





An Evaluation and Sustainability Resource Brief

Measuring Reentry Success Beyond Recidivism

Overview

Reentry programs provide a mix of services and supports designed to meet the multiple needs of people exiting prisons and jails after incarceration and to help them successfully navigate life in the community. Recidivism—often measured as whether a person is rearrested, reconvicted, and/or reincarcerated following some prior criminal legal system involvement—is the main outcome by which reentry program success is measured. While an important outcome, experts agree that relying on recidivism to measure program effectiveness or participant success only tells part of the story, and one that can conflate criminalized activity and system responses with individual behavior and overlook key structural factors (Butts & Schiraldi, 2018; Duran & Brown, 2018; Elderbroom & King, 2014; Klingele, 2019; Lattimore, 2020; Rosenfeld & Grigg, 2022; Petersilia, 2004; Pettus et al., 2019; Pettus & Kennedy, 2020).

Outcomes other than recidivism should be measured to capture participant achievements, and to better reflect the complexity of reentry and the multiple aims of jail and prison reentry programs. This brief explores the limitations of recidivism as a measure of reentry success and why other outcomes should be measured. It identifies alternative outcome measures and data sources that reentry programs can use to gauge program effectiveness and participant progress in areas relevant to their respective programs. It also discusses the importance of engaging people with direct reentry experience—either as program participants or staff—in defining meaningful outcome measures. Examples from three current Bureau of Justice Assistance-funded (BJA) Second Chance Act (SCA) reentry grantees illustrate how programs can incorporate outcome measures beyond recidivism in their local evaluations. A summary of key take-aways concludes the brief.

Recidivism: Its Uses and Limitations

Recidivism is a foundational concept in the criminal legal system tied to its goals of public safety, incapacitation, and rehabilitation (NIJ, 2008). It commonly refers to an individual's return to law-breaking behavior as measured by a new arrest, prosecution, conviction, incarceration, or violation (such as noncompliance with a community supervision order).

While there are many ways to measure recidivism and considerations to keep in mind (see Measuring and Assessing Recidivism), it is frequently calculated as a binary (yes/no) metric to answer the question: Has an individual reoffended? A "no" signals success while a "yes" constitutes failure. Policymakers, practitioners, and researchers widely use this metric to gauge the performance of the criminal legal system in preventing crime and protecting public safety; as an indicator of individual rehabilitation; and as a metric of program effectiveness. Low recidivism rates are understood to signal success while high recidivism rates represent failure.

Why Is Recidivism Such a Popular Metric?

Recidivism, particularly when calculated as a binary measure, offers a simple and handy answer to a seemingly straightforward question: Has someone reoffended? The answer serves as a basic performance metric that can be readily measured using data routinely collected by criminal legal system agencies such as the police, courts, jails and prisons, and community corrections. These data are plentiful and accessible. These factors make recidivism an attractive measure for criminal system actors, policymakers, and researchers.

Much has been written about both the limits of recidivism as a measure of success and the need for additional metrics (see Buck Willison, 2019; Butts & Schiraldi, 2018; Lattimore, 2020; Lindquist et al., 2018; Rosenfeld & Grigg, 2022; Pettus et al., 2019; Pettus & Kennedy, 2020). The 2022 National Academies of Sciences, Engineering, and Medicine (NASEM) report, *The Limits of Recidivism: Measuring Success After Prison* (Rosenfeld & Grigg, 2022), provides the most recent and comprehensive examination of these limitations. Broadly speaking, they center on limitations in how recidivism is calculated, the extent to which it aligns with the research on behavior change and reintegration, and its use as a primary outcome.

There are five major concerns with relying on recidivism as a primary measure of reentry program and participant success.

1. **Recidivism measures failure, not success**. Recidivism counts those who return to the criminal legal system for new crimes or noncompliance. It says little about why people return to the criminal legal system and reveals nothing about those who do not; it overlooks incremental progress and success achieved by individuals who return to incarceration and any contributing structural factors (Butts & Schiraldi, 2018; Duran & Brown, 2018; Rosenfeld & Grigg, 2022). It misses the success.

