannon] I mean, I know Alisha's smiling. I'm--you wanna take that one, and then I'll chime in after you.

– [Alisha Williams] I mean I was actually,--I know, I'm thinking, I'm not really sure if we can go into any more depth than what we are in. Like, there is a lot of time and effort that we have put into gaining as much information-- I mean, on top of the BJA, and then some--just to get as accurate as we possibly can. But, I think if you've got a good support system, and you've got good people that you can work with, I think that--I mean obviously I think anybody can really obtain about anything-- I think that us and, you know, Morehead State work really well together. And the communication is the main thing as everybody seems to agree to. But, I really think that we have done-- we've done everything that we can do. I don't know, I mean-- I know that we can't show you the spreadsheet, and it is massive. So, there is a lot of information that we gather.

– [Lisa Shannon] Yes, and I will just say that this really is just a snapshot of the evaluation data. We had to work really, really hard to pare down what we presented. So, if you saw our initial slide deck as

compared with this, you know, we tried to give all those details that you're probably wanting. So, my email's here if you want to email for a copy of the final report so you can see it more in depth. But, I just think that the point of this webinar was to show that, you know, recidivism is really just one aspect of the reentry. So, I really think that this project really benefited by expanding their view on all of these other domains that they looked at. While I know Robin and Alicia and the spreadsheet, it was often, you know--it was constantly being updated. Then they would send it to Morgan who would have questions, so it would be updated again. So, it was a very cyclical process throughout all the years, but I really do think that by looking at all those different aspects, ultimately it was great, because had we just had that measure of recidivism and not met that target, then it could have looked like the grant wasn't as successful as it really was.

– [Janeen Buck Willison] Well thank you for that. We are at time today. I just wanna thank all of our panelists, again, for being here. And thank you to BJA and NRRC for hosting this webinar. As Lisa said, you can find our contact information on the slide that's up. You can find the companion brief to this webinar on the NNRC website now. And as a reminder, there will be-- the recording will be posted from this webinar within the next week or so. Thank you so much to all of our panelists. Again, thank you to BJA and NRRC. And thank you to everyone for your questions and being engaged today. We really appreciate it. Thank you so much.