Process Evaluation of the Pennsylvania Community Orientation and Reintegration (COR) Program

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INTRODUCTION

In February 2001, shortly after his appointment as Secretary of the Pennsylvania Department of Corrections, Dr. Jeffrey Beard launched efforts to establish the state’s first comprehensive reentry program. The program, named Community Orientation and Reintegration (COR), was envisioned to provide inmates with the skills, information and resources needed to make a successful return to Pennsylvania’s communities. Curriculum development began on two separate segments of the program. Phase I, which is delivered in the state correctional institutions (SCIs), is designed as a refresher course to reinforce the lessons learned from prior prison programming, such as substance abuse education, citizenship, and parenting skills. Phase II, which is delivered in community corrections centers (CCCs), is designed to help link returning inmates with services and jobs in the communities to which they are returning, as well as to facilitate family reunification. Over a dozen DOC staff were involved in the curriculum development for Phases I and II, and the entire COR program was conceptualized and ready for implementation in a six-month period.

COR was implemented in December 2001 as a pilot program, with approximately half of soon-to-be released inmates randomly assigned to COR. In March 2002, the Pennsylvania DOC contracted the Urban Institute to conduct a process evaluation of COR. The purpose of the process evaluation is three-fold: (1) to research “best practices” on reentry programming across the country; (2) to assess the needs of soon-to-be-released Pennsylvania inmates and determine whether the COR curriculum matches those needs; and (3) and to evaluate the extent to which the COR program is consistent with its original goals and objectives.

This report represents the first of three written products of the COR process evaluation. The first section of this report reviews the evaluation literature on reentry programs and related efforts across the country. The literature review discusses reentry programs that have been found to have a positive impact on recidivism and intermediate outcomes, such as finding employment and avoiding drug and alcohol relapse. The second section is a logic model of COR developed from the COR curriculum and other documents provided by the Pennsylvania DOC. The report concludes with an analysis that highlights the elements of the logic model that are consistent with promising reentry practices identified through prior research, as well as gaps in the COR program. The results of this report will help guide the remainder of the process evaluation, identifying areas of the COR curriculum that might be enhanced to better meet the needs of returning prisoners.

BEST PRACTICES IN REENTRY PROGRAMS

I. Review of Evaluation Literature on Reentry Programs

Almost every state and the federal prison system have some form of reentry program designed to facilitate the prisoner’s transition back to society. These reentry programs vary widely in structure, length, and content. A recent unpublished review of reentry program evaluations provides this useful definition of the range of reentry programs: “(a) all correctional programs that
focus on the ‘transition’ from prison to community (pre-release, work release, halfway houses, or specific reentry programs); or (b) programs that have initiated treatment (substance abuse, life skills, education, cognitive/behavioral, sex/violent offender) in a prison setting and have linked with a community program to provide continuity of care” (Seiter and Kadela, 2002: 12). While reentry programs are widespread, very little solid empirical research has been conducted to evaluate their effectiveness. The studies reviewed below provide some evidence that certain types of reentry programs are effective with specific populations, but there are a number of limitations to these studies—as a body of work—that should be addressed.

**Limitations to Studies Reviewed**

First, because so few pre-release programs have been rigorously evaluated, it is difficult to generalize what factors contribute to a successful reentry program. While some studies describe the specific program elements involved in the pre-release program or center, no study has identified which components are specifically linked to the post-release success found by the study (usually reduced recidivism). Also, it is unclear whether and how the structure, format, timing, and length of a program are linked to post-release outcomes.

In addition, while some positive outcomes have been associated with program participation in nearly all of the evaluations reviewed herein, those results may be explained by a selection bias—that is, those who participate in the programs are more likely to succeed in the first place. Except in the rare case of controlled experiments or other examples of random assignment to the reentry program, it is likely that those who are recruited or volunteer to participate in such programs are predisposed to post-release success.

Where studies of pre-release/reentry programs do exist, they almost always measure success in terms of recidivism rates. It is unclear whether and how pre-release programs may contribute to other achievements that characterize a successful transition back to the community, such as finding and maintaining a job, finding housing, and reuniting with family.

With these limitations in mind, we start this review by discussing the few evaluations of the first kind of reentry programs—pre-release programs and transitional centers—which are specifically designed to prepare prisoners for the transition back to society. We also look at a few evaluations of programs that are similar to the COR model, wherein prisoners attend a series of classes on a variety of topics before their release. Finally, we discuss the evaluation literature on continuum-of-care programs, which initiate treatment (substance abuse, medical, etc.) in prison and continue treatment in the community.

**Pre-release Programs & Transitional Centers**

In the latter part of the twentieth century, many states implemented new reentry programs and were interested in evaluating their success. In 1967, the Institute of Contemporary Corrections and the Behavioral Sciences hosted a national conference on pre-release programs that discussed halfway houses, pre-release, and work release reentry programs (Conference papers can be found in Killinger et al. (eds.), 1967). Evaluations from this time period produced mixed findings on the effectiveness of pre-release pro-
grams. A 1968 study of a five-course pre-release program in California found that little was learned and that nearly half of the prisoners who were scheduled to be released—and thus eligible to participate in the pre-release program—were not interested in any programming. Those who were interested wanted to know more about parole (Holt and Renteria, 1968). By contrast, an evaluation of a Texas pre-release program found that the program helped achieve a decrease in the recidivism rate from 34 percent to a little over 10 percent with no additional cost to the state (Clark, 1966).

More recent evaluations of pre-release programs (pre-release centers/halfway houses, and in-prison programs) have generally found the programs to be positively received by participants, as well as effective in reducing recidivism and, in some cases, in facilitating a smoother transition into the community. A comprehensive look at recidivism research conducted between 1971 and 1982 by the Massachusetts Department of Corrections found support for the positive impact of reintegrative community-based correctional programming. Lower rates of recidivism were linked to participation in home furlough and pre-release programs (LeClair, 1985). A 1991 study compared the recidivism rates of those who participated in a Massachusetts pre-release program in 1974 to a comparison group of non-participants. The results suggest that the pre-release intervention was effective—the recidivism rate among participants was 11.8 percent as compared with 29 percent for those who did not participate (LeClair and Gaurino-Ghezzi, 1991, in Seiter and Kadela, 2002).

Several other studies have found pre-release/halfway houses located in the community to be effective in reducing recidivism. A 1975 study that compared Ohio halfway house residents to a parolee comparison group found that recidivism among house clients was significantly lower than for the parolees. In addition, those who resided in the halfway house were more likely to experience a smoother adjustment to society. They were more likely to find and hold jobs, be self-supporting, and participate in self-improvement programs (though not at a statistically significant level) (Seiter, 1975, in Seiter and Kadela, 2002). Similarly, a study of a California halfway house for women found that house clients committed fewer and less serious offenses than the control group (Dowell, Klein and Krichmar, 1985, in Seiter and Kadela, 2002).

Several studies evaluating community-based pre-release centers in Massachusetts have found that the recidivism rate of residents who were released from pre-release centers was lower than the statewide average (Landolf, 1976; LeClair, 1978). An earlier study by LeClair of two pre-release centers in Massachusetts similarly found recidivism rates to be lower for program participants and also preliminarily identified the types of prisoners that seem to be the most helped by participating in pre-release programs. Specifically, prisoners with modest education backgrounds (completed grade eight or higher), poor employment histories (short prior periods of employment at any one job), or moderate criminal histories appear to be most helped by the pre-release program (LeClair, 1975).

Additional reentry programs that take place outside of the prison setting include the LifeSkills ’95 model in California. This parole reintegration program for juvenile offenders features a 39-hour program com-
completed over the course of 13 consecutive weekly meetings. Program goals include improving basic socialization skills; reducing recidivism; alleviating the need for, or dependence on alcohol and/or drugs; improving overall lifestyle choices (i.e., social, education, job training, and employment); reducing the need for gang participation and affiliation; and reducing the high rate of parole revocations. In a recent evaluation, program participants were compared to a control group of similar parolees. Comparing the two groups 90 days after release, the study found that those who did not complete the program were about twice as likely as those who did to have been arrested; to be unemployed; to lack the resources needed to gain or maintain employment; to have a poor attitude toward working; and to have abused drugs and/or alcohol frequently since release. Those in the control group were also more likely to associate with negative peer groups, including gang members, and to have serious problems with their family relationships (Josi and Sechrest, 1999). And, one year after release, they continued to be more likely than those who participated in the program to have one or more arrests; to associate with negative peer groups; to fail in their parole; to be unemployed; and to abuse drugs (Josi and Sechrest, 1999). The difference between the two groups faded over time, however, which Josi and Sechrest suggest may be attributable to the relatively short length of the program.

**Programs Similar to the COR model**

A few studies have evaluated programs which more closely resemble the COR model. In a 1992 study, evaluators examined a pre-release program at the South Idaho Correctional Institution, which consists of 15 six-hour days and covers the following topic areas: personal development; social development; employability skills development; substance abuse issues; and prison-to-parole transition. Of the 70 prisoners who completed the program, most found the program to be relevant and valuable, and surveyed parole officers believed that those who completed the program were more likely to be successful after release than those who did not complete the program. The empirical data supports these opinions: the employment rate for those who completed the program was 67 percent as compared with 48 percent for the Idaho Department of Corrections Program. In addition, the recidivism rate among program completers was extremely low—only one person out of 70 returned to prison in the eight months after program completion (Gray and Wren, 1992).

A small evaluation of a Canadian pre-release program for substance abusing prisoners suggests that intensive pre-release programming was successful in educating prisoners about drug and alcohol abuse. The program consisted of 26 half-day sessions about the consequences of substance abuse and its impact on various aspects of their lives. Those who participated in the program rated it favorably (Millson and Robinson, 1992).

The PreStart program run by the Illinois Department of Corrections works on a two-phase model similar to COR. Efforts to prepare prisoners for the transition home combine pre-release education with post-release assistance. Rearrest rates for program participants were 40 percent as compared to 48 percent of the comparison group. Return to prison rates for program participants were
much lower than for non-participants (12 percent versus 32 percent). Furthermore, the program was well received by a majority of prisoners who thought the program provided them with important skills and information that would help with their transition back home (Castellano et al. 1993).

A 1992 study evaluated Project RIO, a job preparation and placement program in Texas. The program, which operates out of over 60 offices, provides job placement services to nearly 16,000 parolees each year. In addition, Project RIO helps prisoners while they are still incarcerated with life skills classes, individual job readiness counseling, and preparation of documents necessary for the post-release employment search. The study found that more program participants (69 percent) found jobs after release than parolees who did not participate in the program (36 percent). These employment successes translated into reduced recidivism: employed ex-prisoners who found jobs through Project RIO had lower recidivism rates as compared to unemployed ex-prisoners who did not participate in the program (Menon et al., 1992).

Continuum-of-Care Programs

A moderate body of evaluation literature exists on continuum-of-care programs that initiate treatment in prison and continue treatment in the community. Many of these programs focus on substance abuse issues—a widespread problem among correctional populations and one that has been linked to offending and reoffending. The Delaware correctional system has been operating one such treatment program, a multistage therapeutic community (Key-Crest), wherein the therapeutic community (TC) model is used in prison, on work release, and in the community. Several studies have found that those who participate in Key-Crest recidivate at lower rates at various points in time after release. A 1995 evaluation found that prisoners who received two-stage (work release and aftercare) or three-stage (in prison, work release, and aftercare) treatment had significantly lower levels of recidivism and drug relapse six months after release as compared with prisoners who did not receive any treatment (Martin et al., 1995). Similar results were found at eighteen months after release (Inciardi et al., 1997). Even three years after release, clients who completed two-stage treatment did better in remaining drug-free and arrest-free as compared with those who did not receive or did not complete the treatment. Clients who also received aftercare services (three-stage treatment) were the most successful in terms of being drug-free and arrest-free at the three-year mark (Martin et al. 1999).

A study of in-prison and aftercare TC programs in the Amity Prison in California found lower rates of recidivism at 12 and 24 months after treatment among those who completed the in-prison TC plus aftercare, as compared with those who completed only the in-prison TC or those who received no treatment at all (Wexler et al., 1999). Another study found that, while those who completed only the in-prison TC had lower recidivism levels than those who received no treatment at 12 and 24 months, the reduced recidivism was not maintained at three years after treatment. By contrast, those who participated in the in-prison TC plus aftercare continued to maintain a lower level of re-
cidivism at three-years after treatment than the other two groups (Wexler et al. 1999). In Texas in-prison therapeutic communities (ITC), no significant difference was found between those who were treated in prison and those who were not, three years after release. However, those who completed ITC plus aftercare had significantly lower recidivism rates than the comparison group (Knight et al., 1999).

Other continuum-of-care programs have targeted soon-to-be-released prisoners who suffer from or are at high risk for HIV, which is disproportionately found among prison populations. A discharge program in Rhode Island targets women at high risk for reincarceration and HIV infection. Eligible women meet at least one of three criteria: intravenous drug use or crack use, commercial sex work, or a history of prison recidivism with poor educational history and poor employment prospects. Once identified, each participant in the Women’s HIV Prison Prevention Program (WHPPP) works with a physician and a social worker about two months before they are released and develops an individual discharge plan that includes: substance abuse treatment, mental health services, financial aid applications, employment and training, continuing education, and housing. After release, the same physician and social worker continue to work with the women and help an outreach worker to implement the discharge plan. A 1999 evaluation compared the outcomes of a group of women who participated in WHPPP to a historical control group of women of all risk-levels. The recidivism rate for WHPPP participants was significantly lower than the rate for the control group at three months and twelve months after release. (Vigilante et al., 1999).

An earlier study evaluated a prior Rhode Island program in which HIV-positive women met with the program’s co-ordinator (a registered nurse) three to six months before release to discuss post-release planning, especially medical follow-up, financial assistance, substance abuse rehabilitation, and housing. The study found the program to be successful in linking the women with resources and support systems in the community. Eighty-three percent of the women attended a post-release medical appointment that was set up by the program, 79 percent of the women who requested financial aid referrals received some kind of aid, and 68 percent of the women who requested substance abuse treatment referrals made contact with a treatment program in the community. In addition, the recidivism rate of women who participated in the program was significantly lower than that of HIV positive women who were released from the same prison before the program was started (Kim et al., 1997). These findings suggest that prisoners benefit from rehabilitative efforts started in prison and linked with continued treatment and/or support in the community.

In summary, the preceding review of the literature on reentry programming suggests that pre-release programs, especially when linked with an aftercare component, can achieve successes in reducing recidivism. Since little is known about how the structure, format, and timing of reentry programs contribute to successful post-release outcomes, however, we now move to a discussion of the programmatic elements that

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2 In 1997, 2.2 percent of prisoners tested HIV positive, five to seven times greater than the rate in the general population (Maruschak, 1999).
underlie effective correctional treatment programs.

II. Elements of Effective Programs

Researchers Gaes, Flanagan, Motiuk, and Stewart (1999) reviewed the body of evaluation literature (including meta-analyses) on adult correctional treatment and made a number of recommendations based on these studies’ findings. Specifically, they have developed principles that they believe should be taken into account when designing an effective adult correctional treatment program, which are outlined here:

1. **Criminogenic needs: Intervention efforts must be linked to criminogenic characteristics.** This principle recognizes that certain human deficits, such as pro-criminal attitudes, impulsivity, weak socialization, a taste for risk, and weak problem-solving and self-control skills, are directly related to the propensity to commit crime. As such, interventions should be clear about addressing one or more of these deficits (Gaes et al., 1999).

2. **Multimodal programs: All criminogenic deficits should be treated.** Since an individual may have more than one deficit that is linked to a propensity for crime, all of the deficits must be addressed. The sequencing of treatment for these deficits may be important, though little research exists that examines multimodal treatment combinations or sequencing (Gaes et al., 1999).

3. **Responsivity: Treatment providers should match client learning styles.** When designing a program, the needs and learning styles of the client should be identified and the program should be tailored to meet those needs (Gaes et al., 1999).

4. **Risk-Differentiation: Higher-risk clients are more likely to benefit from treatment than are lower-risk clients; the highest level of treatment intensity should be used for the highest risk clients.** Characteristics of clients in a program, such as their risk level, may have only modest effects on outcomes. However, as with the responsivity principle, keeping in mind that higher-risk clients often have the most needs may help treatment providers identify appropriate clients and develop appropriate treatment (Gaes et al., 1999).

5. **Skills oriented and cognitive-behavioral treatments:** Treatment providers should use programs that teach clients skills that allow them to understand and resist antisocial behavior. The research shows that teaching and modeling social learning can help shape prosocial behavior (Gaes et al., 1999).

6. **Program implementation and continuity of care: Clients should be treated in well-supported programs.** Echoing the continuum-of-care findings reviewed above, Gaes et al. specify that “treatment initiated in institutions will be more successful if there is continued care in the community” (Gaes et al., 1999: 365). Furthermore, programs held in the community may be more successful than those held in prison because they tend to be less susceptible to the possibility of insufficient funds or lack of commitment from treatment staff, administrators, or support staff (Gaes et al., 1999).

7. **Dosage: Interventions should be comprehensive and of sufficient duration (sufficient dosage).** While this principle seems self-evident, it is difficult to quantify the appropriate length and timing for interventions because few studies have examined these programmatic qualities (Gaes et al., 1999).
8. **Researcher involvement.** One meta-analysis showed that when researchers were involved in the program design and development, the study yielded higher effects. With the caveat that researcher involvement can also produce experimenter bias, researchers can also help improve the integrity of a program (Gaes et al., 1999).

We now supplement these principles by examining what kinds of specific correctional programs (including many that comprise the COR model) have been linked to reduced recidivism and other measures of successful reintegration.

### III. Review of Literature on Specific Correctional Programs

**Education/Employment.** Many prisoners were employed prior to incarceration and presumably want to find legal and stable employment following their release. However, many barriers exist for ex-prisoners who are looking for work, including the stigma attached to incarceration, the lack of recent job experiences, and a weakening of skills needed to find and hold jobs (Western et al., 2001; Sampson and Laub, 1997). In addition, long periods of incarceration may weaken social contacts that lead to legal employment opportunities upon release (Western et al., 2001; Hagan and Dinovitzer, 1999).

Fortunately, the evaluation literature provides a fair amount of evidence showing the positive impact of educational, vocational, and work programs. A 1994 meta-analysis found some support for the notion that participating in academic and vocational programs can reduce recidivism and increase employment (Gerber and Fritsch, 1994). A similar conclusion was reached by Wilson and Gallagher (2000) following their meta-analysis of 33 evaluations of education, vocation, and work programs. Specifically, they found that program participants were less likely to recidivate than non-participants (Wilson and Gallagher in Lawrence et al., 2002).

In addition to education and vocational training, employment readiness also holds promise for promoting post-release success. As mentioned above in the review of reentry programs, there is some evidence to suggest that employability skills development and pre-release programs with work release have an impact on reduced recidivism. Despite these positive findings, it is unclear which specific components of these educational and reentry programs are effective, and selection bias may explain the favorable results.

**Drug Treatment.** As mentioned above, substance abuse is very common among prisoners and was often present at the time of the offense. The drug treatment studies described above as well as meta-analyses of those and other drug treatment program evaluations have found “some evidence that intensive drug treatment in prison may reduce relapse and criminal recidivism in the first six to eighteen months after release” (Gaes et al. 1999). As noted above, however, selection bias may be responsible for many of the positive findings. In addition, programs that initiate treatment in prison and continue care in the community tend to

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3 Three-quarters of state prisoners reportedly held a job just prior to their incarceration, and of those, just over half were employed full time (Lynch and Sabol, 2000).
lose participants over the course of the treatment. Such attrition may affect research findings.

**Cognitive Skills.** Cognitive skills programs are aimed at changing the way prisoners think. One of the most commonly used programs—the Cognitive Thinking Skills Program (CTSP)—was developed to address cognitive deficits, such as impairment in means-ends reasoning and poor critical reasoning, that are associated with criminal behavior. While there is modest evidence that the CTSP reduces recidivism, the literature also suggests that certain populations (e.g., property and non-violent offenders, and those under the age of 25) are less likely to benefit from such programming than others (Gaes et al., 1999).