2. Recidivism runs counter to desistance (Bushway, 2020; Lattimore, 2020; Lindquist et al., 2018; Rosenfeld & Grigg, 2022). Desistance broadly refers to the process by which people involved in law-breaking behavior cease that activity and adopt more prosocial behaviors. Scholars differ on whether desistance primarily occurs incrementally over time as people age or as a sudden break spurred by identify transformation (Bushway, 2020), but there is evidence supporting these perspectives and others on the desistance theory continuum (Bersani & Doherty, 2018; Rocque et al., 2014). Desistance metrics are more nuanced than recidivism measures and better capture the complexity of behavior change (and by proxy, rehabilitation). They typically examine the time between new criminal legal system events like arrests or reincarcerations, and changes in the number, type, and severity of offenses committed. Prolonged time between arrests, like reductions in the number or severity of offenses committed, can be meaningful indicators of subtle shifts away from law-breaking activity. Desistance metrics recognize that positive behavior change is gradual and nonlinear. Stated another way (Rosenfeld & Grigg, 2022, preface):

Desistance is a gradual process that, like recovery from addiction, illness, or disease, can involve relapses. From the vantage point of recidivism, committing a new crime is a mark of failure. From a desistance perspective, committing fewer crimes or less serious crimes is a [positive] sign of movement toward desistance.

3. Recidivism conflates individual behavior and system-level responses (Butts & Schiraldi, 2018; Lattimore, 2020; Pettus-Davis & Kennedy, 2020). Most law-breaking behavior is unobserved. As such, recidivism metrics are often derived solely from official records data (rather than self-reported data) and they use criminal legal system events such as arrest, conviction, incarceration, and community supervision violations and revocations as proxies for law-breaking behavior. Some events reflect system sanctions for law-abiding behavior (such as missed probation appointments) and responses to suspected law-breaking behavior (as is the case with arrest). These proxies represent both an individual's observed behavior and decisions made by criminal legal system actors in response to policy and practice (Lattimore, 2020). As such, recidivism is not a pure measure of individual behavior but reflects the layered interactions "between individuals and corrections professionals' training, orientation and skill set" (Pettus-Davis & Kennedy, 2020: 373). Further, relying on criminal legal system events to measure individual behavior "obscures the social, racial and economic biases embedded in the justice process" (Butts & Schiraldi, 2018: 5). For additional information, see Racial Equity Considerations When Using Recidivism as a Core Outcome.

- 4. Recidivism is an incomplete measure of program performance.¹ Reentry programs work to meet specific participant needs and address barriers to successful reintegration. They provide a variety of services and supports to foster participant well-being and stability--which, by extension, are hypothesized to reduce recidivism. Focusing primarily on a program's recidivism rate misses important short-term milestones and outcomes central to the program's operating philosophy and objectives (Buck Willison, 2019), as well as important building blocks of participant integration and stability (Lindquist et al., 2018, 2020). For example, recidivism rates reveal nothing about a program's progress toward its goals of increasing participant housing stability, job skills, social supports, employment stability, or educational attainment.
- 5. Recidivism may not be the most salient measure of participant success. As discussed earlier, the "either/or" nature of recidivism reveals little about the circumstances of an individual's reintegration into the community or factors that affect movement toward desistance. When asked to define reentry success, program participants identify factors central to their daily well-being and stability. For example, among a study of women who were formerly incarcerated, participants defined reentry success as freedom from the constant surveillance of the criminal legal system and the "enslaving forces" of addiction and trauma; obtaining safe, stable housing that provided a "place of their own;" persevering through challenges and setbacks; and helping others, particularly their families and children (Heidemann et al., 2016). Participants in a mental health court program discussed success in terms of their recovery (getting and taking the right medicines, engaging in treatment), the stability of their sobriety (longer periods between relapse, finding greater joy in living sober), improved relationships, and reintegrating into society (Canada & Ray, 2016). A subset of participants in a jail reentry study highlighted the importance of "giving back" and helping others navigate life in the community as key to their success and to adopting a new identity (Buck Willison, 2014). These diverse definitions underscore the importance of identifying and using success metrics beyond recidivism.

Despite these limitations, recidivism remains a common success metric. While there are sensible reasons for this, experts agree the field needs to better evaluate reentry success. To do so, it must consistently measure outcomes beyond recidivism and develop definitions of success that more closely reflect the core goals of reentry.

