WRAP-AROUND SERVICES DON'T IMPROVE PRISONER REENTRY OUTCOMES

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Half of individuals released from prison in the United States are reincarcerated within three years (DuRose, Cooper, & Snyder, 2014). This high recidivism rate affects individuals, families, and communities, and leads to high incarceration rates that are a drain on public resources. Across the country, government agencies and non-profit organizations operate a wide variety of programs designed to improve prisoner reentry outcomes. Though these programs are well-intentioned, few have undergone rigorous evaluation of their effects.

People exiting jail and prison face a broad array of challenges that make it difficult to build a stable life and avoid criminal activity. On average, they have limited education and work experience, high rates of mental illness and emotional trauma, and high rates of substance abuse (Doleac, 2016; Doleac, 2018). In addition, many have accumulated substantial court debt and child support arrears, both of which tax legal income and may also result in the suspension of their driver's license (Ciolfi, Levy-Lavelle, & Salas, 2016; Holzer, Raphael, & Stoll, 2003). Many individuals struggle to find affordable health care, child care, and housing—problems that largely result from low incomes, but (particularly in the case of housing) may be exacerbated by having a criminal record (Leasure & Martin, 2017). Existing reentry programs aim to address one or more of these varied challenges.

Evaluating the effectiveness of reentry programs is typically difficult because of sample selection: individuals frequently self-select into the program or are carefully screened by program administrators. In such cases, participants may be positively-selected based on motivation to change or other factors that are unobservable to the researcher. This makes it difficult to distinguish

the causal effect of the program from the effect of unobservable differences between participants and non-participants. Randomized controlled trials (RCTs) avoid the sample selection problem by randomly assigning individuals to participation or non-participation. Similarly, natural experiments can avoid selection bias by dividing individuals into treatment and control groups based on factors that are unrelated to the outcome of interest.

In a recent review of empirical evidence on which programs reduce recidivism, I found some good news, some bad news, and many areas where the evidence is too thin to draw any conclusions (Doleac, 2018). Mental health interventions such as cognitive behavioral therapy (CBT) and family-based multi-systemic therapy have been shown to reduce recidivism (Heller et al., 2017; Sawyer & Borduin, 2011), though success is not guaranteed (Fonagy et al., 2018). Expanding Medicaid to serve low-income adults reduced crime rates in expansion states, suggesting that access to substance abuse treatment can be helpful (Vogler, 2017; Wen et al., 2017), but so far there is little direct evidence on whether substance abuse treatment improves reentry outcomes. Emergency financial assistance for housing reduced rearrest rates for those with arrest histories, though we don't yet know if housing interventions targeted at newly-released offenders can be cost-effective (Palmer, Phillips, & Sullivan, 2018). Meanwhile, interventions that increased access to employment had disappointing effects. Several RCTs found that highly-respected transitional jobs programs for those recently released from prison—providing jobs for six months, with the goal of facilitating a transition into permanent employment—had no long-term effect on employment and no reliable effect on recidivism (Valentine & Redcross, 2015). The lesson from this review is that, while some programs show promise, we should not take for granted that well-intentioned programs are effective.

People with criminal records usually face many challenges, not just the one addressed by a single program. It is important to know how these challenges and their solutions interact with each other. Does solving one problem, like health, mean that other solutions flow more easily without much assistance? Or do all problems need to be solved at once as part of a comprehensive program in order to see any effect? In other words, interventions may have important complementarities. Perhaps employment is not helpful unless it is accompanied by CBT or child care, or both. Interventions that work well on their own, like CBT, may work even better when combined with other services, like access to stable housing.

With these potential complementarities in mind, many jurisdictions provide so-called "wrap-around services" that aim to address many needs at once. Recipients of such services are typically assigned a case manager to evaluate their needs and connect them with appropriate resources, such as housing, employment services, CBT, and substance abuse treatment. Those services may be provided by the program itself, or by a local community organization (with the case manager facilitating access). Such programs may begin upon release from jail or prison but might also include "reach-in" services that help prepare an individual for successful reentry before release.

Wrap-around programs hold great promise. But they are labor-intensive and expensive to administer, so even if they work, they might not be cost-effective. If some program elements are substitutes rather than complements, wrap-around services may be less cost-effective than more focused interventions. And it's possible that these programs might not work at all, due to implementation failures or unintended negative effects on participants.

In recent years, several RCTs have been conducted to evaluate programs that provide wrap-around services to people who have been incarcerated. Across the board, the results have been disappointing.