**Life Skills.** Life skills programs can cover a variety of topic areas including social skills, personal care, money management, anger management, and conflict avoidance. Because “life skills” is a somewhat difficult concept to define, programs aimed at teaching them are similarly difficult to evaluate. As a consequence, very few studies of life skills programs exist. One study found that prisoners who were taught problem-solving, assertiveness, and interpersonal and practical living skills became more assertive, had higher self-esteem, were more empathetic, and had better social skills. It is not known whether these prisoners also had lower rates of recidivism after release (Marshall, Turner and Barbaree, 1989, in Gerber and Fritsch, 1993).

In summary, the literature reviewed above suggests that:

- Reentry programming of various kinds (pre-release, halfway houses, continuum-of-care) can be effective in reducing recidivism;
- Reentry programming tends to be favorably received by program participants and can help achieve intermediate outcomes, such as securing employment and reducing drug use; and
- Transitional programs that either start (halfway houses) or continue (continuum-of-care) in the community may be more successful than those held exclusively in prison.

However, research gaps exist and some findings remain uncertain. For example, as mentioned above, it is unclear the extent to which the success of reentry programs is attributable to the types of participants involved (e.g., selection bias). It is also unclear whether the sequencing of programs that, like COR, address many issues, is important to successful reintegration. In addition, more research is needed on specific structural, format, timing, and duration characteristics that contribute to effective reentry programming.
OVERVIEW OF COR

Introduction

This section describes the COR program and the underlying logic behind the program’s components and specific course offerings. It is important to note that this section is based on paper documentation of COR and the COR curriculum, rather than on how COR is actually being delivered in institutions and community corrections centers (this question will be addressed through other data collection efforts associated with the process evaluation). The task at hand is to dissect the COR curriculum with an eye toward identifying the specific outcomes each program element was designed to produce. The result is a “logic model” that identifies both the explicit and implicit expected outcomes of COR. Resources used to develop the logic model include copies of the Phase I and Phase II curricula, memoranda supplied by the DOC Planning, Research, Statistics, and Grants Division, and interviews with key staff involved in the development of COR.

Goals and Objectives

The Community Orientation Reintegration program is not designed as a treatment program, but rather as a “booster shot” intended to reinforce skills and knowledge already learned in prison. COR’s two broad goals are to smooth the reintegration transition for released inmates and, ultimately, to reduce recidivism. More specific goals of COR are:

- To establish a standard, coordinated release program based on known risk factors, needs, and best practices;
- To promote effective community linkages for released inmates;
- To enhance employability and job readiness of released inmates; and
- To promote healthy family and interpersonal relationships for released inmates.

The COR program is divided into two phases. Phase I is a two-week component that occurs approximately one month prior to an inmate’s release from an SCI. Phase I focuses primarily on refreshing skills and reviewing information that inmates presumably learned through prior in-prison programming. Phase II is a four-week component, which focuses primarily on the practical application of the recently refreshed skills in the form of establishing positive linkages within the community and with family, and securing employment to provide financial security upon release from prison. Phase II is intended to help facilitate the return of the soon-to-be-released inmate to his or her family as well as to help with his or her reintegration into the community.

The purpose of this section is to describe the logical relationships between inmates’ needs for further training or support, the programming components of COR that are intended to address those needs, and the expected short-term and long-term outcomes. The COR program is intended to address five specific areas of need, and two more general areas that involve identifying and accessing available services and support networks upon release. The five specific areas are: employability; family and parenting skills; financial management and planning; substance abuse; and cognitive and behavioral needs. These areas are outlined in the COR Logic Model, Figure 1.
### Figure 1. COR Logic Model

#### Broad Goals of COR
- Reduce recidivism
- Enhance the reintegration experience

#### Specific Goals of COR
- Promote effective community linkages
- Enhance employability and job readiness
- Promote healthy family and interpersonal relationships
- Establish standard program based on needs and best practices

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Programming—Phase I</th>
<th>Programming—Phase II</th>
<th>Expected outcomes</th>
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</table>
| EMPLOYABILITY | 25 hours, 50% of classroom time in Phase I. | 2 hours assessment, 2 hours skill-building, 40-80 hours job searching or working, 30-60% of time in Phase II. | Short-term:  
  - Increased job placement of residents  
  - Increased job retention  
  Long-term:  
  - Reduced recidivism due to stable employment and financial security |
| Inmates have difficulties in job searching, job placement, and job retention. | - Preparing for the Job Search  
  - Conducting the Job Search  
  - Job Search Schedules  
  - Applications  
  - Resumes  
  - Interview Worksheets  
  - Job Retention  | - Employment Preparation  
  - Vocation Evaluation  
  - Life Skills Program |
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<tr>
<th>Area of Need</th>
<th>Programming—Phase I</th>
<th>Programming—Phase II</th>
<th>Expected outcomes</th>
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<tbody>
<tr>
<td><strong>FAMILY AND PARENTING SKILLS</strong></td>
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<tr>
<td>Inmates lack or need improvement in family and parenting skills.</td>
<td>5 hours, 9% of classroom time in Phase I.</td>
<td>1 hour assessment, 1 hour preparation, visitations vary; 5% of the time in Phase II.</td>
<td>Short-term:</td>
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<tr>
<td></td>
<td>• Reunification with Family</td>
<td>• Family Counseling</td>
<td>• Improved parenting skills</td>
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<td></td>
<td>• Communication with Family</td>
<td>– assist residents in identifying their significant relationships.</td>
<td>• Improved family relationships</td>
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<td></td>
<td>• Parenting Issues</td>
<td>– strategies to nurture positive relationships / lessen impact of negative relationships</td>
<td>Long-term:</td>
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<tr>
<td></td>
<td>– parents’ expectations of children</td>
<td>• Parenting Program</td>
<td>• Family stability and support for ex-inmate</td>
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<td></td>
<td>– how to constructively discipline children</td>
<td>– principles of smart parenting</td>
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<td></td>
<td>– renewing relationships with children</td>
<td>– importance of being a responsible parent</td>
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<td></td>
<td>– child development</td>
<td>– positive family interaction</td>
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<tr>
<td><strong>FINANCIAL MANAGEMENT AND PLANNING</strong></td>
<td></td>
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<tr>
<td>Inmates need skills to meet personal and family financial obligations and needs.</td>
<td>2 ¼ hours, 5% of classroom time in Phase I.</td>
<td>2-6 hours, 2-4% of classroom time in Phase II. Must take place after job or other source of income is established</td>
<td>Short-term:</td>
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<tr>
<td></td>
<td>• Money Management</td>
<td>• Personal Finance Workshop</td>
<td>• Improved financial skills</td>
</tr>
<tr>
<td></td>
<td>– budget</td>
<td>– learning traits of financially responsible people</td>
<td>Long-term:</td>
</tr>
<tr>
<td></td>
<td>– credit cards</td>
<td>– learning how to forecast/budget income, live within financial means, and plan for the future</td>
<td>• Improved financial stability and security</td>
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<tr>
<td></td>
<td>– savings</td>
<td>– living within that budget for duration of COR program</td>
<td>• Reduced likelihood of economic crime and lowers recidivism</td>
</tr>
<tr>
<td></td>
<td>– checking accounts</td>
<td></td>
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<td></td>
<td>– obligations</td>
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<tr>
<td><strong>SUBSTANCE ABUSE EDUCATION</strong></td>
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<tr>
<td>Alcohol and other drug use (AOD) common among inmates, which interferes with family relationships, and damages job prospects.</td>
<td>4 ½ hours, 8% of classroom time in Phase I.</td>
<td>For those with substance abuse problems, 4 hours in class, 4-6 hours in AA or NA meetings. 6-8% of time in Phase II.</td>
<td>Short-term:</td>
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<tr>
<td></td>
<td>• AOD Refresher Program: Relapse Prevention</td>
<td>• AOD Education</td>
<td>• Better knowledge of AOD effects, impacts on self and others.</td>
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<td></td>
<td>– understanding relapse triggers</td>
<td>– learning to characterize abuse, and addiction</td>
<td>Long-term:</td>
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<tr>
<td></td>
<td>– understanding negative consequences of AOD use</td>
<td>– assessing past substance use behaviors</td>
<td>• Reduced substance abuse</td>
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<td></td>
<td>– strategies to beat cravings</td>
<td>– understanding effects of substance abuse; impact on health, legal status, and family</td>
<td>• Less family/interpersonal conflicts due to substance abuse</td>
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<td></td>
<td>– discussion of personal decision-making and accountability</td>
<td>– understanding triggers and their role in relapse</td>
<td>• Reduced likelihood of drug-related recidivism</td>
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<tr>
<td>Area of Need</td>
<td>Programming—Phase I</td>
<td>Programming—Phase II</td>
<td>Expected outcomes</td>
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<tr>
<td>COGNITIVE AND BEHAVIORAL SKILLS</td>
<td>• Inmates require decision making and other life skills to function in society.</td>
<td>• Anger Management Refresher</td>
<td>Short-term:</td>
</tr>
<tr>
<td></td>
<td>• Inmates need to understand how their actions affect others.</td>
<td>- understanding and coping with anger</td>
<td>• Improved interpersonal skills</td>
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<td></td>
<td>8 ¼ hours, 12% of classroom time in Phase I.</td>
<td>- developing new strategies to deal with anger before leaving prison</td>
<td>Long-term:</td>
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<tr>
<td></td>
<td>• Character Development</td>
<td>- “Seven Habits of Highly Effective People”</td>
<td>• Ability to work within and integrate with society, reducing recidivism.</td>
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<td></td>
<td>• Decision Making</td>
<td>- relating character development to situations that inmates will face in society</td>
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<td></td>
<td>• Spirituality</td>
<td>- decision making model</td>
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<td></td>
<td>• Victims Issues</td>
<td>- practical exercises in decision making</td>
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<tr>
<td>COMMUNITY RESOURCE IDENTIFICATION</td>
<td></td>
<td>• Life Skills Program</td>
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<tr>
<td>Inmates need help re-</td>
<td>5 ½ hours, 10% of classroom time in Phase I.</td>
<td>- conversational skills session (impact of tone, body language)</td>
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<td>connecting with their</td>
<td></td>
<td>- importance of maintaining positive and healthy relationships</td>
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<td>communities.</td>
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<td>- social competency session (assertiveness, dealing with criticism, orders vs. requests)</td>
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<tr>
<td></td>
<td>• Citizenship Programming</td>
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<td></td>
<td>• Resource Development Workshop</td>
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<td></td>
<td>• Mentoring Program</td>
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<td></td>
<td>• Resource finding 2-6 hours, time with mentor, 10 hours, total = 12-16 hours. 7-12% of time in Phase II.</td>
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<td></td>
<td>• Increased knowledge and use of community services and resources.</td>
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<td></td>
<td>• Improved connection to community through service and mentoring</td>
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<td></td>
<td>• Foster sense of responsibility for citizenship and community</td>
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<td></td>
<td>• Gain resources to maintain a crime-free lifestyle</td>
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<tr>
<td>Area of Need</td>
<td>Programming—Phase I</td>
<td>Programming—Phase II</td>
<td>Expected outcomes</td>
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<tr>
<td>Programming—Phase I</td>
<td>½ hour, 1% of classroom time in Phase I.</td>
<td>Prescriptive program plan, 2 hours, 2% of time in Phase II.</td>
<td>Short-term:</td>
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<tr>
<td></td>
<td>• Institutional Parole Representative</td>
<td>• Parole Orientation</td>
<td>• Residents are better aware of parole regulations and obligations</td>
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<tr>
<td></td>
<td>– impact of parole on daily life</td>
<td>• present parole process, rules, regulations</td>
<td>Long-term:</td>
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<tr>
<td></td>
<td>– explain role of parole agent</td>
<td>• inform residents of financial, legal obligations</td>
<td>• Reduced recidivism due to lower parole violations as well as improved service delivery to ex-inmates</td>
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<td></td>
<td>– develop personal release plan</td>
<td>• create interaction between PBPP staff</td>
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<td></td>
<td>• CCC/COR Phase II introduction</td>
<td>• Individual Prescriptive Program Plan Development and Assessment</td>
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<td></td>
<td>– discussing inmates needs and expectations for the in-residency phase of program</td>
<td>• addressing individual needs of residents</td>
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<td>• creating time frames for goal completion</td>
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<tr>
<td>Specfic Training for Certain Inmate Populations</td>
<td>Phase I: 1 ½ hours for sex offender and 1 hour for long term inmates. total = 2 ½ hours, 5% of time in Phase I.</td>
<td>The COR curriculum does not reflect any time dedicated to these issues in Phase II.</td>
<td>Short-term:</td>
</tr>
<tr>
<td></td>
<td>• Issues of Inmates Incarcerated 8 Years or More</td>
<td></td>
<td>• Improved awareness of unique needs and challenges</td>
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<tr>
<td></td>
<td>• Sex Offender Refresher</td>
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<td>Long-term:</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Reduced recidivism</td>
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</table>
COMMUNITY ORIENTATION REINTEGRATION PROGRAM – LOGIC MODEL

The Phase I format consists of 5 ½ hour days starting at 8 a.m. and ending at 3:30 p.m., with two hours for lunch between 11 a.m. and 1 p.m. The logic model assumes that Phase II follows the same time format. However, estimates of time allotted to specific subject areas in Phase II may vary by facility, as well as by the individual inmate’s needs, education level, and motivation level. The duration of Phase II may also vary from four to six weeks. The following section expands upon the information presented in Figure I. The text follows the Logic Model, where each area is broken into four sections.

Employability

Needs

Employment-related issues are a major focus of the COR curriculum. The entire first week of Phase I is almost exclusively devoted to the Employment Preparation Module, which focuses on the development of skills and resources necessary to prepare for and conduct a job search, as well as how to maintain employment, once secured. The specific needs the employability component is intended to address are: job searching, job placement, and job retention.

Employability in Phase I

Over the course of several sessions, inmates in Phase I learn some of the necessary steps in searching for a job such as preparing standard job applications, and practice interviews. Skills and subjects addressed in these sessions include:

- How to identify skills and appropriate careers and job opportunities that match those skills;
- How to prepare a career portfolio;
- How to identify individual career goals;
- How to develop a job search schedule;
- How to apply for employment and complete standard job applications;
- How to develop a resume and draft a cover letter;
- How to conduct oneself in an interview;
- How to discuss and explain one’s prison record to potential employers; and
- How to cope with rejection.

The final two sessions in the employability segment of Phase I address job retention. The first session, entitled How to Lose a Job, addresses why people are fired and describes eight ways to lose a job. The second session, entitled How to Keep a Job, focuses on attributes such as dependability, appearance, attitude, responsibility, positive work habits, and problem solving.

Employability in Phase II

Phase II of the Employment Preparation Module focuses on providing practical opportunities to use the skills addressed in the Phase I employability sessions. Soon-to-be-

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4 We expect that our analysis of focus groups with COR Phase II instructors, which were conducted in June 2002, will enable us to more accurately describe and assess the time allotted to various subject areas in Phase II.
released inmates dedicate two hours to a Skills Assessment in preparation for their job search. They dedicate two hours to Interview Skills Exercises to prepare for actual interviews, and they spend time searching for a job during the Vocational Evaluation component, where they are taught how to use want ads, temporary agencies, and community employers. The inmates also take part in a Life Skills program during which they develop and practice conversational skills and appropriate workplace behaviors. The ultimate goal is for each inmate to have secured employment in a field or occupation appropriately matched to his or her skills.

**Expected Outcomes**

The short-term expected outcomes of the Phase I and Phase II employability components are increased job placement of prisoners and increased job retention. The long-term expected outcomes are reduced recidivism due to stable employment and enhanced financial security.

**Family and Parenting Skills**

**Needs**

Many inmates are released from prison without adequate parenting skills or the skills necessary to maintain healthy, supportive family relationships. The COR curriculum includes several sessions intended to address these skill development/enhancing needs.

**Family and Parenting – Phase I**

The second week of Phase I includes two sessions dedicated to reunification and communication with family, and includes parenting skills. Inmates spend two hours in a Parenting Issues session, during which they learn about such things as reconnecting with their children, and inmate and child expectations. During a second session, entitled Reuniting with Family, inmates learn about reuniting with family members after their release. They discuss issues such as the importance of communication, anxiety about reunification, managing expectations (of both inmates and family members), and the importance of flexibility.

**Family and Parenting – Phase II**

For inmates with children, Phase II participants attend group and individual counseling sessions to review the parenting skills covered in Phase I. Inmates review the Principles of Smart Parenting. Facility visits by children and home visits by inmates may occur to provide an opportunity to practice positive parenting skills.

The family and parenting skills section of Phase II is designed to help facilitate the gradual reentry back into the family. With staff assistance, each inmate identifies their significant positive and negative relationships. Inmates then develop an action plan on nurturing supportive relationships and redirecting negative or inappropriate relationships. Skills developed during Phase I are reviewed and applied to specific relationships, and visitations are allowed to encourage the practical application of these skills.
**Expected Outcomes**

The short-term expected outcomes of family and parenting components include improving parenting skills as well as skills necessary to have positive family relationships. The long-term expected outcomes are family stability and support for ex-inmates.

**Financial Management and Planning**

**Needs**

Many released inmates lack the financial management and planning skills necessary to meet their personal and family financial obligations and needs. The COR curriculum contains a session in Phase I and a session in Phase II dedicated to refreshing these important skills for soon-to-be-released inmates.

**Financial Management – Phase I**

Phase I dedicates two hours to a session entitled Money Management. Inmates learn how to create a budget and the benefits of following one. They also learn about credit cards, checking accounts, the importance of savings, and meeting one’s financial obligations.

**Financial Management – Phase II**

The Phase II financial management and planning component applies the skills that were refreshed in Phase I to the specific circumstances of each inmate. Each inmate prepares a detailed budget which identifies anticipated income from employment, and identifies their financial obligations, including obligations to creditors and family. Each inmate prepares a plan for managing their financial situation and securing financial independence.

**Expected Outcomes**

The short-term expected outcomes of financial management components are to improve released inmates’ financial skills. The long-term expected outcomes are to improve financial stability, to save money, to become financially secure and independent, and to reduce the need to resort to illegal sources of income.

**Substance Abuse Education**

**Needs**

Many inmates enter prison with substance abuse problems, and often they are released without the adequate skills or resources to resist the temptations of substance abuse on the outside. The COR curriculum includes several sessions intended to address alcohol and other drug (AOD) use and its impact on reintegration. It should be emphasized that the AOD sessions of COR are designed as education rather than treatment classes and, as with most of the other COR components, the sessions are designed as a refresher to treatment and other AOD information that COR participants are presumed to have received during their incarceration.

**Substance Abuse Education – Phase I**

Phase I contains two sessions intended to address substance abuse. The first is an Alcohol and Other Drugs Refresher session...
during which inmates receive basic educational information on alcohol and drug abuse, a primer on how to use support groups, and a general discussion of relapse prevention. During the second session, inmates with histories of substance abuse create their own relapse prevention plans.

Substance Abuse Education – Phase II

Phase II again applies the skills and techniques from Phase I to each inmate’s life circumstances as they relate to substance abuse. Inmates begin with a series of individual and group counseling sessions. During these sessions, substance abuse issues covered in Phase I and any AOD programs the inmate participated in during incarceration are reviewed, and each inmate’s home and community circumstances are evaluated with a focus on potential relapse. During Phase II, inmates are provided with opportunities - both in the facility and in their community - to attend AA and/or NA meetings.

Expected Outcomes

The short-term expected outcomes of the Phase I and Phase II components intended to address substance abuse issues include inmates securing knowledge of the negative effects of the use of alcohol and other drugs on themselves and those around them. The long-term expected outcomes include reduced substance abuse, reduced family or interpersonal conflicts due to substance abuse, and reduced recidivism.

Cognitive and Behavioral Skills

Needs

In addition to lacking certain skills to sustain a productive, crime-free life, such as those necessary to secure and maintain employment and develop healthy family relationships, many inmates have additional cognitive and behavioral needs that present challenges to integrating back into their families and communities. To address these needs, COR includes several sessions that address areas such as anger management, decision making, and other life skills development topics. The curriculum also contains general information about spirituality and victim empathy and how these attributes may assist ex-prisoners in their reintegration.