¹ Some researchers posit that recidivism reduction may also be an unrealistic reentry program outcome rooted in an unestablished linear causal pathway between receipt of program services and desistance (Lindquist et al., 2018, 2020).

Measuring Reentry Success Beyond Recidivism: Well-Being and Stability

The NASEM panel on the limits of recidivism recommends that researchers measure post-release reentry success using a multiple-pronged, holistic approach focused on the constructs of well-being, social integration and stability, and desistance (Rosenfeld & Grigg, 2022).

Doing so requires measuring outcomes across a range of domains, such as housing, employment, and community engagement. It also requires using multiple data sources and methods. Table 1 lists a variety of stability and well-being domains, measures, and data sources that reentry programs might explore to measure client outcomes and reentry program effectiveness in these areas. Following NASEM's structure, the well-being construct spans the domains of physical, mental, and emotional health and cognition. The stability construct includes the domains of housing, employment, education, family supports and social networks, and civic (community) engagement. Desistance focuses on changes in the frequency, volume, and severity of offending and increased prosocial behaviors. Many of the assessments and scales listed in Table 1 are drawn from the NASEM report and available for public use at no cost (exceptions are noted with an asterisk).

What Is Reentry Success?

What constitutes successful reentry and how best to measure it has been an open question. Recidivism has filled that vacuum. The NASEM panel's recommendation to focus on well-being, integration and desistance provides critical direction. Although the goals, activities, and structures of reentry programs vary, each offers services and supports designed to enhance client well-being and foster post-release stability in the community. Ideally, success measures (outcomes) will reflect the aims and core activities of the reentry program and the input of program participants, specifically what successful reentry means to them.

Aligning Outcomes

Programs should select outcome measures that align with their core aims and activities and reflect the transition and stability goals set with clients. Developing a program logic model (see appendix in the forthcoming *Reentry Program Process Evaluation Strategies* accessible soon on the National Reentry Resource Center) will help ensure outcome measures align with the program's objectives and activities. Logic models link a program's goals, resources, and activities to its intended outcomes to depict how a program is to function.

Program participants and staff, such as case managers and counselors, should be engaged early in the evaluation process, not as data sources but as partners. Participants and staff can help to identify and define key outcomes and ensure the most relevant outcomes are selected and measured (La Vigne & Buck Willison, 2020). In-person or virtual interviews and small group discussions are an effective and inexpensive way to engage these groups.

Data Sources

Measuring client well-being and stability will require programs and their evaluators to collect several types of data. These include both administrative data (individual-level records maintained by service providers, schools, the criminal legal system, and social services agencies) and self-reported data from program participants and possibly their families. Programs may also need to collect different client documents such as pay stubs (i.e., to verify employment or measure wage earnings) to fill in gaps when data are not readily available or easily accessible.

Table 1. Constructs and Measures of Reentry Success: Well-Being, Stability, and Desistance

Well-Being		
Domain	Measure	Data Source/Tools
Physical well-being	Engagement in health care	Client self-report
	Number and severity of chronic health	Service provider records
	conditions	• Cantril Self-Anchoring Striving Scale
Mental health, psychological well- being, emotional health, cognition	Engagement in therapy or treatment/ completion	Client self-report
		Service provider records
	Engagement with peer supports	• Patient Health Questionnaire-9 (PHQ-9)
	Medication adherence	to measure depression
	Reduction in symptoms (posttraumatic stress disorder [PTSD], traumatic brain	• <u>Center for Epidemiologic Studies</u> Depression (CES-D) Scale T to measure
	injury, depression)	depression
	 Number and severity of significant mental 	Posttraumatic Stress Disorder Checklist
	health episodes, time between episodes	(PCL-5) ™ to measure PTSD
		• Cognitive Flexibility Inventory (CFI); see
		also the five domains of the <i>Reentry Well-</i>
		Being Assessment Tool (RWAT*), which was developed for the 5-Key Model ☑ for
		Reentry and which uses the CFI
		Generalized Anxiety Disorder Scale
		(7 items) to measure self-reported anxiety
Substance use and recovery	Number of relapse incidents	Client self-report using the Addiction Severity Index, other validated substance
	Time between relapse incidents	
	Changes in the severity of substance use,	use assessments
	frequency of use	 Urinalysis or oral swab tests (not as sole source per Rosenfeld & Grigg, 2022) Service provider records
	Engagement in treatment/completion	
	Engagement in recovery support activities	
Social supports	Reunification with family members	Client self-report using Positive relationship scale, RWAT or QRI, Quality of Relationships Inventory*
	(significant other, children, etc.)	
	Healthy/positive, prosocial relationships	
Quality of life	• "Individuals' perceptions of their position	• WHOQOL-100 (100 items)
	in life [as it relates] to their goals, expectations, standards and concerns"	• WHOQOL-BREF (26 items)
	(WHOQOL)	Quality of Life Scale (QOLS)
	 Used for both healthy populations and 	• McGill Quality of Life Questionnaire
	those with one or more chronic illnesses	