Grommon, Davidson, and Bynum (2013) evaluated a wrap-around service program that emphasized substance abuse treatment. In this study, 511 high- and medium-risk parolees with histories of substance abuse were randomly assigned to treatment and control groups. Those in the treatment group received assistance finding housing and employment, employability and life skills training, and outpatient substance abuse treatment. Family substance abuse treatment sessions were also provided as needed. Individuals were supported by a caseworker, treatment therapist, and case coordinator. The control group received traditional community supervision—required meetings with a parole officer and other requirements designed to keep the person out of trouble (e.g., look for a job, avoid drugs and alcohol, don't leave the county). Despite the array of services offered, the program had no significant effects on rearrest or reincarceration. On average, the treatment group actually relapsed and reoffended *more* often than the control group.

Cook et al. (2015) evaluated an employment-focused program in Milwaukee that provided wrap-around services in addition to transitional jobs. The study targeted high-risk offenders with a history of violence or gang involvement, with a total sample of 236 participants. Services included CBT, soft-skills and vocational training, restorative justice circles, substance abuse treatment, and remedial education. The program also included intensive reach-in programming that began six months prior to release. The program had little to no beneficial effects on long-term employment or likelihood of rearrest, and no significant effect on reincarceration.

It may be that these specific programs were less effective than other programs operating across the country, with broader populations. The best programs might be different from place to

place, depending on local participants' needs. With this in mind, two recent studies considered federal programs that provided funding to local organizations offering reentry services. The local programs typically involved many components, in the spirit of wrap-around services.

The Reintegration of Ex-Offenders (RExO) project was a joint initiative of several federal agencies, including the Department of Justice and the Department of Labor. RExO provided funding to community organizations to improve reentry outcomes. The funded programs typically included mentoring, employment services, and case management that facilitated access to a variety of other services. Wiegand and Sussell (2016) evaluate the effectiveness of RExO using an RCT: 4,655 participants across 24 sites were randomly assigned to a treatment group that received services from an RExO-funded program, or to a control group receiving community services as usual. Three years after assignment, those assigned to the RExO treatment group were 21 percent more likely to have been convicted of a new crime (not simply a technical violation of parole) than the control group. This increase in recidivism was driven by younger participants: for those under age 27, RExO treatment increased the likelihood of being convicted of a new felony offense by a whopping 73 percent, relative to the control group mean. However, conviction does not necessarily lead to incarceration. There was no significant effect on days incarcerated overall or for the younger subgroup—avoiding additional costs but certainly not providing any benefits.

More recently, the Second Chance Act (SCA) Adult Demonstration Program was implemented across seven sites. SCA services varied across sites but typically included intensive case management, employment assistance, substance abuse treatment, and CBT. The marginal cost of serving an SCA enrollee was $2,800. D'Amico and Kim (2018) evaluated SCA's effects, again using an RCT: 966 participants were randomly assigned to a treatment group receiving SCA services, or to a control group receiving community services as usual. They found that SCA

services had no beneficial impacts on recidivism: 30 months after assignment, there was no significant impact on the likelihood of rearrest, reconviction, or reincarceration, relative to the control group. The numbers of rearrests and reconvictions were significantly higher for the treatment group, though there was no significant impact on the number of days incarcerated. Those in the treatment group were more likely to be employed, though apparently only during the seventh and eighth quarters after assignment. They earned $1,800 more than participants in the control group—a statistically-significant difference, but substantially less than the cost of the program.

There is certainly room for more research in this area, but at this point the best evidence does not support the hypothesis that wrap-around services help the formerly incarcerated successfully reintegrate into society. Instead, the existing evidence suggests that wrap-around service programs, as currently implemented, are not effective and may be actively detrimental to participants. There are three reasons this might be the case.

First, individual program elements might be ineffective. Combining many ineffective interventions into one larger program will likely still be ineffective.[i] Many of the elements typical of wrap-around service programs are not supported by rigorous evidence; it would be helpful to know if they are effective on their own before trying to combine them. However, there is solid evidence that CBT, a component of many of these programs, is effective on its own. For some reason, the inclusion of CBT did not make these programs at least as effective as CBT alone has been in other settings. Instead, these wrap-around programs were not more than the sum of their parts, or even equal to the sum of their parts—they were less than an individual part. This is concerning and suggests that the problem with wrap-around programs is not just that the component parts are not themselves effective.

Second, by trying to do everything at once, these programs may be failing to do anything well. For instance, perhaps CBT did not work here because—as part of a larger program—it was a watered-down version that was not implemented well. This would imply that wrap-around services could work in theory, but that they fall short in practice. In this case, innovations in service delivery (perhaps through technology) or dramatically expanding resources available (to hire more and better therapists, for instance) could make these programs more successful. It may be worth experimenting with such models on a small scale, to see if they produce more promising results.