Cognitive & Behavioral Skills – Phase I

Three sessions within Phase I of the COR curriculum are dedicated to cognitive and behavioral skills development. Inmates spend two hours in a session on Anger Management, during which they develop an understanding of where anger comes from, learn coping strategies for how to deal with anger, and participate in exercises to practice those strategies. The Phase I curriculum includes an educational session on Character Development, during which inmates review the Seven Habits of Highly Effective People and discuss character development, applying the habits to specific situations they may face once released from prison. The third session is on Decision Making. Inmates review decision-making models and then participate in exercises where they practice implementing different decision making
techniques based on situations they are likely to confront once released.

In Phase I, inmates dedicate approximately one hour to discussing “Victim Empathy” and developing an understanding of what their victims would like for them to know as they leave prison. They also spend one hour discussing Spirituality and how it may serve as a support mechanism and facilitate a smoother reintegration into their families and communities.

**Cognitive & Behavioral Skills – Phase II**

Phase II of the COR curriculum contains a life skills module that addresses skills necessary to maintain healthy relationships with peers, family, and others in the community. The session provides an opportunity for inmates to practice positive conversational tools, as well as to understand the effects of tone and body language on personal interactions. A social competency session that addresses assertiveness, handling criticism, and giving orders versus making requests is also included. This session also reviews the Anger Management materials from Phase I.

**Expected Outcomes**

The short-term expected outcome of the Phase I and Phase II components intended to address cognitive and behavioral needs is improved interpersonal skills. The long-term expected outcome is to improve the ability of ex-prisoners to integrate into their communities, thus reducing recidivism.

**Community Resource Identification and Community Integration**

**Needs**

Upon release, ex-prisoners often feel disconnected from the community to which they return. This feeling of alienation is in part fueled by the fact that many ex-prisoners are often released to communities where they are unaware of the resources available to them and how to access those resources. The COR curriculum contains several refresher sessions intended to provide information on the importance of citizenship, community participation and community service, as well as information on how to identify and access community resources and services.

**Community Resources & Integration – Phase I**

Week two of Phase I begins with a two-hour Citizenship Refresher session. During this session, inmates are encouraged to take personal responsibility for their actions in the community and to view themselves and become active participants in their community – including involvement in community service projects.

**Community Resources and Integration – Phase II**

Phase II of the COR curriculum contains one session that addresses community resources. Each inmate develops a list of specific resources within the community during the Resource Development session. The list contains community resources that may provide support to either the inmate or his or her family during the reintegration process.
Community reintegration is addressed through two sessions. The first is a mentoring program intended to match each inmate with a pro-social role model from the community to which they will return. The inmates themselves, along with COR staff, are responsible for identifying potential mentors in their community through community organizations, churches, and other organizations. Upon identifying a match, initial meetings occur and a schedule is established for future contact between the inmate and the mentor. The second session that addresses community reintegration is the assignment to and completion of a community service project. Inmates allocate a minimum of eight hours a week on their specific community service project.

Expected Outcomes

The short-term expected outcomes of components intended to address community involvement and resource identification are: increased knowledge and use of community services and resources; and improved connection to the community through service and mentoring. The long-term expected outcomes include fostering a sense of responsibility for citizenship and community within ex-prisoners, along with reduced recidivism.

Pre-Parole and CCC Orientation

Needs

Part of establishing a uniform prison-to-community transition program in the State of Pennsylvania involves ensuring that newly released inmates that are under parole supervision are informed of parole policies, rules, and conditions, as well as the community services and resources available to them, and how to access those services.

Pre-Parole & CCC Orientation – Phase I

Near the conclusion of Phase I, inmates meet with representatives of the Pennsylvania Board of Probation and Parole (PBPP) and receive a brief overview of the process and requirements of parole supervision. Inmates also receive an overview of Phase II of the COR curriculum.

Pre-Parole & CCC Orientation – Phase II

During Phase II, inmates receive a detailed explanation of the parole process, rules and regulations, and the financial and legal obligations of inmates upon release from prison. Individual parole plans are developed for each inmate. Inmates are given the opportunity to interact with PBPP staff, begin to develop a relationship with parole agents, and ask questions about their specific parole plan.

During Phase II of the program, each inmate, with the assistance of COR staff, develops a Prescriptive Program Plan. Specific needs in the areas of employment, housing, medical care, finances, family support, and other areas are identified. Goals are set and time frames for completion of goals are established. During this process, the portfolio developed during Phase I is reviewed, as are all other assessments that were conducted to ensure each inmate’s re-entry plan is complete and on track. Inmates take their Prescriptive Program Plans with them upon release.
**Expected Outcomes**

The short-term expected outcome of the components intended to establish a uniform prison-to-community transition is to make ex-prisoners better aware of the parole regulations and conditions. The long-term expected outcomes are fewer parole violations, improved service delivery to ex-prisoners, and, ultimately, reduced recidivism.

**Specific Training for Certain Inmate Populations**

**Needs**

Many inmates have unique needs specific to the challenges they face in rehabilitation and reintegration after release from prison. The COR curriculum contains modules intended to address two unique circumstances: those of sex offenders and long-term inmates.

**Special Population Programming – Phase I**

Phase I of the COR curriculum contains a session specifically intended to address the unique needs of inmates who have been incarcerated for more than eight years, during which inmates learn about and discuss issues specific to reintegration after being away from the community for extended periods or time. Changes on the “outside,” anxieties, and expectations are addressed. There is also a Sex Offender Refresher session, during which individual inmates’ relapse prevention plans that were developed in prior programs are reviewed.

**Special Population Programming – Phase II**

The COR curriculum does not reflect any time dedicated to these issues in Phase II.

**Expected Outcomes**

The short-term expected outcome of the Phase I special population programming is to provide successful individualized service delivery to ex-prisoners. The long-term expected goals include positive family and community reintegration and reduced recidivism.
ANALYSIS OF COR CURRICULUM CONTENT AND THE RESEARCH LITERATURE

The final section of this report aims to identify areas of the COR curriculum that are consistent with promising practices documented in the literature, as well as to identify areas that may be enhanced or added to better address soon-to-be-released inmates’ needs. This section recaps the previously presented elements of successful programs and compares them to COR.

Comparing COR to Components of Successful Reentry Programming

As a first step in assessing COR, it is useful to revisit the eight components of successful reentry programming outlined by Gaes et al. (1999), as detailed in section II of this report. Table 1 lists the eight elements and provides information on whether Phase I and Phase II of COR are linked to each one.

1. & 2. Criminogenic Needs and Multimodal Programs. The COR program thoroughly matches the criminogenic characteristics of its clients and addresses all manner of deficits, from substance abuse history to attitudes and cognitive skills. The DOC Planning, Research, Statistics, and Grants Division is currently piloting a series of questionnaires to measure criminogenic characteristics of the population of soon-to-be released inmates. These questionnaires may enable the DOC to more accurately assess the needs of inmates entering COR and to adapt the curriculum accordingly.

3. Responsivity. With regard to the delivery of the COR curriculum, while the COR documentation indicates an appreciation for adult learning styles, Phase I does not attempt to match teaching methods with individuals’ learning styles, nor does it address issues of literacy, learning disabilities, or English as a Second Language. This “one size fits all” delivery of the Phase I curriculum may limit the extent to which the information is effectively communicated to participants.

4. Risk-Differentiation. The information contained in Phase I of COR is not personalized to match individual risk levels. Phase I does contain a session specifically intended to address the unique needs of inmates who have been incarcerated for more than eight years. It also contains a Sex Offender Refresher session. Adapting treatment to the specific risk level of each individual is a stated goal of Phase II of COR, which aims to tailor information and referrals to services to clients based on individual needs. The process evaluation will assess the extent to which individualized treatment is occurring in Phase II.

5. & 6 Skills Oriented and Continuity of Care. Both phases of COR do a thorough job of teaching skills intended to help inmates resist criminal behavior after their release. These cognitive and behavioral skills are sprinkled throughout the Phase I and Phase II curricula. In addition, Phase II of COR, by definition, promotes a continuity-of-care from prison to the community. It is unclear, however, whether that continuity-of-care extends beyond the first 30-45 days in COR Phase II.

7. Dosage. Gaes et al. (1999) also recommend that substance abuse treatment be comprehensive and of sufficient dura-
tion. While drug treatment is not a stated goal of COR, the curriculum does include alcohol and other drug education as a refresher. It is difficult to examine whether this component of COR is effective. It might be more appropriate to assess the extent to which pre-COR substance abuse treatment is of sufficient breadth and duration to be effective. Phase II, with its focus on community referrals, should addressing securing and maintaining long-term treatment.

8. **Researcher Involvement.** Finally, involvement of researchers in reentry program design has been associated with successful reentry programming. Unfortunately, DOC researchers had a marginal role in the development of COR and were brought into the process after the initial conceptualization of COR. Nonetheless, DOC researchers are now actively involved, both through administration of The Urban Institute process evaluation as well as through their own research efforts, such as the use of criminal attitudes surveys. These activities hold promise for significant involvement by researchers in future refinements and enhancements to COR.
Table 1. Comparison of Effective Program Elements and COR

<table>
<thead>
<tr>
<th>Elements of Effective Programs</th>
<th>COR Phase I</th>
<th>COR Phase II</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Intervention efforts linked to criminogenic characteristics</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2. All criminogenic deficits treated</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Treatment providers should match client learning styles</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Highest level of treatment intensity used for highest risk clients</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Program teaches clients skills that help them understand and resist antisocial behavior</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Continuity of treatment care from prison to community</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Drug interventions are comprehensive and of sufficient duration</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>8. Researchers are involved in program design</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Specific Components of COR

In addition to the components addressed above, the logic model enables us to identify the following areas that are either absent from the COR curriculum or that would benefit from expansion.

Employability

The employability modules within the COR curriculum are very thorough. Fifty percent of Phase I and 60 percent in Phase II are dedicated to this issue. As a reintegration program, COR does not provide individuals with skills training to perform specific jobs, but rather focuses on the process of finding a job and ways to maintain employment. The literature suggests that individuals who are employed after release are less likely to recidivate. Therefore, employability programs are an appropriate and critical component to include as part of a pre-release program. However, it is questionable whether half of the Phase I program should be spent on this one area. If COR is truly designed as a “refresher,” then employment readiness might be more appropriate as a stand-alone, pre-COR program, enabling instructors to dedicate more time in the COR Phase I curriculum to the gaps identified below.

Housing

Obtaining safe and affordable housing is an important part of reintegration preparation, as released prisoners face challenges of providing references, paying security deposits, and avoiding anti-social and criminogenic environments. Some housing issues are identified in the PPP assessment at the beginning of the COR program, but there is no indication of further discussion of these topics. Housing-related issues for soon-to-be-released prisoners do not appear in the written materials for the Phase I or Phase II curricula. The COR curriculum may benefit from addressing housing issues of soon-to-be-released prisoners.

Housing-related issues directly applicable to released prisoners include:

- Understanding the legal requirements of disclosing felony convictions to potential landlords;
- Understanding the legal restrictions for convicted felons as they relate to public housing;
- Developing strategies to address the lack of recent references from previous landlords;
- Developing strategies for saving for a security deposit and/or rent;
- Avoiding housing in criminogenic environments (i.e., near drug users and drug markets); and
- Preparing for the challenges of returning home to live with family.

General Education

The COR program appears to assume that all released inmates will want immediately to seek employment. No part of the COR curriculum directly addresses obtaining or continuing education after release. Many prisoners participate in general education programs such as English as a Second Language (ESL), GED, vocational training,
or college-level classes while incarcerated, and it is likely that some would like to continue (or start) this education track after release. Given that the literature suggests educational programs can reduce recidivism, some attention in the COR curriculum should cover educational programs. In Phase I, this topic area should raise awareness about the value of furthering one's education. In Phase II, this area should link prisoners in CCCs with local educational programs. Possible topics to include are:

- The value of a GED and how to enroll in a GED program in the community;
- The value of vocational training and how to enroll in a vocational program in the community; and
- The value of ESL and how to enroll in an ESL program in the community; and
- Legal restrictions on and sources of financial aid.

**Physical Health**

Prisoners have access to health care in prison, but many do not after release. The prison population has high rates of HIV/AIDS, tuberculosis, diabetes, hypertension, asthma, heart disease, mental illness, and other serious health problems. COR does not cover accessing health care and treatment after release. A health education component covering issues relevant to this population should be added to Phase I. This component should include areas such as:

- How to determine eligibility and enroll in government health programs such as Medicaid, Medicare, or other health programs; and
- Basic wellness, such as nutrition and risk factors for disease (e.g., practicing safe sex).

Linking soon-to-be-released inmates with health care services in the community, especially for those with pre-existing conditions and diagnosed diseases, should be a part of Phase II. This component could include identifying health care clinics, obtaining primary care physicians, and filling prescriptions.

**Government Services**

The COR curriculum does not appear to specifically address issues associated with obtaining government assistance. The life-skills component of the COR program might be enhanced by including information on how to apply for both federal and state government assistance for health, housing, disability, and education needs.

**Special Populations**

As drafted, the COR curriculum is targeted toward English-speaking inmates who are able to read through materials and conduct exercises. Research has documented that there are numerous challenges that prison populations experience at a disproportionate rates that may make completing the COR curriculum difficult, if not impossible. These special populations include inmates who have literacy problems, inmates for whom English is not their primary language, as well as those who suffer from mental illness.

A disproportionate share of prisoners have literacy problems. While statistics on literacy levels of inmate populations are scarce, 10 percent of state inmates in 1997
reported having a learning disability such as dyslexia or attention deficit disorder, suggesting the illiteracy levels could be even higher (Maruschak and Beck, 2001). Furthermore, many non-English speaking individuals pass through the Pennsylvania prison system.

In addition to learning and literacy problems, between 10 and 16 percent of state inmates report a mental health condition or had experienced an overnight stay in a psychiatric hospital (Ditton, 1999; Maruschak and Beck, 2001).

The COR materials reviewed did not include instruction about administering the COR program to those who have a limited ability to speak, understand, read, and/or write English. Nor did it contain contingency plans relating to administering COR to inmates with mental illnesses. These special populations may include some of the most at-risk prisoners and therefore should not be excluded from reentry programming efforts. If all Pennsylvania prisoners will eventually be required to complete COR, then accommodations need to be made for those with mental illness, those with literacy issues, as well as non-English speakers.

As drafted, the COR curriculum does not distinguish between men and women. Women may face a somewhat different set of challenges returning to their families and communities from men. For example, such issues as accessing daycare services, coping with single parenthood, or other issues that predominantly affect female inmates could be included.
SUMMARY

The goal of this report is to document what is known about reentry and related criminal justice programming efforts that have been linked to successful outcomes. In addition, we have outlined the logic model underlying the COR program and have identified some areas of the curriculum that might be added or enhanced. As mentioned earlier, this first report is based on the documentation of COR, rather than on how COR is actually being delivered in state correctional institutions and community corrections centers. In the coming months we will be analyzing the results of interviews with DOC officials involved in developing the COR program, focus groups conducted with COR managers, instructors, and participants, and surveys administered to both Phase I and Phase II COR participants. We expect that these data sources will shed more light on the needs of returning inmates, how the curriculum is being delivered in the various institutions across the state, the implementation challenges faced by SCIs and CCCs, and any additional areas of enhancement or improvement to the program. Specific questions that will be addressed in the final evaluation include the following:

- Is COR adequately addressing the needs of returning inmates?
- Is COR being delivered uniformly as documented across institutions and community corrections centers (and should it be)?
- Is COR Phase I truly a refresher course or does it include materials that inmates are exposed to for the first time?
- Is the content of COR Phase II different from pre-COR programming in some (or all) community correction centers?
- Does COR Phase II provide for an adequate transition from a secure (lock-down) institution to the community?
- Does COR Phase II link participants with community services?
- How is Phase II taking into account the needs of each individual?
- What is the nature of communication related to COR between DOC central office and the field, and how might it be improved?
- What is the nature of communication related to COR between SCIs and CCCs, and how might it be improved?
- What is the nature of communication between the DOC staff and the COR participants regarding the two phases and how might it be improved?

The answers to these and other questions, and additional feedback from staff and participants, will follow in the final report.
REFERENCES


Part II:
In Their Own Words:
Staff and Inmate Experiences with Pennsylvania’s Community Orientation and Reintegration Program
In Their Own Words: 
Staff and Inmate Experiences with Pennsylvania’s Community Orientation and Reintegration (COR) Program

Sarah Lawrence
Nancy G. La Vigne, Ph.D.
Megan Schaffer

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Appendix B: Questions Posed to Focus Group Participants ................................. 23
In March 2002, the Pennsylvania Department of Corrections (DOC) contracted with the Urban Institute (UI) to conduct a process evaluation of its comprehensive reentry initiative entitled Community Orientation and Reintegration (COR). The purpose of the process evaluation is three-fold: (1) to research “best practices” on reentry programming across the country; (2) to assess the needs of soon-to-be released Pennsylvania inmates and determine whether the COR curriculum matches those needs; and (3) to evaluate the extent to which the COR program is consistent with its original goals and objectives.

This report represents the second of three written products from the COR process evaluation. It describes and interprets a series of 13 focus groups on COR that UI conducted at DOC State Correctional Institutions (SCIs) and Community Corrections Centers (CCCs) during the summer of 2002. Focus group participants consisted of instructors from Phases I and II, managers from both phases, and COR participants from Phase II. The focus groups were conducted to elicit first-hand impressions of the COR program and the way it has been implemented, as well suggestions on improvement of the COR program. The key topics that were discussed during the focus groups are outlined below.

- **What is COR?** Phase I and Phase II staff accurately described COR as a program to help inmates reintegrate into the community by reviewing information covered in previous in-prison programs, and by linking inmates to resources in the community. COR participants were less likely to describe accurately COR and its purposes, and many expressed anger and frustration at what they viewed as simply another “hoop to jump through” prior to release.

- **Curriculum.** For the most part, staff viewed the COR curriculum favorably, noting that any program that helps prepare inmates for reentry is probably worthwhile. COR participants were less enamored with the COR curriculum, often complaining that Phase II was simply a repeat of Phase I. COR staff acknowledged some repetition, but did not think that was necessarily bad.

- **Program Delivery.** COR staff generally followed the COR materials and guidelines provided to them by DOC administrators, making relatively small changes to the curriculum. Phase II instructors were more likely than Phase I instructors to alter and enhance the curriculum, citing lack of detail in the lesson plans they were provided. Many pointed to direction received from the DOC administration as the primary reason that few changes were made to the curriculum.

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1 See the “Methods and Process” section of this report for more details on the selection and recruitment of focus group participants, and the timing and implementation of the groups.
• **Training and Staffing.** When asked about what training they received for teaching COR, almost all instructors indicated that they had not been given any training. However, staff emphasized that they did not want or need extensive training, stating that an overview of the COR program and minimal training on certain program components would suffice. In terms of staffing, in almost all facilities, COR is taught by existing facility staff and the instruction is handled by more than one individual. Many staff noted the logistical challenges of staffing COR with existing resources and expressed concerns about how those challenges will increase when COR goes to full implementation. Overall, however, both staff and COR participants were satisfied with the quality of the instructors.

• **Communication and Coordination.**
  Coordination both within the program and with external agencies appears to be one of the weaker aspects of COR. The overwhelming consensus among focus group participants was that there is virtually no communication nor coordination between Phase I and Phase II, much less between both phases of COR and Parole. These communication problems create tension among the inmates, whose expectations about Phase II are often very different from what they experience once they arrive at the CCC. In addition, staff expressed frustration at the lack of communication from DOC administration about COR and expressed skepticism about the longevity of COR given the low level of resources DOC had dedicated to the program.

• **Establishing Links to the Community.**
  Overall, most COR participants and staff felt that COR was not effectively establishing community linkages. This is explained in large part by the fact that most Phase II COR participants were severely restricted in their ability to leave a CCC to seek employment and housing and to reconnect with family members. It also appears that the mentoring component of COR is not included in most Phase II programs. However, some Phase II instructors believed that COR was useful in helping inmates obtain photo identification, get set up with health services, and identify housing prospects.