Reintegration & Stability		
Domain	Measure	Data Source/Tools
Housing stability	 Housing status (sheltered/unsheltered/permanent housing, etc.) If housed, housing type (shelter placement, rental, own, etc.) Number/frequency of episodes unhoused (in designated period) 	Client self-reportService provider records
Gainful employment	Number/type/duration of positions attainedLiving wage	 Client self-report Client paystubs Service provider records State Department of Labor/Workforce Commission data
Educational attainment	 Enrolled in and/or completed vocation training Enrolled in and/or completed educational courses GED earned Degree earned (AA, BA/BS, MA, PhD, etc.) 	 Client self-report State Department of Education records National Student Clearinghouse data
Civic engagement	Political participation such as votingPolitical activismVolunteering (non-mandated)	Client self-report
Desistance		
	 Number of new arrests/convictions, incarcerations/revocations Time between criminal legal system event (i.e., arrests, incarceration, violations, revocations) Type and severity of offenses committed Increased prosocial attitudes and behaviors 	 Local law enforcement data (police/sheriff) Jail data (bookings, releases) Court data (city, county, state) Department of Corrections data (admissions and releases) Intermediate Outcome Measurement Instrument (IOMI) C, other validated assessments that measure dimensions of identity, readiness for change Prosocialness Scale for Adults C New General Self-Efficacy Scale C Readiness to Change Assessment – Psychotherapy Version C

 $[\]ensuremath{^{*}}$ Denotes tools or scales not in the public domain.

Source: RTI International, Research Triangle Park, NC; the measures and tools listed in this table are largely drawn from Rosenfeld & Grigg (2022:139–191) and Veeh et al. (2021).

As indicated in Table 1, measuring stability and well-being will require a mix of administrative data and self-report data. Measures of participant psychological well-being such as perceived physical and mental health and cognition will come primarily from self-reported data collected. Such data can be collected using repeated self-administered surveys or validated assessments conducted by the program (as part of routine operations) or by the program's evaluator. Building

self-report data collection into program operations, such as intake and assessment and client exit procedures, can offset costs while building a foundation for evaluation and performance monitoring.

A combination of participant self-reported data and administrative data will yield the most comprehensive and accurate data on reentry success.

Examples From the Field

The three BJA SCA-funded programs profiled below each measure dimensions of participant well-being and stability through their local evaluations. Their strategies and measures are described.

Northeastern Kentucky Adult Community Reentry Program (Rowan County, KY)

Located in northeastern Kentucky, this reentry program served individuals incarcerated in the Rowan County Regional Detention Center who were returning to one of six surrounding counties. The program goals were to reduce the likelihood of reincarceration by addressing participants' basic needs, including housing and employment, and helping them build trust and prosocial, sober community support networks. Services included reentry planning prior to release, assistance with basic needs (identification documents, phone, food, and clothing) at release, and ongoing support services and evidence-based programming in the community post-release. Core program components included case management and advocacy, cognitive behavioral programming, recovery peer support, employment assistance, substance abuse treatment, and assistance with primary health care. The program was administered by Mountain Comprehensive Care Center, a community behavioral health provider.