Third, the comprehensiveness of wrap-around service programs may itself be the problem. It is possible that the combination of intensive case management and myriad meetings with service providers are a drain on a participant's time and energy, which could be spent more productively. In addition, comprehensive programs may serve less as a support than a tether to the person's past, and a reminder of previous failings. Individuals who are ready to put their past behind them may be reminded daily that their community still views them as a risk. Finally, comprehensive programming may convey the message that the recipient needs lots of help in order to survive outside of prison. If this is the case, then less-intensive interventions may be more successful precisely because they allow people the psychological freedom to build new lives, and opportunities to achieve success without direct assistance. This may have important implications for an individual's sense of agency. (The hypothesis that intensive interventions could be counterproductive is not new—see, for example, the discussion in McCord, 1978.) If these factors are important, then comprehensive wrap-around service programs may be doomed to fail.

There is growing evidence to support a "less is more" approach in the prisoner reentry context, from studies of intensive case management and community supervision. The best

evidence on this topic suggests that we could achieve equally-good, and possibly better, outcomes with less intervention (and thus at lower cost).

For instance, two RCTs tested the effectiveness of intensive case management specifically for individuals with histories of substance abuse. Guydish et al. (2011) randomly assigned female, drug-involved probationers in San Francisco to receive more intensive and supportive case management by their probation officer (treatment), or probation as usual (control). The supervision received by the treatment group was designed to be more therapeutic and advocacy-oriented, including more counseling and referrals to needed services. After 12 months, there was no significant difference in arrest rates. The treatment group was actually *more* likely to be arrested, on average. Similarly, Scott and Dennis (2012) measured the effect of Recovery Management Checkups (RMCs), which were designed to connect recently-released women to substance abuse treatment. Individuals being released from Cook County Jail were randomly assigned to receive monthly RMCs for the first 90 days after release (treatment) or supervision as usual (control). The RMCs involved meetings with a case manager who scheduled treatment appointments when needed, accompanied their clients to intake, and provided continuous support during the treatment process. Results suggest that RMCs increased participation in substance abuse treatment but had no significant effect on arrest or incarceration rates.

Other studies considered the effects of intensive supervision more broadly. In one experiment, juvenile probationers in Los Angeles were randomly assigned to intensive supervision or standard probation. Hennigan et al. (2010) found no significant differences in outcomes between the treatment and control groups five years later, with one exception: young, low-risk boys (age 15 or younger) assigned to receive intensive supervision were worse off. Intensive supervision for

that group led to *more* incarceration, and a higher likelihood of continued criminal justice involvement.

A New Jersey experiment randomly assigned high-risk parolees to a Day Reporting Center (DRC) or parole supervision as usual. Those assigned to a DRC were required to attend programming at the Center every weekday. The DRC provided job training, CBT, peer-support groups, and similar programs aiming to facilitate successful reentry. Boyle et al. (2013) found that those assigned to a DRC were significantly *more* likely to be convicted of a new offense in the first six months; after 18 months there were no significant differences in recidivism between the treatment and control groups.

Two RCTs in Philadelphia tested the effect of supervision levels for low- and high-risk probationers. In the first, low-risk probationers were randomly assigned to receive probation as usual or low-intensity supervision by parole officers with high caseloads. Barnes et al. (2012) found that, 18 months after randomization, there were no significant differences in recidivism across the treatment and control groups. The second RCT was even more ambitious. High-risk probationers were randomly assigned "moderate-risk" or "high-risk" labels that determined the actual level of supervision they received. That is, their label did not correspond at all to their actual risk level. Neither the probation officers or the offenders knew about this experiment; they interpreted the labels as valid. Hyatt and Barnes (2017) found that, one year after assignment, there was no significant difference between the two groups in charges for new offenses or days incarcerated.

All told, increasing the level of supervision or providing intensive case management appears to have no beneficial effects, and in some cases actually increases criminal activity and criminal justice involvement. Wrap-around service programs provide services to meet participants'

needs, but also require substantial involvement of case managers in participants' lives. The studies described above suggest that this intensive involvement may do at least as much harm as good.

This evidence reveals how much we still don't know about how to reduce recidivism. We should question our current assumptions, and the theories upon which many existing reentry programs are based. Theory has an important role to play in generating hypotheses, but theories can be wrong. Even when they're right, we often miss important context when applying theory to new real-world problems. Testing our hypotheses is the best way to refine our understanding of human behavior. By extension, rigorously evaluating the effectiveness of promising interventions—and trying something different when the results aren't what we'd hoped—is the best way to help the formerly-incarcerated and the communities to which they're returning.

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[i] The exception would be if some of the components are perfect complements and can only be effective if implemented alongside other components. For example, perhaps assistance finding a job is only helpful if a program also provides child care and transportation that allow the recipient to go to work.