• **Meeting Inmates’ Needs.**
  The major inmate needs identified through the focus groups were employment readiness, family reunification, and financial skills and assistance. Of those, the employment and money management components of Phase I were viewed favorably, but COR participants felt that the restricted family contact in Phase II of COR was not conducive to family reunification. Other inmates’ needs that focus group participants listed as important but not adequately addressed by COR include health education, tailored curricula for long-termers, women and drug dealers, and linking inmates with mentors in the community. In addition, both staff and COR participants recommended conducting a thorough needs assessment of inmates to determine who would most benefit from COR rather than requiring everyone to participate in the program.

• **Will COR Improve Reintegration?**
  When asked if, all things considered, they thought COR would improve the reintegration of inmates into the community, focus group participants had mixed views. Inmates were lukewarm to negative about the program, while instructors were more positive. Most staff in general felt that, at a minimum, it was better than nothing and that with some revisions it could be quite effective.
Introduction

In December 2001, the Pennsylvania Department of Correction (DOC) piloted a comprehensive reentry program called Community Orientation and Reintegration (COR), randomly assigning approximately half of soon-to-be-released inmates to the program. The DOC envisioned the program to provide inmates with the skills, information and resources needed to make a successful return to Pennsylvania’s communities, and designed the curriculum to be delivered in two phases. Phase I, which is delivered in the state correctional institutions (SCIs), was designed as a refresher course to reinforce the lessons learned from prior prison programming, such as substance abuse education, citizenship, and parenting skills. Phase II, which is delivered in community corrections centers (CCCs), was designed to help link returning inmates with services and jobs in the community, as well as to facilitate family reunification.

In March 2002, the DOC contracted with the Urban Institute (UI) to conduct a process evaluation of COR. The purpose of the process evaluation is three-fold: (1) to research “best practices” on reentry programming across the country; (2) to assess the needs of soon-to-be released Pennsylvania inmates and determine whether the COR curriculum matches those needs; and (3) to evaluate the extent to which the COR program is consistent with its original goals and objectives.

This report represents the second of three written products of the COR process evaluation. It describes and interprets a series of focus groups on COR that UI conducted at SCIs and CCCs. These focus groups were conducted to elicit first-hand impressions of the COR program and the way it has been implemented, as well as suggestions on improvement of the COR program.

This report begins with a description of the focus group methods and process, including descriptions of the type of focus groups that were conducted and demographic information on those who participated in them. The body of the report synthesizes the comments made by COR managers, instructors, and COR participants during the focus groups. These comments are presented under the following themes:

- What is COR?
- Assessment of Curriculum
- Consistency of Program Delivery
- Training and Staffing
- Communication and Coordination
- Establishing Links to the Community
- Meeting Inmates’ Needs
- Overall Opinion of Program

Throughout the report, specific emphasis is made to synthesize and present comments that may provide guidance to DOC administrators on making refinements to the COR curriculum as well as to the way the program is delivered and coordinated.

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2 Note that some of the facilities included in this analysis are actually Community Contract Facilities – Community Parole Centers (CCF-CPC). For this report CCC will refer to all of the community-based facilities that participated.
Methods and Process

UI conducted thirteen focus groups with a total of 92 individuals to discuss COR and its implementation to date. Focus group participants consisted of instructors from both phases, managers from both phases, and COR participants from Phase II.

Sampling and Recruitment of Participants

UI staff identified four different types of people to convene as focus group participants: Phase I managers, Phase I instructors, Phase II instructors, and Phase II COR participants. Managers and instructors were convened in separate groups to ensure that instructors would feel comfortable speaking candidly about any potential management problems associated with delivering the COR curriculum. In addition, in light of the fact that Phase II COR participants could speak to both the Phase I and Phase II curriculum, focus groups with COR participants were limited to those in Phase II of the COR program.

The focus groups were held at three SCIs (Somerset, Mahanoy, and Muncy) and three CCCs (Conewago/Wernersville, Coleman Center, and Renewal, Inc.). To increase the representation of Pennsylvania correctional facilities, UI also invited COR staff from locations in close proximity to these host facilities. In total, 92 people, representing 20 different SCIs and six CCCs, participated in the 13 focus groups. (For a full list of facilities represented in the focus groups see Appendix A.) Of the 13 groups, three were held with Phase I instructors, three with Phase I managers, and four were held with Phase II COR participants (See Table 1 for summary of the kinds of groups were held at each facility).

Instructors and managers were recruited through the assistance of the staff of the DOC’s Planning, Research, Statistics, and Grants (PRSG) Division. With regard to Phase I staff, PRSG staff identified three SCIs, Muncy, Somerset, and Mahanoy, in which to conduct the focus groups. These three institutions were selected based on several factors, including: geographic location (facilitating the most participation by other SCIs in the vicinity); type of institution (two are male, one is female), and physical plant (Muncy is an old, college-type campus, whereas Somerset and Mahanoy are newer, prototypical facilities). Six other institutions were invited to join focus groups at these three sites, so that more than 70 percent of the Phase I institutions were represented at the Phase I focus groups. Staff focus group participants – both Corrections Classification Program Managers (CCPMs) and instructors – were recruited through the superintendents at each facility, who helped generate lists of staff members to invite.

DOC staff selected CCCs based on concentrations of Phase II COR participants. Wernersville was selected because it is a contracted facility that averages ten COR participants in any given week, ensuring that there would be an adequate number of inmates for a focus group. Coleman Center (a male facility) and Hannah House (a female facility), which are both located

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3 Throughout this report, “focus group participants” refers to any of the four types of participants and “COR participants” refers to inmates.

4 In one Phase II focus group, a few Phase II managers joined instructors for the discussion.

5 Feedback from Phase I COR participants will be obtained in a separate data collection effort of this process evaluation, the self-administered surveys.
in the Philadelphia area, were selected to get the perspective of prisoners who would be returning to an urban area. Renewal, Inc. in Pittsburgh was included based on the fact that it is the largest contracted facility in western Pennsylvania with sufficient numbers of COR participants. The Renewal focus groups included other CCCs’ instructors from Gateway Rehabilitation Center and Penn Pavilion. As with the focus groups in SCIs, staff members were recruited by program staff through the superintendent of the CCC. With regard to recruitment of Phase II COR participants, in some cases UI was provided a list of inmates and then faxed them invitational flyers prior to the focus group. In other cases, inmates were invited by COR staff the day before or the day of the focus group. For example, at one facility the instructor informed his class that the COR afternoon session was canceled so that COR participants could attend the focus group without missing class.6

The size of the focus groups ranged from three to 13 attendees, with an average of seven participants per group. The Phase I manager groups included a total of 20 managers, most of whom were Corrections Classification Program Mangers (CCPMs) along with a small number of Unit Managers. The Phase I managers were predominately older, white males with postgraduate educations. Their ages ranged from 38 to 57, with an average age of 49. All managers were white, and only three of the 20 were women. The Phase I instructor groups included 16 instructors and were comprised primarily of DOC employees who specialized in vocational counseling. Other DOC employees in attendance were Unit Managers, Drug and Alcohol Treatment Specialists, and Corrections Counselors. A few non-DOC contract employees also attended. The Phase I instructor focus groups ever, because of the limited number of COR participants at the CCCs, as well as scheduling conflicts with participants who held jobs or were engaged in other activities, the primary criteria for being invited to a focus group (aside from being a COR participant) was simply availability and willingness to participate.

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6 It would have been preferable to randomly select focus group participants and to give preference to individuals who had completed at least two weeks of Phase II. How-
were more diverse than the manager groups, comprised of 69 percent men and 31 percent women. Nineteen percent were African-American, and their ages ranged from 28 to 60.

The Phase II instructor groups, which also included a few managers as mentioned previously, was comprised of 20 instructors, representing a wide variety of specialties. Most worked at CCCs in counseling or upper-level administrative positions – as departmental directors, coordinators, and facilitators. A few Unit Managers also partook in the Phase II instructor focus groups. Regardless of specialty, most Phase II instructors in attendance were contract employees,\(^7\) compared to just five percent of the Phase I staff members. Demographically, Phase II instructors were the most diverse of the three COR staff groups involved in focus group discussions. Fifty percent of the Phase II instructors were women, and forty-five percent were African-American. Phase II instructors ranged in age from 24 to 60.

A total of 36 COR participants took part in the focus groups, eighty-nine percent of whom were male. In terms of racial distribution, 67 percent were African American, 22 percent were White, and 11 percent were Hispanic. The educational levels ranged from a 7–9\(^{th}\) grade education to a college degree, with seventy-eight percent having completed high school. The most common offense among COR participants was assault, followed by robbery and drug-related convictions. The COR participants reported finishing prison terms that ranged in length from less than one year up to 29 years, with the majority serving six years or less. For most COR participants, this prison term was at least their second, the average number of prior prison terms was 1.6, with a high of seven prior terms.

### Focus Group Process

Focus groups were scheduled for two hours. This allowed time for the focus group discussion plus 10 to 15 minutes at the beginning of the session for focus group moderators to develop a rapport with focus group participants through casual conversation as participants arrived and got settled. Focus group participants were provided with name tags and asked to identify themselves by their first names only, in order to set an informal tone for the discussions that followed. In most cases the focus groups began with an introduction by a DOC staff person from the Planning, Research, Statistics, and Grants Division. UI staff then introduced themselves, explaining the purpose of the study, describing how the focus group would be con-

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\(^7\) Seventeen of the 20 attendees indicated they were contractors on the brief informational survey UI staff administered prior to the focus group.

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<table>
<thead>
<tr>
<th>Group Type</th>
<th># of Participants</th>
<th>Gender (%)</th>
<th>Race/Ethnicity (%)</th>
<th>Ave. Age (years)</th>
<th>Education (Modal level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I managers</td>
<td>20</td>
<td>85 M</td>
<td>15 F</td>
<td>0 B</td>
<td>100 W</td>
</tr>
<tr>
<td>Phase I instructors</td>
<td>16</td>
<td>69 M</td>
<td>31 F</td>
<td>19 B</td>
<td>81 W</td>
</tr>
<tr>
<td>Phase II instructors</td>
<td>20</td>
<td>50 M</td>
<td>50 F</td>
<td>45 B</td>
<td>55 W</td>
</tr>
<tr>
<td>Phase II participants</td>
<td>36</td>
<td>89 M</td>
<td>11 F</td>
<td>67 B</td>
<td>22 W</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>92</strong></td>
<td><strong>76 M</strong></td>
<td><strong>24 F</strong></td>
<td><strong>39 B</strong></td>
<td><strong>57 W</strong></td>
</tr>
</tbody>
</table>
ducted, and going through informed consent procedures. UI staff assured those present that participation was voluntary, that their comments were confidential and would only be reported in the aggregate, and that their decision to participate would not affect their DOC or Parole status. Focus group participants were provided with consent forms to sign, as well as “background information” forms that were used to provide context to the focus group analyses with regard to the mix of types of individuals in the group and their personal histories and experiences.

Each focus group discussion lasted approximately 90 minutes and was moderated by two Urban Institute staff members. The moderators began the discussion by informing focus group participants that the nature of the meeting was to provide a comfortable forum in which to discuss experiences with COR openly and frankly. UI staff explained that the overall goal of the focus group was to learn about the most pressing and important issues related to COR implementation from the “experts” – those who were intimately involved in the management and delivery of the program, as well as the program participants themselves. With this goal in mind, the moderators asked broad, open-ended questions of the groups and made an effort to let the conversations flow to topics that the focus group participants felt were the most important, while still ensuring that a number of predetermined topics were covered at some point during the discussion. (For the full list of questions, see Appendix B.)

The content of the focus group discussions was captured in two ways: audio-tapes of the sessions and transcripts written by the note taker, one of the two UI staff members at each session. The first step in analyzing the data was to catalog participants’ remarks based on various themes or subject areas. Next, within each area comments were examined by type of respondent (i.e., instructor, manager, or COR participant), with an eye toward similarities and differences of opinion across groups. In addition, each of the 13 session transcripts was reviewed in its entirety, to investigate whether conflicting comments were made by an individual focus group participant. As previously mentioned, focus group participants were asked to complete background information forms to capture demographic and other relevant descriptive information. The results from these forms were used to develop demographic profiles of the four types of focus groups.
What is COR?

Phase I and Phase II staff accurately described COR as a program to help inmates reintegrate into the community by reviewing skills and knowledge gained through previous in-prison programs, and by linking them to resources in the community. COR participants were less likely to describe COR and its purposes accurately, and many participants expressed anger and frustration at what they viewed as simply another “hoop to jump through” prior to release.

As an opening question to all focus group participants, UI staff asked individuals “How would you describe COR to someone who had never heard of it?” The answers among staff, both in Phase I and Phase II, were consistent with COR’s stated goals and objectives. They understood COR to be a refresher of skills and information prisoners had learned while incarcerated, as well as a class that prepares prisoners to find employment following their release and provides links to the community. Phase I staff were more likely to emphasize the employability aspects of COR, while Phase II staff described COR primarily as a means of linking inmates to resources in the community. These distinctions accurately reflect the difference between the two phases of COR. It is noteworthy that while Phase I staff stated that COR is supposed to be a refresher, they also admitted that the employability lessons in COR (which last the entire first week of Phase I) consisted of material that most inmates had not been exposed to before.

An analysis of staff responses to this question revealed some subtle differences between managers’ and instructors’ views of COR. Managers were more likely to describe COR in ways that are most consistent with COR materials: “It is release preparation for inmates who will be going to CCCs.” “It’s a refresher.” “It’s preparing inmates to go back into the community.” Phase I instructors, on the other hand, focused more on the details of the curriculum. “[It is] two weeks of intensive study covering a lot of different subjects that hopefully will keep them out of jail… employability, life skills.” The fact that managers were more likely to describe COR consistently with COR materials suggests that the mission of COR as outlined by their superintendents and other higher level DOC executives has effectively reached management but may not have trickled down to lower-level staff. Overall, however, both Phase I and Phase II staff at all levels seemed to have a strong understanding of COR and its purpose.

Some COR participants also expressed a good understanding of COR. “[It] gives you the tools to help stimulate your thoughts and get your life together – help to find [a] support system.” “COR is to help [inmates] get back into society – introduce them to every area of their life.” Most COR participants, however, could not clearly articulate COR’s purpose, and many expressed anger and frustration about believing they were close to freedom only to be transferred to another locked-down institution. “[COR] sucks. Same as in prison.” “Waste of time.” “[The purpose of COR is] to make you mad. [They] force it on you.” When the moderator probed to determine what they thought the intent of COR was, however, they softened their responses, acknowledging that it could be helpful to some, especially those in need of a job.

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8 It should be noted that several Phase II staff mentioned that many of the COR components were topics or activities that CCCs have been doing for a long time. Some expressed the belief that COR simply formalized and shortened the time frame of activities that CCCs were doing before COR. Based on these focus groups, it is unclear which COR activities were actually new to a CCC versus something that was already being done.

9 While the written documents on COR indicate that there is no “lock down” period for COR participants once they enter the CCC for Phase II of COR, we learned through focus groups that most of the participants were restricted from leaving the Center and having visitation privileges until they completed the first 30 days of Phase II programming.
Assessment of Curriculum

For the most part, both Phase I and Phase II staff viewed the COR curriculum favorably, noting that anything that helps prepare inmates for reentry is worthwhile. COR participants were less enamored with the COR curriculum and often complained that Phase II was simply a repeat of Phase I. COR staff acknowledged some repetition, but did not think that was necessarily a bad thing.

The COR curriculum was looked upon favorably by most staff, who believed that it was the DOC’s responsibility to help prepare inmates for release and that COR was “long overdue and much needed.” “[It’s one of the] best things that has ever occurred program wise.” “[COR] hits the nail on the head for what the inmate needs.” “COR is another tool to give people we’ve hosed a better opportunity to be a success somewhere else – another buffer to letting a guy go from 12 years in prison to [being dropped] off on the street.” Some components of COR were particularly well received by staff, especially the employability section in Phase I and the role-playing activities in Phase II. A few, however, felt that the employability section contained too much material to cover in one week. In addition, some Phase I staff felt that COR was “cramming a lot into two weeks” and that this was overwhelming for COR participants.

Many COR participants were disappointed by a curriculum they thought was too similar across phases. They complained that Phase II was “three weeks of the same stuff [they] learned during Phase I.” COR participants in two CCCs said that they saw “good looking” schedules for Phase II while in prison, but that the classes did not turn out to be that way once they were in a CCC. After spending some time in Phase II, they appeared to recall the Phase I curriculum with nostalgia, saying that, compared to Phase II, Phase I was great.

The word “repetitious” came up time and again from Phase II COR participants who expressed frustration at being taught material in Phase II that bore a striking resemblance to what they learned in Phase I. They felt that their time in Phase II would have been better spent by making linkages in the community, going out and job hunting, and reconnecting with family members. Staff, on the other hand, were less inclined to agree with the sentiment that repetitiveness was a problem. “It’s not about what they want, it’s about what they need. Some need me to keep hammering on them about things that they may be bored with. If it’s something they don’t want to hear, maybe that’s [because it’s] exactly what they should hear about.” Others thought that it was up to the instructors to make it less repetitious. “They say it’s repetitious, but it depends on who is giving it and how it’s being given. Residents always seem to get something from innovative presentations – we have to role-play or make it ‘real’ – and then they respond and like it.”

UI staff asked many of the groups how they would structure the COR program in terms of timing and length, but there was no consensus from focus group participants. Several staff and COR participants suggested extending Phase I, noting that too much material is covered in two weeks. Other staff thought Phase I should be shorter, such as one week or four days per week. Some COR participants thought all of the classroom time should be done in prison. “Should do entire program – one month – up [state], and then go to a halfway house and apply the skills.” The only general consensus among COR participants seemed to be shortening the classroom time in Phase II.

There also was no consensus on the timing of COR. Some wanted the program to be held closer to the release date and others wanted it further in advance. For example, one COR participant thought that the COR program should begin approximately six months before release. “You shouldn’t wait until the last month when you have to make other arrangements.” Another thought that COR should take place two weeks before release.
Consistency of Program Delivery

COR staff generally followed the standard COR curriculum, making relatively small changes. Phase II instructors were more likely than Phase I instructors to alter and enhance the curriculum, citing lack of detail in the lesson plans they were provided. Many pointed to directions received from the DOC administration as to the primary reason that few changes were made to the curriculum.

When asked the extent to which they adhered to the standard COR curriculum, Phase I staff indicated that while they generally followed the curriculum provided to them fairly closely, some small and a few significant changes were made. For example, a facility with few sex offenders dropped that component from the standard curriculum. In addition, a few instructors noted that a lesson on health-related issues had been developed and added to the curriculum, citing the high-risk nature of the correctional population. One manager noted that they had added an HIV awareness lesson at his facility.

Other changes to the Phase I curriculum were related to the level of difficulty of the standard curriculum. One instructor remarked that his institution had translated the standard COR materials from a grade 16 reading-level to a grade 12 reading-level, which was more appropriate in his opinion. “You also have to look at the educational and lesson requirements – some of these folks don’t have the academic skills to complete COR lessons.” A few staff noted that their facilities provide interpreters for non-English speaking COR participants, something that is not addressed anywhere in the COR materials. Several instructors said that the amount of time spent on a lesson or the order in which topics were presented were often modified, without altering the actual content. “On Fridays, I have more than half of the group needing to leave – all of a sudden, everyone is Muslim… I stopped doing the Friday afternoon session and use it for paperwork. I don’t have enough time to do paperwork. I pulled out character development. Also, Covey’s seven habits in an hour is unrealistic.”

Although they still followed the COR curriculum fairly closely, more Phase II instructors indicated that they personalized the COR lesson plans than did Phase I instructors. This is due, in part, to their feeling that the curriculum provided to them lacked sufficient details and guidance on lesson plans. It is also due to the fact that some of the COR components were similar to lessons these instructors had been teaching before COR.