To measure program outcomes, local evaluators from Morehead State University employed a mixed-methods, pre-post design that included data from participant interviews and from program and official records (secondary data). The evaluation measured a constellation of participant characteristics and outcomes spanning employment, housing, family reunification, mental health, well-being and recovery, and recidivism. Interviews conducted prior to release combined with secondary data captured baseline information on client demographics, education level, employment, mental health, housing, marital status and children, benefits eligibility, and use of drugs and alcohol. Follow-up interviews with program participants 3 months post-release as well as updated secondary data provided information to measure change. The instruments used items from well-known, publicly available tools, specifically the Addiction Severity Index (ASI)² (McLellan et al., 1980) and the Substance Abuse and Mental Health Services Administration (SAMHSA) Government Performance and Results Act (GPRA) Center

² The ASI consists of 200 items that inform seven scales covering areas such as medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status. Administering the full ASI takes approximately 60 minutes. A copy of the instrument and instructions can be accessed here: https://pubs.niaaa.nih.gov/publications/AssessingAlcohol/InstrumentPDFs/04 ASI.pdf

for Substance Abuse Treatment Client Outcomes Measures for Discretionary Programs survey tool, which includes SAMHSA's National Outcome Measures (NOMs). ³ Although the ASI was developed to inform treatment decisions and recommendations, many researchers use it to measure a respondent's lifetime drug and alcohol use and to capture changes in the intensity and frequency of use before and after participation in an intervention.

The site's outcomes data indicate that most participants had received entitlement benefits (65%), including Medicaid (64%), post-jail discharge. Additionally, over 90% had engaged housing services and almost two-thirds (64%) were employed; approximately one-third (30%) were seeking employment. The majority of participants were still in the community 12 months after release from jail (about one-third [32%] had been reincarcerated).

Treatment, Empowerment, Community Help Project, Denver, CO

Administered by Denver's Mile High Behavioral Health Care (MHBHC) in partnership with the Denver County Sheriff's Department, Treatment, Empowerment, Community Help (TECH) Project seeks to improve reentry for men aged 18 and older who are leaving the Denver County Jail and have been assessed as moderate to high risk to reoffend and have identified substance use and mental health issues. Core services consist of pre-release planning and case management, substance use and mental health treatment, help finding employment and housing, daily support and coaching via a Smartphone application and assigned recovery mentors, and linkages to sober activities. Local evaluation work is conducted by the OMNI Institute, a Colorado-based, nonprofit social science research firm with extensive experience developing and implementing evaluations in partnership with Denver criminal legal system agencies and social service providers.

The TECH Project program evaluation compares TECH Project participants who were provided pre-release services to those who have recently been in custody but who have not received pre-release services, in large part due to COVID-19 related limitations on service providers entering the jail. Also, among the treatment group (TECH Project participants), differences will be compared between high and low Smartphone application users (based on level of engagement with the Connections app). The evaluation seeks to answer several questions, including whether engaging TECH Project participants in services pre-release yields better long-term outcomes post-release (e.g., increased housing and employment stability, reduced recidivism, and reduced substance use) when compared to MHBHC clients who did not receive pre-release services. The evaluation draws on a combination of administrative data (risk/needs assessment and TECH Justice Vulnerability⁴ results, and jail and court records), self-reported data collected from

³ SAMHSA grantees are required to use the GPRA survey to collect and report client-level data, including demographics, behavioral health status and diagnostics, substance use and abuse, mental health and physical health functioning, and other key variables (https://www.samhsa.gov/sites/default/files/gpra-fact-sheet.pdf). For more information on these tools see https://www.samhsa.gov/grants/gpra-measurement-tools/cmhs-gpra.

The TECH Justice Vulnerability Assessment measures participant financial and housing stability, functioning, and well-being, per the Denver TECH Project. It draws on the Service Prioritization Decision Assistance Tool (SPDAT), developed for workers who assess the needs of people who were unsheltered (see https://pehgc.org/wp-content/uploads/2016/09/VI-SPDAT-v2.01-Single-US-Fillable.pdf for a copy of the tool and background details.)

6-month psychological assessments (Generalized Anxiety Disorder Scale and the Patient Health Questionnaire-9), and data from the program's Connections app to measure key outcomes.

Achieving Change Together, Scott County, IA

The Achieving Change Together (ACT) reentry program is administered by Safer Foundation and serves adults released to Scott County, IA who are assessed as moderate to high risk to reoffend. Participants receive 3–4 months of pre-release services consisting of intensive case management, cognitive behavioral intervention groups, job readiness training, financial literacy, linkage to employment, group mentorship opportunities, and supportive service referrals. Staff in Iowa's Seventh Judicial District identify, screen, and assess potential participants and refer eligible candidates to the ACT case managers. ACT case managers then develop comprehensive case management reentry plans to address criminogenic risks and needs. Post-release, participants receive case management and wraparound services to promote successful reentry.