Managers were of mixed views on making changes to the curriculum. One manager said he had encouraged his staff to enhance the curriculum, but could not recall if any significant changes had been made. However, the majority of managers said that they were not promoting the incorporation of staff ideas and changes in the curriculum because they were specifically directed not to deviate from the written curriculum during the pilot phase of the COR program. They have not allowed their staff to cut any part of the curriculum. Several were quick to point out that the lack of changes to the curriculum was not necessarily an endorsement, but rather an effort to follow instructions from DOC administration. “We didn’t [make changes] in the interest of research. The staff may have had some ideas, but we didn’t do it.”

In all three of the Phase I manager focus groups, concern about the lack of program standardization across Phase II facilities was discussed. Phase I managers were not confident that Phase II was being delivered completely and consistently across CCCs and had low expectations of what inmates would gain during Phase II. For example, one manager said that he hoped that, at a bare minimum, every prisoner would leave a CCC with proper identification and a social security card, but he was not sure this would happen.
Training and Staffing

When asked about what training they received for teaching COR, almost all instructors indicated that they had not been given any training. However, staff emphasized that they did not require extensive training, stating that an overview of the COR program and minimal training on certain program components would suffice. In terms of staffing, in almost all facilities, COR is taught by existing facility staff and the instruction is handled by more than one individual. Many staff noted the logistical challenges of staffing COR with existing resources, expressing concerns about how those challenges will increase when COR goes to full implementation. Overall, however, both staff and COR participants were satisfied with the quality of instructors.

When asked about what training and guidance they received in preparation for teaching COR, almost all instructors indicated that they had not been given any training on COR, that they had received little communication about the program from administrators, and that they felt that COR was dumped onto their already heavy workloads. Most said they were simply handed a binder and told when classes would begin. Some managers said that they attended training and went back to their facilities and trained their instructors. Most instructors felt that the COR program was thrown on them. “[There was] no training, we just got a binder.” “… they just said ‘this is what you’ve got to do.’” “Never got any background stuff. Never heard the pros and cons of the program.” “Training? What is training?” There were a few instructors who had attended training, and they seemed more excited by COR and its possibilities. Despite the limited training, staff emphasized that they did not want or need extensive training. An overview of the entire COR program and minimal training on certain program components would suffice.

In terms of staffing, in almost all facilities, COR is taught by existing facility staff rather than new hires. The instruction is handled by more than one individual, and in many cases by several. For Phase I, a typical staffing plan was comprised of a single instructor for the entire first week and multiple instructors for the second week. However, one institution had close to 20 different instructors teaching Phase I, while in a few SCIs one individual was responsible for teaching the entire two weeks of Phase I. Phase II is similar to Phase I in that most CCCs used one instructor for the beginning of Phase II and several instructors for the end. In many facilities, instructors were assigned to sessions in which they had expertise and had previously taught. “We were able to choose topics that we were already familiar with. We got an e-mail that said ‘pick the components based on the titles.’ Those who got back quickly got what they wanted.”

Most staff members regarded COR as an additional burden rather than an enhancement of their daily workload. For reasons ranging from a lack of time to a belief that the COR program would not last, some instructors did not want to teach COR. Managers complained about the logistical challenges of both staffing COR and finding available classroom space, and thought these problems would be exacerbated with full implementation. Many managers expressed concerns about the implications of full implementation on an already strained staff. “You end up stretching our good people. The problem is we are burning out our good people.” The general consensus among Phase II instructors was that limited staffing coupled with a lack of funds hindered CCCs from properly matching staff skills with the COR curriculum.

The COR staffing demands seemed to burden the smaller institutions to a greater extent
than the larger institutions. As one manager put it, “I have no fallback teacher for the employability section. Is this a fair reason to delay release?” Bigger institutions seemed more able to alleviate staffing demands resulting from COR, with more resources and back-up teachers. For example, one manager at a larger SCI had divided staff into teams by interest area so team members could support one another.

Several facilities called upon other human resources to assist in teaching COR. Some managers recruited instructors from facility staff – correctional officers, janitors, and cafeteria staff – as well as from organizations outside of the DOC. For example, bankers and chaplains brought expert advice to money management and spirituality classes. “One guy has worked in human resources, so he brings experience and can add ‘meat to the bones’ of the curriculum outline. In the interview section, we have had them go to the head of food service, who has interviewed in real life, to make it more applicable.” As another way to supplement teaching staff, some facilities used “peer assistants” to instruct other inmates. One manager commented on the success of his “lifer’s orientation,” during which lifers present their perspectives on prison release, which he believed conveyed a sense of opportunity to COR participants.

Because COR was primarily covered by existing staff, UI staff asked: “What, if anything, are you no longer able to do because of COR?” Staff were not willing to admit that they were unable to complete their pre-COR work, but did indicate that they had to play catch up or do “pro-bono” work in order to keep up with their pre-COR responsibilities. “We just have longer days.” Some activities were reported to be scaled back, instead of officially dropped, such as less thorough individual need assessments, cancellation of “pet” programs, and reduction in special needs programming. “Everyone’s had to give up something. If they are involved in the COR program there is other stuff that doesn’t happen. Priorities are always shifting.”

Several groups mentioned that they had heard rumors that part-time, temporary staff were being hired for COR. There was general concern that not enough people would apply and that these hires would not meet an acceptable level of quality, creating discord among current staff. “We are allowed to hire, but so far no one has applied for the job.” “Where are you going to find teachers to work two weeks out of the month?” “We don’t know who’s going to be hired, what kind of experience they will have, and how they will be trained.” Staff believed that the DOC would need to invest in training the new hires to ensure that they were prepared to teach COR.

With regard to staffing from the inmates’ perspective, COR participants generally liked their instructors. Some noted that the most effective teachers were those who had been previously incarcerated and had succeeded after release. “They’re prime examples – Mr. [Smith], Mr. [Jones], Mr. [Thompson]. They were in the same predicament we are in now about 15 years ago. To me, that’s knowledge. [They] lived through it and succeeded. Any time they have something to say they got my ears and attention.” In only one CCC were there serious complaints about the COR instructors.
Communication and Coordination

Coordination appears to be one of the weaker aspects of COR, with overwhelming consensus among focus group participants that there is virtually no communication or coordination between Phase I and Phase II, much less between both phases of COR and Parole. These communication problems create tension among the inmates, whose expectations about Phase II are often very different from what they experience once they arrive at the CCC. In addition, staff expressed frustration at the lack of communication from DOC administration on COR, and expressed skepticism about the longevity of COR given the relatively low level of resources DOC had dedicated to the program.

Between Phase I and Phase II

I staff asked focus group participants about coordination between COR Phase I and COR Phase II. Almost all staff members from both phases said that there was little to no communication between the two phases, and neither group appeared to know specifically what the other phase entailed. Coordination between Phase I and Phase II is one of the few issues for which there was complete consensus: everyone said that there was no coordination. “No one seems to know what the Phase II program is all about.” “Community corrections folks are not part of the process. We need them in this process.” “[We’ve] talked to two institutions, but … no extensive dialogue and no lesson plans.” “[I’d] like to know what’s going on in prisons.” “There is no sense that I’m handing them off to someone else.” “We were told to launch in December [2001]. I don’t know if CCCs did, but we did.” Indeed, one Phase I instructor stated: “I didn’t even know there was a Phase II.”

At more than one facility, the lack of coordination seemed to result in inmates expecting one thing out of Phase II and getting something else. COR participants often were disappointed and frustrated when what they were told about Phase II did not become a reality, such as the extent to which they could leave the CCC, whether they get paid during the program, or the amount of time required in Phase II. “The breakdown is the transition [between the] two phases – guys aren’t handling it well.” “Guys don’t realize they don’t get to go outside for the first 45 days. One inmate even sent his stuff home.” “You can’t tell people one thing and then do something else.” According to one COR participant, “We’re getting different stories from SCI and CCC.” A Phase I instructor had ideas about what was happening at the CCCs: “We told guys we would get them hooked up in the community but it’s not happening.”

COR staff felt that some level of coordination between the two phases would be an improvement. Similar to their thoughts on training, they were not interested in an extensive coordination effort, but rather in a basic understanding of what happens in the other phase and when. “It would be helpful if at least one person at the facility could communicate to all staff at the SCI and speak generally about Phase II.” “If we are going to build practical applications for participants from what they learn in Phase I, we need to know what they’re teaching, and they need to know what we can offer.” One CCC staff member said a “meeting between the SCI people and us is needed so we can coordinate.” Another suggested that quarterly updates about curriculum changes be exchanged between the two phases.
Between COR and Parole

A somewhat surprising finding to UI staff was that focus group participants rarely mentioned Parole and its role in the COR program without being prompted. Once the topic was introduced, it became apparent that Parole’s role in COR varied greatly across facilities, from “There is none” to “Yes, they do come in,” to “It’s excellent.” In one large group of 13 Phase II instructors, the word “parole” was not mentioned once during the 90 minute discussion. Many SCIs have parole officers teaching the parole component of the curriculum, while others have the COR instructors teaching it. One of the CCCs had an on-site parole officer who met individually with COR participants. However, this appeared to be a practice of the CCC even before the introduction of COR.

There was a certain amount of interest among staff in improving coordination between COR and Parole. “Our sister agency, Parole, why aren’t they involved in this process?” “The lack of coordination with the Parole Board makes it difficult. Our original goal was to ensure that prisoners left within two to six weeks of completing COR Phase I. Each week they don’t get out, participants start forgetting a percentage of the material.” In a few cases, it seemed that COR participants did not know to whom they were responsible. “Our parole officer told me I should be looking for a job. My counselor explained that I had to do other things first.”

Between “the field” and central administration

All staff wanted more communication from the “brains behind COR.” Phase II staff, in particular, felt that they had not received much support for COR from DOC. Without access to materials such as videos and audio visual equipment, funding for extra staff, or communication about the program overall, they said that COR seemed thrown together and thrown at them. “If this is the biggest DOC initiative in years, why does it seem to be a secret?”

Many instructors said they were hesitant to put a lot of time and effort into COR. Some thought it might be just another political program that would be canceled after a trial period. “Many [staff] are holding back to wait and see if the program sticks. Other programs have come and gone…” With no communication from top administrators, institutional staff did not understand the background behind COR and indicated that they were receiving mixed messages. On paper, COR was the biggest initiative in years. However, DOC seemed unwilling to invest financial resources in the program. Focus group participants said that they are skeptical of top-level commitment to the program. Managers felt that instructors’ criticisms of COR stemmed from a belief that COR was “foisted on them by the central office.” On a more positive note, some managers indicated that enlisting senior-level staff, such as superintendents, helped them obtain instructor support for COR.
Establishing Links to the Community

Overall, most COR participants and staff felt that COR was not effectively establishing community linkages. This is explained in large part by the fact that most Phase II COR participants were severely restricted in their ability to leave the CCC to seek employment and housing and to reconnect with family members. It also appears that the mentoring component of COR is not included in most Phase II programs. However, some Phase II instructors believed that COR was useful in helping inmates obtain photo identification, get set up with health services, and identify housing prospects.

COR participants and Phase II instructors were asked about the extent to which COR was assisting soon-to-be-released inmates in making community linkages. In short, neither COR participants nor instructors thought that COR established effective community linkages. In all four of the COR participant focus groups, participants expressed the feeling that the COR program in the CCC environment was more restrictive than the one in the prison environment from where they came. COR participants were extremely frustrated at their limited ability to leave the CCC to look for a job, visit family, or go shopping.  

"If they really want to make COR effective, allow people to go outside." "Phase I introduced us to CareerLinks. If this is reintegration, why can’t they take us to CareerLinks?" "They only give us four hours on Monday and Wednesday to go look for a job, visit family, or go shopping."  

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It seems that the rules on leave vary across facilities: from no leave, to leave only with a staff member, to leave after two weeks, to leave limited to a few hours. Several Phase II instructors’ sentiments were that the rules on leave could be relaxed somewhat. “The stipulation that they [COR participants] can’t go anywhere without staff is not such a good thing.” “In Phase II it’s beneficial for them to go out and job search, etc.” Others simply stated the rules as they are and that residents had to adjust to them. “They can’t take a job until they complete Phase II, but they can go outside.” “They cannot go on a job search in the first two weeks.”

Not surprisingly, Phase II instructors were a little more optimistic about the community connections being made. According to instructors, community contacts that were made through COR included obtaining personal identification, Social Security, mental health services, welfare, housing resources, and employment contacts. “We try to ID [housing] resources for residents and let them take care of it – the staff monitors it.” One instructor believed that as a result of COR “once they leave they should be able to get a job within a week.” The CareerLinks database was mentioned in a few groups, but COR participants complained that it was not helpful because of limited access.

The COR participants had a somewhat different view from the instructors, claiming that very few to no community connections were made. In all four of the COR participant focus groups, participants expressed the feeling that the COR program in the CCC environment was more restrictive than the one in the prison environment from where they came. COR participants were extremely frustrated at their limited ability to leave the CCC to look for a job, visit family, or go shopping.  

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Some indicated a lock down situation and others were severely restricted.
being made. One group of COR participants broke out into laughter when asked about the kinds of community connections they were making and whether their mentors were helpful resources. “Mentors? What Mentors?”

In addition to CCC leave policies, COR participants cited limited phone use as another barrier to making community connections. One example that came up in several facilities was inmates’ inability to make phone calls, especially with regard to looking for a job. “We can’t pay for phone calls without a job. We can’t go out and look for a job. If I call collect it’s another burden [on my family].” “The employment coordinator has a phone for inmate employment if you ask ahead of time. They call us over the loud speaker if we get a call [from a prospective employer].”

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**Meeting Inmates’ Needs**

The major inmate needs identified through the focus groups were employment readiness, family reunification, and financial skills and assistance. Of those, the employment and money management components of Phase I were viewed favorably, but COR participants felt that the lack of family contact in Phase II of COR was not conducive to family reunification. Other inmate needs that were listed by focus group participants as important but not adequately addressed by COR include health education; tailored curricula for long-termers, women and drug dealers; and linking inmates with mentors in the community. In addition, both staff and participants recommended conducting a thorough needs assessment of inmates to determine who would most benefit from COR rather than requiring everyone to participate in the program.

In terms of what soon-to-be-released prisoners need from a reintegration program, the major issues that emerged from the 13 focus group discussions were job search skills, reconnecting with family, and financial skills and assistance.

Most inmates seemed ready to get back into the workforce and generate income, and several commented on their desire to become taxpayers again. “Going back to work is a chance for me to know myself and start to pay taxes.” There was some concern about their ability to find employment. “No one wants to hire a felon. End up working at a car wash – self esteem out the window.”

With regard to aiding released prisoners in finding employment, both COR participants and staff generally seemed to think that one of the stronger components of the COR program was the first week of Phase I, the employability section. In one Phase I instructor’s opinion, “The first week is more valuable than the second. I would like more emphasis on week one.” Another instructor commented, “The first week is the most beneficial from the inmates’ perspectives. They muddle through week two because they know they have to.” In particular, they felt that practicing interviewing and creating resumes were very helpful. “I think interviewing is the most important. What’s in your head and what you really look like is a wake-up call.” A few instructors mentioned that for larger groups, they did not have enough time to do the individual video taping of mock interviews. Because that lesson was so well received, these instructors were extending the time allotted to this lesson and shortening others.
Indeed, not all thought that the employability section was comprehensive enough. One COR participant asked: “What do you need to get a job? You need ‘know how,’ you need to dress appropriately, and you need transportation. They only do the first part.” It is worth noting that, for most COR participants, the employability section of Phase I was new material and not a refresher of previous programs.

Related to COR participants’ desire for work, the ability to financially support themselves and manage money was often raised as an important area for reintegrating prisoners. “Guys don’t have no money. [We’re] coming from upstate, but here you have no income and you have to eat – you need something else besides that.” “I can’t get an apartment without money.” “I’m in debt and need to get out and work.” A Phase I instructor felt that this piece of the curriculum was more important than employment. “Many guys have already had jobs. Not having a job is not what brings them back to prison. The reality is that [they] don’t know how to manage money.”

The money management lesson of COR was mentioned as one of the best received components of the program. A Phase II instructor described his approach to teaching budgeting. “Some inmates need to learn to manage a welfare check, others a Social Security check, and others just need to not spend all of their money. [I] will present the budget lesson differently depending on [these things]. Also depending on the circumstances of an inmate. If an inmate sold dope before, he’s budgeted before. [Instructors] must be able to change the presentation and they don’t have that freedom with COR.”

Many COR participants talked about their desire to see and spend time with family members during Phase II, and those with younger children were the most vocal about this aspect of reintegration. All four groups of Phase II COR participants complained about the lack or limited amount of family communication and contact while in Phase II. Many felt very frustrated that they were so close by to their families and could not see them. “I haven’t even seen my family, this is really frustrating.” “Let me go see my grandbaby and walk across the street.” “You’re aggravated that you are so close to home and there’s nothing you can do.” “We should be with our family…My son is wondering why I ain’t coming around.”

Many felt misled about the amount of contact they would have in Phase II. “I thought I would get time with my family.” “Our families are wondering where we are.” Some stated that they had more opportunities to spend time with their families in prison than they did in COR at the CCC. “I see my family more in prison than I did in COR. I’d rather go back to prison.” Family visitation rules varied across facilities, and some CCCs did allow for family visits. One COR participant described the situation at her CCC: “You get a four-hour pass to be with your family as long as it’s in a public place.” At another CCC, family members were allowed to visit for three hours on Saturday afternoons, with all residents and family members restricted to the dining hall.

In addition to the restrictions on family visitation, it is noteworthy that there was no mention among Phase II staff or participants about any family conferencing or counseling sessions. While Phase I instructors did mention that family reunification was a subject area in the in-prison curriculum, it is surprising that this component of the curriculum does not appear to have carried over into the CCCs.

In addition to the many needs discussed above, several other issues related to meeting inmates’ needs were raised. They are summarized below in bullets to provide a sense of the range of topics that were covered.
• Health lesson needed – The fact that prisoners are at a higher risk for infectious diseases and have a higher rate of infection than the general population was mentioned in several staff focus groups. Several thought that COR should have a health education lesson, and some heard that one was on the way. “We have a lot of people coming out with Hepatitis or AIDS and they don’t fully understand it.” A few facilities had already instituted a health component, the only substantive change to the standard COR curriculum. By contrast, addressing mental health needs of soon-to-be-released prisoners was not mentioned in any of the focus groups, despite the fact that rates of mental illness among incarcerated individual are at least twice as high as the rates in the general population.11

• Long-termers have special needs – Individuals who have spent a relatively long period of time in prison (long-termers) have greater and different needs than other prisoners. The special needs of this sub-set of released prisoners was mentioned in many focus groups. Because their needs are so specialized, many thought the standard COR curriculum was not sufficient. “Some of these inmates have been in for 16 years. They can’t relate at all to budgeting to buy gas or pay bills. Some have never even worked.” On the other hand, a few thought that Phase I was appropriate because it reviewed material they may have learned years ago. “[Long-termers] have to discover these subjects all over again. The terminology has changed and the issues have changed.”

• Women have special needs – The belief that women have different needs than men in a reintegration program was mentioned a few times. “One thing COR does really badly is deal with women. They get hit on big time. There’s only one woman in each COR group…Her needs are different.” When asked about the specific differences, for the most part instructors remained vague. “[Women] have separate issues from men.”

• Challenges with mentoring – For some of the larger CCCs, instructors reported challenges with finding enough qualified mentors for each COR group. This was experienced even more acutely in the less urban facilities. Another challenge with mentoring was related to the time frame of Phase II. Some believed that the duration of Phase II does not allow enough time for any meaningful relationship or rapport to develop between a mentor and an inmate. Finally, staff indicated that many of the individuals who were willing to be mentors were more interested in converting inmates to their faith than in helping them with their basic reentry needs. “She has 100 applications, but maybe only five are suitable. They all come from faith-based communities and want to do God’s work.” A few CCCs pointed out that they have always had some form of a mentoring program, if not as organized and structured as what COR prescribes.