The Nebraska Center for Justice Research serves as the evaluation partner. The evaluation features a quasi-experimental design that compares outcomes for people who receive a new cognitive behavioral intervention (CBI) or moral reconation therapy (MRT) to a comparison group of similarly eligible individuals statewide. Eligible individuals who opt in to the ACT program are randomly assigned to one of the two interventions. This method allows for a comparison of intervention effect sizes and dosage relative to the comparison group, as the CBI curriculum is considerably longer than MRT's. Key outcomes include recidivism, educational attainment, employment attainment and wages, housing stability, and substance use. The evaluation is designed to draw on data collected by ACT staff during program operations, a self-administered survey of participants, and administrative data from state agencies.

Summary

Reentry programs, like the broader criminal legal system, have typically relied on recidivism to measure participant success and program effectiveness. In doing so, however, they have sometimes ignored other important outcomes and failed to capture potentially critical milestones. Reframing reentry goals in terms of participant well-being, stability and reintegration, and desistance can offer a better reflection of reentry program objectives and activities as well as reentrants' own goals for themselves. It can also provide a strong conceptual framework within which to examine how multiple outcomes contribute to reentry success. Reentry programs should use a range of constructs, methods, and data to more measure participant well-being, stability, and desistance, and engage people with lived experience to help identify the most relevant measures of success.

References for Data and Tools

(in order of appearance in Table 1)

Cantril Self-Anchoring Striving Scale

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PHQ-9

Patient Health Questionnaire-9 (PHQ-9). (2023). National HIV Curriculum. https://www.hiv.uw.edu/page/mental-health-screening/phq-9

CES-D

Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychology, 1*(3), 385–401. https://doi.org/10.1177/014662167700100306

PCL-5

Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5)—Extended Criterion A. Available from https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

CFI

Dennis, J. P., & Vander Wal, J. S. (2010). The cognitive flexibility inventory: Instrument development and estimates of reliability and validity. *Cognitive Therapy and Research*, 34(3), 241–253. https://doi.org/10.1007/s10608-009-9276-4

RWAT

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McGill Quality of Life Questionnaire

Cohen, S. R., Mount, B. M., Tomas, J. J. N., & Mount, L. F. (1996). Existential well-being is an important determinant of quality of life: Evidence from the McGill Quality of Life Questionnaire. *Cancer*, 77(3), 576–586. https://doi.org/10.1002/(SICI)1097-0142(19960201)77:3%3C576::AID-CNCR22%3E3.0.CO;2-0

Intermediate Outcome Measurement Instrument (IOMI)

Maguire, M., Disley, E., Liddle, M., Meek, R., & Burrowes, N. (2019). Developing a toolkit to measure intermediate outcomes to reduce reoffending from arts and mentoring interventions. Ministry of Justice. https://pure.southwales.ac.uk/ws/portalfiles/ portal/3225240/IOMI intermediate outcomes toolkit report.pdf

Prosocialness Scale for Adults

Caprara, G. V., Steca, P., Zelli, A., & Capanna, C. (2005). A new scale for measuring adults' prosocialness. *European Journal of Psychological Assessment*, 21(2), 77–89. https://doi.org/10.1027/1015-5759.21.2.77

New General Self-Efficacy Scale

Chen, G., Gully, S. M., & Eden, D. (2001). Validation of a new general self-efficacy scale.

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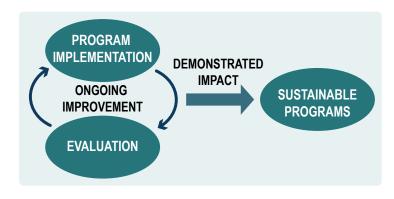
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The Evaluation and Sustainability Training and Technical Assistance Project

The Evaluation and Sustainability Training and Technical Assistance (ES TTA) Project supports Second Chance Act (SCA) grantees in conducting more rigorous evaluations that lead to data-driven program improvement and demonstrated impact and that support programs' long-term sustainability. For more information about the project, contact ESTTA@rti.org.



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