• Housing is not a major issue – Somewhat surprisingly, housing, which is not currently part of the COR curriculum, was rarely mentioned as a primary area of concern for staff or COR participants. A few instructors commented on providing prisoners with housing resources, but prisoners rarely mentioned this as something they saw as a concern of their reintegration. When COR participants talked about housing challenges, it was concern over saving enough money for a security deposit and first month’s rent rather than locating safe, affordable housing. This could be because they were not yet faced with the challenges of obtaining housing.

• More focus on drug dealers, less on substance abusers – It is well understood that a significant share of prisoners struggle with

drug or alcohol problems. Based on focus group discussions it appears that a large majority of inmates were enrolled in many programs that addressed these issues while in prison. Thus, some were of the mind that an AOD lesson in COR was unnecessary. “Some prisoners have had years of AOD and get burned out on those topics.” Instead, a few instructors (although no COR participants) suggested adding a lesson geared toward drug dealers. “Drug dealing needs to be in the curriculum. We have a lot of guys who have gotten addicted to that lifestyle – not the chemicals.”

- **COR creates scheduling conflicts** – In several instances focus group participants mentioned that COR classes, both in Phase I and Phase II, had superceded other programs or activities. For example, one manager spoke of a 13-week employability program that he said is no longer offered because it has been replaced by the one-week employability section of COR. A Phase I instructor described a family reintegration program he taught that he believed was better than COR’s family lessons, but that he is no longer able to teach that program due to his COR responsibilities. “[In terms of the family piece], I feel they’ve had to digress from some program pieces that work to accommodate COR. My female population has family issues with child abuse, etc.” COR participants also talked about some programming conflicts. “Many of us are addicts and they are not letting us go to meetings.”

- **One size fits all** – Many focus group participants thought that the one-size-fits-all approach to COR’s reentry programming was not effective. The range of financial, family, employment, substance abuse, and other issues covered in COR results in many of the inmates spending time in sessions that have no relevance to them. One instructor recounted teaching money management to an inmate who had worked in a bank. The consensus was, as one instructor stated, “COR needs to better target course materials to individuals.”

Due to the breadth of topics covered by COR, a few staff observed that the program would probably work for some inmates and not others. Citing the fact that inmates have varied backgrounds and are released to such different environments, the standardized approach would inherently help some more than others. “Some you just know they’ll be back and there are others that you know have a shot.” “For the educated white male yes [it will work]. It depends on who you are looking at.”

“The transition piece [years ago] was to work with an inmate – step him though the transition process, contact family, employment, parole officer…You would run your own transition process – help inmates look through the job market months prior to release. If I could do this right, that is what I would do, have the counselor do their job and tailor the transition plans for each inmate.” Some staff participants believed that the shortcoming of COR’s one-size-fits-all approach could be remedied by conducting a thorough needs assessment of each inmate prior to release and determining who would best benefit from COR, rather than requiring everyone to participate in the program.
**Overall Opinion of Program**

When asked if, all things considered, they thought COR would improve the reintegration of inmates into the community, focus group participants had mixed views. Inmates were lukewarm to negative about the program, while instructors were more positive and most staff in general felt that at a minimum, it was better than nothing, and that with some revisions it could be quite effective.

Any program that is the size and scope of COR is destined to have some areas that are working well and others that are not. Throughout these focus groups, UI staff remained focused on the fact that COR is a program intended to improve the outcomes of individuals being released from prison and returning to their families and communities. As a way of wrapping up the topic-driven conversations of the focus groups, UI staff asked each focus group participant, “All things considered, do you think COR will significantly improve the transition of its participants back to society?”

Regarding COR participants’ feelings about the program, there was no general consensus. For those who supported it, their support was qualified. For those who opposed it, their opposition was very strong and emotional. A few statements from the supporters include: “I think it’s a good program. If you don’t want it, you won’t get anything out of it.” “Good program, but don’t like doing Phase I over.” “I like it. I don’t have a problem learning.” A few statements from those who were opposed include: “Why waste taxpayers’ money?…Appalled at most of the system.” “COR will cause people to cut out and run.” “Waste of time. Frustrating. I hate it…You’re making me more and more angry.” “Do we need this [COR] because we’ve been dehumanized? They tell you ‘You need this to be human again.’”

From the instructor perspective, the large majority felt that, despite its many flaws and shortcomings, the COR program was a good thing and would help those it is intended to serve. The range of support varied from, “It’s beneficial,” to “I love this COR thing!” Many instructors believed that, while most of the COR participants would not remember everything that they were taught, everyone would get something out of it. “If they get little things out of it, its worthwhile.” “I’ve been in corrections 26 years…and I certainly hope so. What’s the alternative? [We] have to try to equip them with as many skills as possible. If even a couple of things you tell them stick with them, then it’s worth it.”

There were some instructors who believed that the program had potential but was not “there yet”; others were cynical about the benefits. “I think it has potential to help prisoners, [but it] needs to be revamped and presented in a more effective way.” “The jury’s out… Not sure it works.” “If they don’t come back it’s because they grew up, not because we gave them this program.”

The managers were generally supportive of the overall program as well, but less so relative to the instructors. “Are inmates better off due to COR? Yes. It is better than nothing.” “The idea that everyone should go to a CCC is probably not a good idea…Too much pressure on Phase II.” “Yes [it will help], but I’m concerned about the quality of the program with so many different people teaching it.”

No consensus existed among Phase II instructors on whether COR would improve inmates’ transitions to the community. Some Phase II instructors were very supportive of and hopeful about the program, others were unsure, while still others believed that it would not do any good. Supporters felt that COR was changing attitudes, planting seeds, and reducing recidivism. “I think it has extreme potential for reducing recidivism.” Others hoped that “with some additions and subtractions it might work” or that it could be helpful “with some tweaking.”
Conclusion

As this report demonstrates, both COR staff and participants have strong opinions about how the program is currently operating and how COR could be improved in the future. There appears to be a general consensus that inmates might benefit from a program such as COR, which is specifically designed to prepare them for their release from prison and return to the community. There also seems to be a consensus that, while the “nuts and bolts” of COR could be improved, the intentions behind the program are worthy and important.

This report is the second in a series of three reports for this process evaluation. The third and final report will combine the results of the three data collection efforts – the literature review, focus groups, and inmate surveys – and present the Urban Institute’s overall recommendations on the steps that the Pennsylvania DOC might take to enhance this forward-thinking program.
## Appendix A: Correctional Facilities Represented in Focus Groups

Focus group attendees came from the following 26 institutions:

<table>
<thead>
<tr>
<th>CCCs / CCFs</th>
<th>SCIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coleman Center, CCC</td>
<td>SCI Albion, SCI Huntingdon</td>
</tr>
<tr>
<td>Conewago/Wernersville, Firetree, Ltd., CCF-CPC</td>
<td>SCI Camp Hill, SCI Mahanoy</td>
</tr>
<tr>
<td>Gateway Rehabilitation Center</td>
<td>SCI Chester, SCI Muncy</td>
</tr>
<tr>
<td>Hannah House, CCF-CPC</td>
<td>SCI Coal Township, SCI Pine Grove</td>
</tr>
<tr>
<td>Penn Pavilion, CCC</td>
<td>SCI Cresson, Quehanna Boot Camp</td>
</tr>
<tr>
<td>Renewal, Inc., CCF-CPC</td>
<td>SCI Dallas, SCI Retreat</td>
</tr>
<tr>
<td></td>
<td>SCI Frackville, SCI Rockview</td>
</tr>
<tr>
<td></td>
<td>SCI Graterford, SCI Smithfield</td>
</tr>
<tr>
<td></td>
<td>SCI Greensburg, SCI Somerset</td>
</tr>
<tr>
<td></td>
<td>SCI Houtzdale, SCI Waymart</td>
</tr>
</tbody>
</table>
Appendix B: Questions Posed to Focus Group Participants

The following questions were posed to the focus groups. Note that not all questions were presented to all groups.

Introduction / Ice Breakers

- Please introduce yourself by saying a little bit about where you work and what your responsibilities are / tell us how long you have been at this CCC and when you expect to be released.
- How would you describe COR to someone who was not familiar with it?

Needs of COR Participants

- What needs do you think are being addressed most effectively by COR?
- What needs do you think are not being addressed adequately by COR?
- If you could change one thing about this program, what would you change and why?
- To what extent is there a gap between what the COR program offers and what it’s participants need?
- Do you feel that this part of the COR curriculum, Phase II, was sufficiently adjusted to reflect your personal situation?
- What are you hearing about the COR program from your students?

Curriculum and Community Connections

- To what extent have you changed or tried to change COR since you started teaching and why?
- If you could design COR from the ground up, how long would you make it, for how many hours per day, and how far in advance of the release date?
- How do you go about linking Phase II participants with services in the community?
- What kinds of community connections are you making through the COR program?

Training and Staffing

- Did you receive adequate training to participate in the COR program? Do you want more training?
- Given that COR is done with existing resources, what are you no longer able to do, now that COR is being implemented?
- How have you been able to staff the COR program with existing resources?
- Thinking about program offerings at your CCC before COR, how much did what you teach change with the introduction of COR?

Coordination Issues

- Talk about the level of coordination between Phase I and Phase II.
- Talk about the level of coordination between CCCs and Parole.
- Is there any coordination between COR staff and parole staff?

Wrap-up

- What do you think will be the biggest challenge for full implementation of COR?
- All things considered, do you think COR will significantly improve the transition of its participants back to society?
Part III: Final Report
EXECUTIVE SUMMARY

This report describes the results of The Urban Institute’s (UI) process evaluation of the Community Orientation and Reintegration (COR) program, a comprehensive reentry program designed and delivered by the Pennsylvania Department of Corrections (DOC). The findings herein were drawn from a literature review of research on reentry programs and related efforts; a review of the COR curriculum and other documents pertaining to the program; the development of a logic model of COR; a series of focus groups conducted with staff and inmates involved in COR; and a survey administered to Phase I and Phase II participants.

The sections included in this report will explain the research methods employed; describe the soon-to-be-released inmate population with regard to their demographic characteristics, needs, and expectations for release; report survey and focus group findings on COR implementation; and summarize the program’s strengths and areas of improvement. Highlights from this report are described below by subject area.

Inmates’ Demographics, Needs, and Expectations

COR participants represented a range of ethnic, racial, social, and educational backgrounds. The typical participant is a 33-year-old African-American male, is the parent of at least one child, holds a Graduate Equivalency Diploma (GED), and has had prior involvement with the criminal justice system. Many COR participants have extensive criminal histories, and the majority reported drug use in the six months before entering prison.

COR participants had high expectations for their lives after release and were extremely optimistic about their ability to find and keep jobs, obtain financial support from family, reunite with family members, and stay out of prison. Generally, they expected to need some, but not a lot, of help with certain elements of reintegration, such as finding a job, receiving financial assistance, and obtaining health care. The areas that participants expected to be more challenging post-release included paying off debt and making child support payments.

With regard to other post-release needs and challenges, COR participants were not concerned about finding housing (60 percent expected to live with family) nor with obtaining adequate health care and photo identification (80 percent already had an ID). Some COR staff, however, believed that educating COR participants about health care and referring them to health services in the community was a gap in the COR program that should be filled.

Assessing the COR Program

UI research staff assessed the types of in-prison programs COR participants had taken part in before entering COR, as well as the subjects they were exposed to in the COR program. The results revealed that the majority of COR participants were exposed to most of the material in the COR curriculum, and that COR was indeed a refresher of subject matter provided to inmates in earlier in-prison programming. Consistency in program delivery appears to be lower for Phase II than for Phase I, with 50 percent or fewer of participants reporting that their instructors had covered several elements of the Phase II curriculum.
COR participants generally believed that the program would be helpful to them (although survey responses were more favorable than focus group results), and Phase I was viewed more favorably than Phase II. Participants also rated most of the individual COR lessons highly, especially the employability sections in Phase I. COR staff rated this section highly as well, although it is important to note that most of the COR Phase I employability material was new to inmates, rather than being a refresher.

The level of difficulty, quality of materials, and quality of instructors were also rated highly by COR participants. However, program delivery appeared to vary significantly across facilities. This may be a manifestation of the tension inherent in a program that was designed to be both standardized and responsive to individual inmates’ needs.

Survey findings and focus groups revealed an issue of poor communication and coordination between the COR phases, with inmates and staff alike expressing frustration regarding misinformation about what each phase was doing. This became problematic for inmates, whose expectations for Phase II of COR were often different from their actual experiences, and engendered negative attitudes toward the program among those participants.

Findings and Recommendations

The COR program is an ambitious initiative to comprehensively address prisoner reentry, and its overall design and content are consistent with the literature on promising practices. The process evaluation has demonstrated the creativity and dedication of the DOC in its design and implementation of what may very well be an effective reentry program.

COR’s strengths include the following:

- The employability segments in both phases, particularly the week-long employability segment in Phase I, which received high reviews from both inmates and staff;
- The consistency of program delivery for Phase I of COR, which is generally high.
- The community contacts made through COR, including: obtaining personal identification; applying for Social Security and welfare; getting mental health services referrals; identifying housing resources; and making employment contacts;
- The family reunification modules in both phases, which address the importance of managing expectations regarding family support and discuss the challenges of renewing relationships with partners and children;
- The Anger Management and Life Skills modules of COR, which teach coping strategies dealing with anger, and specific skills necessary to maintain healthy relationships with peers, family, and others in the community; and

Recommendations for improvement include the following:

- Reconsider the community service requirement, which may be taking away valuable time from job search efforts;
- Allow Phase II inmates more flexibility to leave the CCC premises to conduct job searches and make other important community linkages;
- Improve the mentoring component of COR by assuring that all participants are assigned mentors;
- Provide referral or placement assistance for inmates interested in enrolling in educational and vocational training programs after their release;
• Add a health segment to COR and provide referral services for inmates in need of physical and mental health care after their release;

• Provide more opportunities for family visitation during Phase II of COR;

• Consider adding family counseling sessions to the family reunification component of Phase II;

• Provide more staff training and more communication from DOC administrators to enhance coordination and standardization of program delivery and encourage buy-in by line staff;

• Conduct a thorough needs assessment of each inmate prior to release to determine who would benefit most from COR; and

• Conduct an impact evaluation of COR to determine the extent to which it is enhancing the reintegration of inmates and reducing recidivism.
INTRODUCTION

In December 2001, the Pennsylvania Department of Corrections (DOC) piloted a comprehensive reentry program called Community Orientation and Reintegration (COR), randomly assigning approximately half of soon-to-be-released inmates to the program. The COR program is not designed as a treatment program, but rather as a “booster shot” intended to reinforce skills and knowledge already learned in prison. COR’s two broad goals are to smooth the reintegration transition for released inmates and, ultimately, to reduce recidivism. More specific goals of COR are:

- To establish a standard, coordinated release program based on known risk factors, needs, and best practices;
- To promote effective community linkages for released inmates;
- To enhance employability and job readiness of released inmates; and
- To promote healthy family and interpersonal relationships for released inmates.

The COR program is divided into two phases. Phase I is a two-week component that occurs approximately one month prior to an inmate’s release from a State Correctional Institution (SCI). Phase I focuses primarily on refreshing skills and reviewing information that inmates presumably learned through prior in-prison programming. Phase II is a four-week component intended to help facilitate the return of the soon-to-be-released inmate to his or her family, as well as to help with his or her reintegration into the community. Phase II focuses primarily on the practical application of recently refreshed skills by establishing positive linkages within the community and with family, and by securing employment to provide financial security upon release from prison.

In March 2002, the DOC contracted with the Urban Institute (UI) to conduct a process evaluation of COR. The purpose of the process evaluation is three-fold: (1) to research “best practices” on reentry programming across the country; (2) to assess the needs of soon-to-be-released Pennsylvania inmates and determine whether the COR curriculum matches those needs; and (3) to evaluate the extent to which the COR program is consistent with its original goals and objectives.

UI research staff have prepared three products associated with this process evaluation. The first is a report entitled COR Process Evaluation: Programming for Successful Community Reintegration, which reviews the evaluation literature on reentry programs and related efforts across the country; presents a logic model of the COR program; and assesses the extent to which the COR curriculum is consistent with promising reentry practices identified in the literature (La Vigne et al., 2002). The second product is a report entitled In Their Own Words: Staff and Inmate Experiences with Pennsylvania’s Community Orientation and Reintegration (COR) Program. This report describes and interprets a series of focus groups on COR that UI conducted with staff and inmates at DOC State Correctional Institutions (SCIs) and Community Corrections Centers (CCC). These focus groups were conducted to elicit first-hand impres-

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1 Note that some of the facilities included in this analysis are actually Community Contract Facilities – Community Parole Centers (CCf-CPC). For this report CCC will refer to all of the community facilities that participated.
sions of the COR program and the way it has been implemented, as well as suggestions on improvement of the COR program (Lawrence et al., 2002).

This report represents the third and final product of UI’s process evaluation of COR, drawing from four data collection and analysis efforts, three of which served as the basis for the previous two reports. The first was a literature review of research on reentry programs and related efforts across the country that have had an impact on recidivism and intermediate outcomes. The second was the development of a logic model of COR derived from the COR curriculum and other documents provided by the Pennsylvania DOC. The third component of the process evaluation was a series of focus groups that UI conducted with staff and inmates involved in COR. The fourth and final component of this process evaluation was a survey administered to Phase I and Phase II participants in SCIs and CCCs across the State of Pennsylvania. The survey was designed to capture the needs and views of 336 soon-to-be-released inmates participating in COR. This report summarizes findings from the first three data collection and analysis efforts, drawing heavily from the first two reports and integrating survey findings on the needs of soon-to-be-released Pennsylvania inmates, as well as their impressions of COR.

The report begins with an overview of the methods employed for the process evaluation, describing the manner in which inmates and staff were sampled for survey administration and focus group participation. The next section is an assessment of inmates’ backgrounds, needs, and expectations for release, drawing from both survey data and focus group findings and integrating findings from the literature review to identify strengths and potential gaps in the COR curriculum. The following section assesses whether COR was implemented as intended and the extent to which it was deemed effective by both staff and COR participants, drawing on survey and focus group findings. The report concludes with a summary of the process evaluation, highlighting the strengths and areas of improvement in the COR curriculum, and the manner in which the program is administered.
METHODS

This section describes the methods and research design employed to collect original data representing the views of Pennsylvania DOC staff and inmates involved in COR. The two primary data collection methods, focus groups and self-administered surveys, are described below.

Focus group methods

Sampling
UI staff identified four different types of participants to convene in focus groups: Phase I managers, Phase I instructors, Phase II instructors, and Phase II COR participants. The focus groups were held at three SCIs (Somerset, Mahanoy, and Muncy) and three CCCs (Conewago/Wernersville, Coleman Center, and Renewal, Inc.). (See Table 1) To increase the representation of Pennsylvania correctional facilities, UI invited COR staff from locations in close proximity to these host facilities. Thus, in total, 92 people, representing 20 different SCIs and six CCCs, participated in the 13 focus groups. (For a full list of facilities represented in the focus groups see Appendix A.) Of the 13 groups, three were Phase I instructors, three were Phase II instructors, three were Phase I managers, and four were Phase II participants.

Table 1. Locations of Focus Groups

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Facility Type</th>
<th>Type of Group</th>
<th># of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somerset</td>
<td>SCI</td>
<td>Phase I instructors</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phase I managers</td>
<td>7</td>
</tr>
<tr>
<td>Mahanoy</td>
<td>SCI</td>
<td>Phase I instructors</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phase I managers</td>
<td>6</td>
</tr>
<tr>
<td>Muncy</td>
<td>SCI</td>
<td>Phase I instructors</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phase I managers</td>
<td>7</td>
</tr>
<tr>
<td>Conewago/Wernersville</td>
<td>CCF-CPC</td>
<td>Phase II participants</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phase II instructors</td>
<td>3</td>
</tr>
<tr>
<td>Coleman Center</td>
<td>CCC</td>
<td>Phase II participants</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phase II instructors</td>
<td>6</td>
</tr>
<tr>
<td>Renewal, Inc.</td>
<td>CCF-CPC</td>
<td>Phase II instructors (a)</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phase II participants (b)</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phase II participants (a)</td>
<td>6</td>
</tr>
</tbody>
</table>
Instructors and managers were recruited through the assistance of the staff of the DOC’s Planning, Research, Statistics, and Grants Division (PRSGD). With regard to Phase I participants, PRSGD staff identified three SCIs, Muncy, Somerset, and Mahanoy, in which to conduct the focus groups. These three institutions were selected based on several factors, including: geographic location (facilitating the most participation by other SCIs in the vicinity); type of institution (two are male, one is female), and physical plant (Muncy is an old, college-type campus, whereas Somerset and Mahanoy are newer, prototypical facilities). Six other institutions were invited to join one of the focus groups at these three sites, so that more than 70 percent of the Phase I institutions were represented at the Phase I focus groups. Individual participants, both managers and instructors, were recruited through the superintendents at each facility, who helped generate lists of individuals to invite.

DOC staff selected CCCs for Phase II focus groups based on where the greatest concentrations of Phase II participants were located. Wernersville was selected because it was a contracted facility that averaged ten COR participants at any given the week, ensuring that there would be an adequate number of inmates for a focus group. Coleman Center (a male facility) and Hannah House (a female facility) were selected because they are the only two CCCs in the Philadelphia area. Renewal in Pittsburgh was included based on the fact that it is the largest contracted facility in western Pennsylvania with sufficient numbers of inmates to hold a focus group. The Renewal focus groups included other CCCs’ instructors from Gateway Rehabilitation Center and Penn Pavilion. As with the focus groups in SCIs, staff participants were recruited by DOC staff through contact with the Superintendent of the CCC. With regard to recruitment of Phase II inmate participants, in some cases UI was provided a list of inmates who were faxed invitational flyers and in other cases, inmates were invited by COR staff the day before or the day of the focus group.

**Focus Group Process**

Each focus group discussion lasted approximately 90 minutes and was moderated by two Urban Institute staff members. The moderators began the discussion by informing participants that the nature of the focus group was to provide a forum in which they felt comfortable discussing their experiences with COR openly and frankly. UI staff explained that the overall goal of the focus group was to learn about the most pressing and important issues related to COR implementation from the experts—those who were intimately involved in the management and delivery of the program, as well as the program participants themselves. With this goal in mind, the moderators presented broad, open-ended questions to the groups and made an effort to let the conversations flow to topics that the participants felt were the most important, while still ensuring that a number of predetermined topics were covered at some point during the discussion. (For the full list of focus group questions, see Appendix B.)

**Analysis**

Focus group discussions were captured through typewritten transcripts developed by a UI staff person who served as a note taker for the focus groups, and these transcripts were supplemented with audiotaped records of the sessions. Researchers categorized participants’ remarks based on subject area and type of respondent (e.g., instructor, manager, or inmate participant), and made note of the number of times a similar view was voiced by different respondents, as well as any conflicting comments made by the same respondent. Focus group participants were asked to complete a one-page informational survey prior to focus group participation so that
researchers could capture demographic and other relevant descriptive information. These surveys were used to provide context to the focus group analyses with regard to the mix of types of individuals in the group and their personal histories and experiences. Appendix C provides a summary of the background information surveys.

**COR Participant Survey**

**Sampling**

UI staff sampled COR participants by surveying the entire population of COR Phase I and Phase II participants over a period of 11 weeks, from May 24, 2002 through August 9, 2002. Because COR was already being administered randomly to approximately half of the soon-to-be-released inmate population, UI staff believed this approach would result in a random sample of inmates in both phases of the program. PRSGD staff sent blank surveys to SCIs and CCCs based on projected numbers of COR students in each institution, and provided detailed written instructions to staff on how to administer the survey to COR participants.

**Survey Administration Process**

Surveys were administered by COR instructors during regularly scheduled COR classes. SCI staff were instructed to administer the survey on the last day of the two-week Phase I class, and CCC staff were instructed to administer the survey on the last day of the scheduled Phase II coursework (this time period varied across CCCs). The timing of survey administration was gauged so that participants would have completed the standard COR curriculum prior to being asked questions about their experiences with the program.

On average, 62 percent of surveys that DOC staff sent to SCIs and 47 percent of surveys DOC staff sent to CCCs were returned as completed or were otherwise accounted for (e.g., information sheets filled out by instructors indicated when the survey was administered and the number of students who refused to participate). Two facilities did not submit any completed surveys (one had only one student in COR during the administration period, who declined to participate, and the other had only two students, both of whom declined to participate), and there was a great degree of variation in participation across facilities. The average response rate for Phase I was 74 percent, and the average response rate for Phase II was 83 percent. In total, 336 Phase I and 125 Phase II surveys were returned completed.

**Analysis of Survey Responses**

UI staff entered completed survey data into an SPSS database, validating responses and cleaning data when necessary. Initial frequencies guided the decision to collapse certain response categories and recode some variables. Written-in responses were entered as text, categorized by subject area, and coded. The analysis represented in the text of this report is based primarily upon descriptive statistics across a variety of subject areas, including demographic characteristics, criminal history information and other measures of inmates’ needs, views and experiences with the COR program.

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2 It is worth noting that this reported share should not be construed as a “response rate,” as DOC staff sent surveys to each facility based on estimates of COR class sizes.
COMPARING INMATES’ NEEDS WITH THE COR CURRICULUM

According to the literature on developing effective reentry programming, the characteristics and needs of inmates are directly related to their propensity to commit crime. As such, interventions should be tailored to the needs of the target population (Gaes et al., 1999). In this section, we assess COR participants’ backgrounds, needs, and expectations for release, drawing from both survey data and focus group findings. Within each subject heading, the needs of Pennsylvania’s soon-to-be-released inmates are compared and contrasted with the findings from the literature review, which identified promising programs for successful prisoner reintegration. This section provides a description of COR participants and identifies the extent to which the COR curriculum is tailored to their needs, with an eye toward identifying both strengths and weaknesses in the COR curriculum.

Demographics

COR Phase I and Phase II respondents represented a range of ethnic, racial, social and educational backgrounds. Respondents were a median age of 33 years old, with a low of 18 and a high of 71. In terms of race, Black/African American represented the largest share of respondents, at 46 percent, followed by 34 percent of respondents who identified themselves as White/Caucasian (Figure 1). Fourteen percent of respondents consider themselves to be Hispanic, and 11 percent indicated that Spanish was the language spoken most in their home.

This latter statistic raises questions about English comprehension and may have some bearing on the extent to which the COR curriculum is being effectively delivered to Spanish speaking inmates who are unable to read or understand English. For example, some Spanish-speaking inmates may have a good comprehension of English, but would not benefit greatly from résumé development lessons and other activities involving reading and writing skills.
Survey respondents were predominantly male (95 percent), single and never married (58 percent), and parents (72 percent). Only 11 percent reported being currently married. In terms of citizenship, more than 90 percent of inmates were born and raised in the United States and 99 percent reported that they were U.S. citizens.

With regard to their current conviction offense, respondents indicated a mix of crime types. The largest group was drug offenders, both dealing and possession, at 30 percent. Robbery, assault, and burglary were the next largest groups. About one-third of the COR participants were serving time as a result of a parole violation. Of those, two-thirds were for a technical violation and one-third for a new crime committed while on parole.

In terms of the length of their current sentence, approximately 45 percent of COR participants said that they have served less than two years in prison this time. An additional 33 percent have served between two and five years, and the remaining 22 percent indicated that they have served more than five years.

Figure 3. Number of Children

Figure 4. Percent of Respondents by Primary* Conviction Offense

*Note: Respondents may have also been convicted of other crimes
**Education, work, and income**

**Education**

Respondents were asked about the highest education level they achieved before entering prison this time. As depicted in Figure 6, before prison, the largest percentage of inmates reported having a 10th to 11th grade education. This is slightly lower than educational levels respondents reported as currently having, with the largest percentage of inmates indicating that they currently held a Graduate Equivalency Diploma (GED). Notably, the share of respondents who reported a G.E.D. as their highest level of education increased from 21 percent before prison to 33 percent at the time of release. There was also an increase in those who indicated that they now had some college education (14 percent to 18 percent).

These findings suggest that the DOC is doing an admirable job in providing educational opportunities for inmates during their prison terms. While increased educational attainment is not a stated goal of COR, it nonetheless holds promise for prisoner reintegration, as prior research indicates that increased education has been associated with reduced recidivism and increased employment prospects (Gerber and Fritsch, 1993, 1994; Wilson and Gallagher in Lawrence et al., 2002). The findings also have implications for job readiness preparations through COR, as inmates need to be counseled on how they might use a newly acquired GED as a means for obtaining a better job than they may have aimed for prior to their current prison term.

In addition to educational attainment, survey respondents were asked about interest in and plans for educational and vocational training programs after their release. Sixty-six percent expressed an interest in taking a class or attending a training program, and 23 percent indicated that they already had a program set up for after their release from prison. As with education, the literature indicates that vocational and other work-related programs both during and after incarceration are associated with reduced recidivism (Gerber and Fritsch, 1993, 1994; Wilson and Gallagher in Lawrence et al., 2002). This suggests that COR Phase II might place a greater emphasis on directing inmates to classes or training programs. Indeed, a number of Phase II focus group participants expressed interest in enrolling in a vocational rehabilitation program, and suggested that more assistance from Phase II staff on gaining entry into such a program would be helpful.

**Figure 6. Percent of Respondents by Education Level**

![Figure 6. Percent of Respondents by Education Level](image-url)
Work

In terms of pre-prison employment, 72 percent indicated that they had worked for money in the six months before they entered prison this time. The majority worked between 30 and 40 hours per week at jobs such as construction, landscaping, installation and maintenance, and food service. This high percentage of pre-prison employment may explain the fact that 30 percent of COR participants reported that they already had a job lined up for after their release.

When asked about the importance of finding a job after they are released from a CCC, almost all agreed that finding a job after release was important to them (97 percent) and that having a job was important to staying out of prison (91 percent). And, while most respondents also indicated that they would need some help or a lot of help finding a job after their release, 70 percent felt that it would be pretty easy or very easy to find a job. An overwhelming 95 percent felt that, once they obtain a job, it will be easy or pretty easy to keep it.

Some respondents reported that they were already working in the CCCs in addition to participating in Phase II of COR. Twenty-seven percent of the Phase II participants indicated that they currently had a work release job. Most reported working between 31 and 40 hours a week and earning between $7.00 and $10.00 an hour. Of those who did not have work release jobs, a little more than half (54 percent) expected to start one before they left the Community Corrections Center. The types of work release jobs respondents held include food service, construction, and maintenance-related jobs. Given the nature of these work release jobs, it is possible that these could present permanent employment opportunities for inmates after their release from the CCC.

Respondents’ expectations for earnings after their release from prison were similar, on average, to what they had been earning before entering prison. The average wage for employment before prison was $10.76 per hour, and 60 percent of respondents earned between $5.00 and $10.00 an hour. The average expected wage after release from prison was $10.02 per hour, with the majority expecting to make between $7.00 and $10.00 per hour. Of those respondents who provided a pre-prison wage and post-release wage expectations, 36 percent thought they would make more after prison compared to before prison, while 32 percent thought they would make less, and another 32 percent thought their wages would stay about the same.

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**Figure 7. Finding a Job and Keeping a Job**

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Find a Job</th>
<th>Keep a Job</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very easy</td>
<td>52%</td>
<td>6%</td>
</tr>
<tr>
<td>Pretty easy</td>
<td>42%</td>
<td>4%</td>
</tr>
<tr>
<td>Pretty hard</td>
<td>22%</td>
<td>6%</td>
</tr>
<tr>
<td>Very hard</td>
<td>29%</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Figure 8. Expected Post-Prison Wages versus Pre-Prison Wages**

- Decrease: 32%
- Increase: 36%
- About the Same: 32%
Some of these employment findings are consistent with the literature on reentry. For example, prior research indicates that three-quarters of prisoners were employed prior to incarceration (Lynch and Sabol, 2000). While this may be viewed as a positive sign for post-release employment prospects, researchers have also documented the many barriers that exist for ex-prisoners who are looking for legal and stable employment, including the stigma attached to incarceration, the lack of recent job experiences, and the weakening of skills needed to find and hold jobs (Western et al., 2001; Sampson and Laub, 1997). In addition, long periods of incarceration may weaken social contacts that lead to legal employment opportunities upon release (Western et al., 2001; Hagan and Dinovitzer, 1999). Preparing inmates for these challenges, along with the importance of managing post-release wage expectations, is an important aspect of the COR curriculum. Phase I of COR dedicates a full week to employment readiness, and Phase II also addresses a variety of employment issues. However, the results of focus groups with Phase II participants suggest that Phase II might allocate more opportunities for inmates to actively engage in the job search process. Participants expressed frustration that restrictions on leaving the CCC and limited phone access were major barriers to seeking employment.
Income

Consistent with inmates’ expectations for post-release employment and compensation, survey respondents indicated that supporting themselves financially after release would not be difficult: more than three-fourths thought that it would be pretty easy or very easy to support themselves. Figure 9 shows that COR participants plan to rely on their families and their own jobs to support themselves during the first month after release, as these were the two most frequently chosen sources of financial support (64 percent and 58 percent, respectively).

Although respondents did not expect financially supporting themselves to be a major issue after release, paying off personal debt seems to be an area of concern. Of those who reported having some debt, almost half (48 percent) expected it to be pretty hard or very hard to pay off their debts. This is supported by the finding that inmates listed having enough money to support themselves as one of the biggest factors necessary for staying out of prison after their release.

When asked about any child support requirements that they may have after release, twenty-two percent of all survey respondents said that they would be required to pay child support after their release. An additional nine percent did not know whether they would be required to pay child support. This issue was one of the few that respondents indicated would be pretty hard or very hard to do after release.

While paying off debt was not an issue that arose in focus groups with COR participants, it nonetheless plays a prominent role in the COR curriculum. Phase I teaches inmates how to create and follow a budget, describes the uses and misuses of credit cards and checking accounts, and emphasizes the importance of savings and meeting one’s financial obligations. Phase I instructors participating in focus groups believed that this segment was one of the most useful and popular topics of the Phase I curriculum. Phase II applies financial management skills learned in Phase I, with students preparing a detailed budget that identifies anticipated income from employment, including obligations to creditors and family. While the literature is silent on the benefits of financial management in promoting successful reintegration, it stands to reason that these practical life skills will be useful to COR participants after their release.

Figure 9. Sources of Financial Support in First Six Months

Figure 10. Supporting Self and Paying-Off Debt
Criminal History

For most COR participants, this is not their first encounter with the criminal justice system. Like many inmates in the Pennsylvania correctional system, COR participants have a long history of criminal activity. Many survey respondents began their criminal careers at a young age: the average age at first arrest was 19 years old, more than three-fourths were arrested before the age of 21, and approximately one-third served time in a juvenile correctional facility. This early onset of criminal behavior can perhaps be explained by the fact that many respondents are often not the first in their family to be involved in criminal activity. Almost half reported that someone in their family other than themselves had been convicted of a crime. Involvement with gangs, however, does not appear to be a contributing factor in respondents’ criminal careers. More than 98 percent reported that they were not a member of a gang in the six months before prison and that they did not expect to be a member of a gang after their release from prison.

Not surprisingly, respondents had several prior convictions, with 80 percent reporting more than one conviction, and 20 percent reporting that they had six or more convictions. Forty-two percent of respondents had served a prior prison term, and about two-thirds of the survey respondents reported being on parole at least once in the past. Of those who had been on parole in the past, 68 percent indicated that they had their parole revoked and had been sent back to prison one or more times.

Despite prior incarcerations and parole failures, COR participants were optimistic about staying out of prison after their upcoming release. Forty-four percent believed that it would be pretty easy and an additional forty percent felt that it would be very easy to stay out of prison after their release. Similarly, more than 80 percent indicated that it would be easy to avoid a parole violation.

The findings of the criminal history items outlined above are generally consistent with what we know from the literature. Most inmates are no strangers to the criminal justice system, with lengthy criminal histories and a background a familial criminality. Like most inmate populations, it is likely that the majority of COR participants have developed criminal attitudes and behaviors that affect the ways in which they approach their lives and the world around them. Thus, the cognitive thinking and life skills segments of COR are an important investment, and one that is supported by the reentry literature. Prior research indicates that the development of cognitive thinking skills, which address cognitive deficits such as impairment in means-end reasoning and poor critical reasoning, reduces recidivism (Gaes et al., 1999). Similarly, life skills such as problem-solving, assertiveness, and interpersonal and practical living skills have been associated with higher self esteem and improved social skills (Marshall et al., 1989, in Gerber and Fritsch, 1993).

In addition to the criminal histories of respondents, the other major finding in this section pertains to respondents’ confidence about their futures following prison. The fact that survey respondents are so optimistic about their prospects for staying clean this time around is both heartening and disquieting. While personal confidence is a necessary ingredient to success in many aspects of life, many of these inmates may not be adequately preparing themselves for the harsh realities on the outside, and one small roadblock could easily send them on a fast downward spiral toward substance abuse and crime. The COR curriculum must strike a delicate balance between building self esteem and an attitude for success in inmates, while counseling inmates against unreasonable expectations about the ease with which they will reintegrate.
Substance Abuse History

Substance abuse is prevalent among inmate populations and can serve as a predictor of post-release outcomes. COR participants were asked several questions about their drug and alcohol use during the months leading up to their incarceration. The majority of COR participants reported some drug use (63 percent) and/or alcohol use (57 percent) in the six months before entering prison. Figure 12 shows that for many inmates, their drug and/or alcohol use appeared to be fairly serious based on some questions about their behavior. For example, nearly half of COR participants said they spent a lot of time using, or recovering from using, alcohol or drugs during the six months prior to their incarceration, and approximately the same share reported using alcohol and drugs more often or in larger amounts than intended during that time. Frequency of substance use varied among respondents, by type of substance: for example, one-quarter (25 percent) of respondents used marijuana on a daily basis in the six months before entering prison, while 16 percent drank alcohol daily (Figure 13).

As shown in Figures 14 and 15, drug and alcohol use caused serious problems for most respondents. For both drug and alcohol users, the most common problems reported were arrest and relationship problems. For a smaller, but significant share, drug and alcohol use caused some very serious problems such as losing a job, unpaid child support, and health problems. In addition, respondents listed staying off drugs and alcohol as one of the most important factors in staying out of prison after their release.

**Figure 12. Seriousness of Drug/Alcohol Use**

<table>
<thead>
<tr>
<th>Wanted to Stop but Couldn't</th>
<th>Spent Time Getting Over Effects</th>
<th>Used More than Intended</th>
<th>Took More for Same Effect</th>
<th>Injected Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>40%</td>
<td>44%</td>
<td>45%</td>
<td>51%</td>
<td>13%</td>
</tr>
</tbody>
</table>

**Figure 13. Frequency of Use**

- Alcohol
- Marijuana
- Cocaine
- Heroin

- Not at all
- Once a month
- Every two weeks
- Once a week
- Few times a week
- Daily
These findings are consistent with the fact that thirty percent of respondents were serving time for a drug offense, and lend support to COR’s focus on substance abuse education in both phases of the program. While COR does not purport to offer drug treatment, the philosophy behind COR is to refresh those skills learned in treatment and other longer-term prison programs. As such, COR includes several sessions to address alcohol and other drug (AOD) use and its impact on reintegration. In Phase I, inmates develop their own relapse prevention plans, and in Phase II, each inmate’s home and community circumstances are evaluated with a focus on potential relapse. Based on focus group discussions, however, it appears that a large majority of inmates were enrolled in many programs that addressed these issues while in prison. Thus, some were of the mind that an AOD lesson in COR was unnecessary. “Some prisoners have had years of AOD and get burned out on those topics.” Instead, a few instructors (although no COR participants) suggested adding a lesson geared toward drug dealers. “Drug dealing needs to be in the curriculum. We have a lot of guys who have gotten addicted to that lifestyle — not the chemicals.”

In addition to exploring the possibility of adding a module on drug dealing to the COR curriculum, the DOC may want to consider enhancing its focus on aftercare. While prior research indicates some evidence that drug treatment prevents recidivism, the most promising programs are ones that initiate treatment in prison and continue care in the community (Gaes et al., 1999; Inciardi et al., 1997; Knight et al., 1999; Martin et al., 1995, 1999; Wexler et al., 1999). This continuity of care approach is not well documented in the COR literature; it is clear that Phase II of COR covers AOD issues while inmates are housed in CCCs, but there are no details on any plans for continuing treatment for former prisoners after they are released from CCCs.
Family

The support of family members is considered to be an important piece of the reintegration process. Family can play a critical role in providing food, housing, clothing, and transportation, as well as in providing emotional support to the returning prisoner. COR participants were asked a series of questions about their current relationships with family, their expectations for the future of these relationships, and the amount of both emotional and tangible support they expect to receive from friends and family after their release.

Overall, COR participants indicated that they felt close to their family members and consider them a significant source of support. Almost 60 percent of respondents claimed to have a close relationship with four or more family members. When asked about whom in their family respondents felt closest to, a parent was by far the most frequently cited family member, and in most cases that parent is their mother. More than 90 percent agreed that they felt close to their family and that they wanted their family to be involved in their lives. Almost all said that it would be pretty easy or very easy to renew family relationships. Notably, less than two percent said that they did not have a family.

Survey respondents had high expectations about the levels of both tangible and emotional support they would receive from family after their release. Ninety percent or higher reported that they had a friend or someone in their family who would help them find a place to live, help them find a job, provide support for dealing with a substance abuse problem, and provide transportation if needed. Sixty-four percent of inmates expected financial support from family during the first month after their release from prison, and two-thirds expected to live with family members after their release. The family support seemed to be reciprocal, as 82 percent indicated that they considered themselves a source of support for their family.

![Figure 16. Number of Close Relationships](chart16.png)

![Figure 17. Closest Family Relationship](chart17.png)
In addition to family support is the issue of reunification with children. Inmates have been apart from their children for many months—often years—and this long-term separation can create reentry challenges of its own. According to survey results, 60 percent of respondents are parents of minor children. Overall, inmates who reported being parents believed it would not be difficult to renew relationships with their children, with 78 percent responding that it would be easy or very easy to do so.

In summary, most respondents indicated that they felt close to their families, thought it would be easy to reunite with them, and appeared to expect a lot of support from them after their release from prison. In addition, 71 percent indicated that family support was an important factor in staying out of prison.

Overall, inmates’ expectations for family support are quite high, yet it is difficult to know if these expectations are based on in-prison contacts with family or if they simply represent wishful thinking. There is very little published literature on the role of family relationships in reentry, but what exists suggests that returning prisoners’ families may play a significant role in the reintegration experience. Some early studies, for example, have found a correlation between number of family prison visits and letters sent by family, and success on parole (Ohlin, 1954 in Homer, 1979; Holt and Miller, 1972). It is somewhat disturbing, therefore, to note that a repeated complaint of COR Phase II focus group participants was the restrictions the CCCs placed on family visitation. “I haven’t even seen my family, this is really frustrating.” Many felt frustrated that they were so close to their families and could not see them. “Let me go see my grandbaby and walk across the street.” “We should be with our family…My son is wondering why I ain’t coming around.” Indeed, some stated that they had more opportunities to spend time with their families in prison than they did in COR at the CCC.

While family visitation rules varied across facilities, and some CCCs allowed for family visits, those CCCs with restrictions on family visitation could be having a negative impact on post-release success. Survey results add to the picture of family visitation, with 52% of Phase II participants reporting that they had family visits during Phase II of COR. While this percentage is better than focus group findings would suggest, it does not capture the volume nor quality of visits, and demonstrates that almost half the respondents had not yet seen their family members.

**Figure 18. Expectations for Family Support**
Other Issues

Housing

One of the more surprising findings from both surveys and focus groups is the fact that finding housing after release did not seem to be a serious issue for COR participants. Almost all COR participants claimed to know where they will be living after their release, with only eight percent responding that they do not know where or with whom they would live. More than anyone else, mothers were whom respondents expected to be living with after release (30 percent), with the next highest group being boyfriends or girlfriends, at 15 percent. Consistent with earlier observations, fathers were far behind mothers, as only 11 percent said that they expected to live with their fathers after release from prison.

Focus group findings mirrored these survey results. Housing was rarely mentioned as a primary area of concern for staff or COR participants. A few instructors commented on providing prisoners with housing resources, but inmates rarely mentioned this as something they saw as a concern of their reintegration. When COR participants talked about housing challenges, it was concern over saving enough money for a security deposit and first month’s rent rather than locating safe, affordable housing. This could be because they were not yet faced with the challenges of obtaining housing. Indeed, inmates listed having a place to live as one of the most important factors in staying out of prison following their release.

Figure 19. Where Respondents Expect to Live After Release

![Bar Chart: Where Respondents Expect to Live After Release]

- Mother: 30%
- Boyfriend/girlfriend: 15%
- Sibling: 14%
- No one: 13%
- Father: 11%
- Husband/wife: 10%
- Child: 7%
- Half-way house: 6%
- Friend: 4%
- Grandparent: 4%
- Don’t know: 8%
Health
Many staff focus group participants mentioned the fact that prisoners are at a higher risk for infectious diseases and have a higher rate of infection than the general population. Several thought that COR should have a health education lesson, and some heard that one was on the way. “We have a lot of people coming out with Hepatitis or AIDS and they don’t fully understand it.” COR participants, however, believed that they were physically healthy. Eighty-nine percent responded that, compared to others their age, their overall physical health was excellent or good, and over 90 percent thought it would be easy to remain in good health following their release. This self-assessment, however, may not be an accurate representation of soon-to-be-releases inmates’ health needs. It is possible the respondents viewed the question as comparing themselves to their peers in prison, rather than to the general population. For example, about one-fifth of respondents reported that they were taking prescribed medication for a chronic health condition. The DOC may want to consider how health issues are integrated into the COR curriculum.

Identification
Obtaining photo identification before being released from prison is often a significant and overlooked challenge to reintegration. Without an ID, inmates are often unable to apply for jobs, driver’s licenses, social services, and housing. While COR Phase II instructors indicated in focus groups that they believed COR was useful in helping inmates obtain photo identification, it was interesting to learn that 80 percent of COR participants said that they would have some form of photo identification when released, the most common being a Pennsylvania State identification card. This suggests that prison staff already have an effective system for obtaining identification for inmates, and that emphasis on this component in Phase II might be scaled back.
Biggest Challenges and Need for Help After Release

COR participants were presented with a list of issues that they may confront after release and asked whether they felt each issue would be very easy, pretty easy, pretty hard, or very hard. Somewhat surprisingly, for each of the issues the majority indicated that it would be very easy or pretty easy to do after release. The issues with the most easy responses include keeping a job, staying in good health, providing themselves with food, and renewing family relationships. As discussed above, paying off debts and paying child supported had the most hard responses (48 percent and 36 percent, respectively).

Although the large majority thought most of the situations presented to them would be easy to deal with, many still claimed that they would need some help with parts of their reintegration. COR participants were offered the response options of no help, some help, and a lot of help. For all but one of the issues (getting child care), more than half said that they would need some or a lot of help and less than half said that they would need no help. Generally, respondents expected to need some help, but not a lot of help, with certain elements of reintegration such as finding a job, getting financial assistance, and getting health care.
ASSESSING PRISON PROGRAMMING

One of COR’s objectives is to review with inmates the material they are presumed to have covered in previous prison programs. This “booster shot” is delivered primarily in a classroom setting during Phase I, with an eye toward “real world” application in Phase II. This section will look at the types of programs inmates participated in before COR, the topics and issues they covered in COR (Phase I and Phase II), and the extent to which the COR program was a refresher course for the inmates.

Program Participation

In-Prison Programming Before COR

Survey respondents were asked about their experiences with prison programming offerings prior to their participation in COR. A list of programs was included in the survey and, not surprisingly, there was significant variation in terms of how many inmates were offered each type of program. Some programs were offered to the large majority of respondents, while others were offered to a relatively small share. For example, about three-quarters of respondents reported that they were offered substance abuse treatment programs and anger/stress management classes, while less than one-third indicated that they were offered counseling, health education, and money management. (See Appendix D for rates at which programs were offered and rates of participation.)

Asking whether an inmate was offered a program is a very different question from asking whether an inmate participated in a program. As a proxy for the level of interest in prison programs before COR, survey respondents were also asked whether they participated in the programs that were offered to them. In general, it appeared that if a program was in fact offered, then the participation rate was relatively high, with almost all of the programs listed in the survey having a participation rate of two-thirds or more. Only sex offender relapse prevention, college-level classes, and apprenticeship programs had a less than two-thirds participation rate.

It is not uncommon in correctional settings for inmates to be unable to participate in programs that they would like to for a variety of reasons, including limited classroom space, waiting lists, or eligibility restrictions. To determine the extent to which survey respondents were interested in prison programs but were unable to participate in them, we asked how they agreed

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1 It is worth noting that inmates may be more likely to remember the courses in which they participated compared to those that were offered and they did not participate. As such, the true “offered” rate may be somewhat higher and the true participation rate somewhat lower.

2 Only sex offender relapse prevention, college-level classes, and apprenticeship programs had a less than two-thirds participation rate.
to the following statements: “Of the classes, programs, and training that were offered, I was able to participate in all that I wanted to,” and “I wish there were more classes, programs, and training available to me.” Responses suggest that a large majority of inmates did not encounter obstacles to joining programs, as over three-quarters (77 percent) agreed or strongly agreed that, of the programs that were offered to them before COR, they were able to participate in all that they wanted. At the same time, respondents expressed a desire for more program offerings, as more than three-quarters wished that more programs were available to them in prison.

**COR Programming**

Next we examine the extent to which COR participants actually received (or, more accurately, believe that they received) the various components of the standard COR curriculum. As discussed above, COR staff were asked to administer the survey as close to the last day of classes as possible so that all of the COR material would have been covered by survey administration. Phase I respondents were asked: “What issues did you cover during your two weeks in COR?” Figure 22 demonstrates that the large majority of Phase I respondents covered most of the key issues of the Phase I curriculum, with the exception of those lessons geared toward long-term offenders and sex offenders. In particular, almost all Phase I respondents reported that they covered the employability lessons (e.g., resume development, practice interviews, how to job search, how to explain a prison record). In the Phase I staff focus groups, instructors from almost every facility talked about their first week of Phase I being dedicated to employability. Therefore, based on survey responses and focus group discussions, it appears that employability, as specified in the standard curriculum, is being widely implemented as a major component of Phase I. Participation rates for other Phase I lessons, however, such as character development, introduction to parole, and spirituality, were relatively low, with about one-quarter of Phase I respondents indicating that they had not been exposed to these topics.

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5 “Standard curriculum” refers to the original set of lesson plans and materials for both phases that, apparently, were distributed to all facilities that were going to participate in the pilot phase of COR before it began.
According to the COR materials, the duration of Phase II may vary by facility, but generally classroom time is designed to take place during the first two weeks of the Phase II program. Thus, Phase II respondents were asked: “What issues did you cover during your first two weeks in Phase II of COR.” As Figure 23 illustrates, consistency in program delivery appears to be lower for Phase II than for Phase I. A significant portion (more than 50 percent) claimed that several subject areas had not been covered in their first two weeks of Phase II. Just under half of the Phase II survey respondents indicated that they had covered mentoring, an introduction to parole, and development of a Correctional Reentry Plan. However, as more than two-thirds of respondents reported covering many of the issues, it would be unfair to generalize that all of the Phase II elements listed in the survey were not being delivered consistently.

In addition to classroom topics, Phase II of COR was designed to include a number of activities and resources intended to increase community linkages. Three major components of the community linkages portion of Phase II are: setting inmates up with forty hours of community service work; providing specific contact and referral information for resources in the community; and connecting inmates with mentors in the community. Survey results indicate that, while 86 percent report that they had done or would be doing community service, and just over 60 percent were provided with names and contact information of service providers, only half had a mentor assigned to them. Perhaps this explains the finding that only 24 percent of respondents believed that mentoring would be helpful to them in their transition back to the community. These findings about low levels of inmates with mentors were echoed in focus group discussions, during which very few inmate participants reported having a mentor.

That Phase II would have a lower level of consistency in program delivery than Phase I is, in some respects, to be expected. To describe the nature of the two phases succinctly, we could say that Phase I is a standardized, highly-structured, and well-defined classroom-based program while Phase II is a more individualized, facility-specific, and community-based program. So, by definition, Phase II should be less standardized than Phase I.

**Comparing In-Prison Programming with COR**

As discussed earlier, one of COR’s objectives is to serve as a refresher of subject matter that is presumed to have been delivered to inmates previously, during the course of other prison programming. However, because different inmates in different facilities participate in different programs, a standardized curriculum will be more of a review for some than it will be for others. Expecting all COR topics to be a refresher for all inmates in COR would be unrealistic. That said, we asked Phase II survey respondents to respond to the following statements: “Most of the material I covered in COR was a review of other programs that I participated in when I was in prison,” and “A lot of the material covered in COR was new material to me and was not covered in my other prison programs.” In short, the vast majority of survey respondents viewed COR as a refresher. Eighty-eight percent of Phase II inmates agreed or strongly agreed that most of the topics covered in COR were a review of other programs that they participated in while in prison. Similarly, most did not think much new material was included. Fifty-nine percent either disagreed or strongly disagreed that a lot of the materials covered in COR were new and were not covered in other prison programs. It is worth noting, however, that 41 percent, a significant share, did agree or strongly agree that a lot of the COR material was new to them.

Focus group findings support the view that COR is a refresher program. When asked how they would describe the COR program to someone who has never heard of it, almost all of the
managers and instructors categorized it as a combination of a review of what was learned in prison and preparation for integrating into the community.

Because we have information on which prison programs survey respondents participated, as well as which COR topics inmates were exposed to, we can examine further the extent to which COR provided a review for inmates and, by deduction, the extent to which new information was presented. This is explored by examining “coverage rates”\(^6\) for a select number of programs. For instance, Table 2 demonstrates that 30 percent of survey respondents reported participating in a parenting program while in prison (and before COR). In contrast, 81 percent of Phase I survey respondents reported that they covered parenting in COR Phase I and 74 percent of Phase II survey respondents reported that they covered parenting in COR Phase II.

Thus, a higher share of inmates reported covering parenting issues in COR than before COR.

Noting that the second column of Table 2 is consistently lower than the third and fourth columns, we deduce that some respondents were exposed to topics for the first time through COR. However, we would expect COR to have higher exposure rates than in-prison programs for a number of reasons. First, respondents are still part of the COR program, so recall about its content may be better than recall of prison programs that may have taken place years ago. Second, we know that different prisons have different program offerings, so inmates may not have been offered a program or may have chosen not to participate in it. Despite the expectation that COR will have higher coverage rates, the large differences between COR and prison program exposure (e.g., 30 percent versus 81 percent) probably indicate that, for many survey respondents, some of the topics covered in COR are new to COR participants.

### Table 2. Percent Covering Specific Topics by Program-Type

<table>
<thead>
<tr>
<th>Program</th>
<th>Covered in prison (before COR)</th>
<th>Covered in Phase I</th>
<th>Covered in Phase II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger management</td>
<td>69%</td>
<td>83%</td>
<td>na*</td>
</tr>
<tr>
<td>Citizenship</td>
<td>45</td>
<td>83</td>
<td>na</td>
</tr>
<tr>
<td>Decision making</td>
<td>42</td>
<td>90</td>
<td>na</td>
</tr>
<tr>
<td>Employability</td>
<td>27</td>
<td>94</td>
<td>74%</td>
</tr>
<tr>
<td>Health education</td>
<td>19</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Money management</td>
<td>16</td>
<td>87</td>
<td>68</td>
</tr>
<tr>
<td>Parenting</td>
<td>30</td>
<td>81</td>
<td>74</td>
</tr>
<tr>
<td>Spirituality</td>
<td>37</td>
<td>74</td>
<td>na</td>
</tr>
<tr>
<td>Substance abuse ed</td>
<td>71</td>
<td>81</td>
<td>72</td>
</tr>
</tbody>
</table>

\(^*\)Not available. Not all listed programs were included in the surveys.

\(^6\) The coverage rate is the number of respondents who reported covering a topic (either in-prison, COR Phase I, or COR Phase II) divided by the total number of respondents.
Opinions about Programs

After gaining an understanding about the content of information and types of exercises survey respondents received, we now turn to views and opinions on the overall COR program, specific elements of COR, and the structure and format of the program.

**Program Overall**

Referring to in-prison programming before COR, survey respondents were asked to respond to the following statement: “Overall, I believe that participating in these programs was worthwhile.” Figure 24 shows that survey respondents generally believed that their participation in prison programs was worthwhile, as 93 percent agreed or strongly agreed with this statement.

Respondents were also asked about their opinions on COR as a whole by responding to the statement: “Overall, participating in Phase [I/II] of the COR program will be helpful for my transition back to the community.” Ninety-four percent of Phase I respondents and 78 percent of Phase II respondents indicated that they agreed or strongly agreed that COR would be helpful with their transition to the community. Although opinions were more favorable for Phase I than for Phase II, clearly, the general feeling about both segments of the program is overwhelmingly positive.

One of the objectives of the focus groups was to elicit overall impressions of the COR program. As a way of wrapping up the focus group discussion, participants were asked: “All things considered, do you think COR will significantly improve the transition of its participants back to society.” It is interesting to note that the focus group discussions on this topic did not mirror the survey results. Phase II focus group participants were lukewarm to negative about the program, and the few Phase II participants who expressed positive views of COR usually qualified statements. By way of comparison, recall that 78 percent of survey respondents either agreed or strongly agreed that COR would be helpful.

**Figure 24. Percentage of Respondents Rating COR as Worthwhile/Helpful to Transition**

Note that in-prison refers to whether program was “worthwhile” and Phases I and II refer to whether program will be “helpful to transition.”
Specific COR Topics

In addition to asking their overall views of the COR program, respondents were also asked about some of the individual components of the Phase I and Phase II COR curriculum. For each of the two Phases, respondents were asked: “Which parts of the COR program do you think will be helpful with your transition back to the community?” A list of Phase I lessons (shown in Figure 25) was included in the survey. Lessons related to employment were among those deemed the most helpful. At least two-thirds of respondents felt that a number a employability lessons would be helpful after release, including how to: keep a job; explain a prison record to a potential employer; conduct a job search; develop a resume; and conduct oneself in an interview. Other high-ranking Phase I lessons included decision making and money management, for which about three-fourths of the respondents expected them to be helpful. There were several lessons that more than half of Phase I respondents did not perceive as helpful, including character development, spirituality, and citizenship. Generally, topics that were not considered helpful, relatively speaking, seemed to be less focused on practical application and skills – such as employability - and more focused on general knowledge and understanding.

Figure 26 shows the Phase II lessons listed in the survey. Overall, respondents did not expect these lessons to be as helpful as the Phase I lessons. For the majority of items in Figure 26, the share of Phase II respondents who indicated that an item would be helpful was less than 50 percent. This follows, somewhat, the overall opinions of the program discussed above, for which a smaller share of Phase II respondents indicated that COR would be helpful compared to Phase I respondents.
Survey respondents were also asked the extent to which they agreed that certain COR exercises or activities would be helpful. For example, they were asked how they agreed with the following: “Completing sample job applications will help me get a job,” and “The budget exercise will help me better manage my money after release.” Figures 27 and 28 show that for all of the exercises presented, the large majority of both Phase I and Phase II survey respondents either strongly agreed or agreed that such exercises would be helpful. The high ratings and low variation depicted in Figures 27 and 28 seem to suggest that survey respondents almost always expected that exercises and activities would be helpful to their transition, and that, notably, they are perhaps more helpful relative to classroom lessons.

![Figure 27. Exercise or Activity Expected to be Helpful, Phase I](image1)

![Figure 28. Exercise or Activity Expected to be Helpful, Phase II](image2)
Format

Almost all survey questions reviewed thus far have been related to survey respondents’ experiences and expectations for after release. This next section covers questions related to the format of the COR program, including questions about the content, duration, difficulty, and timing of COR.

Duration. Phase I respondents were asked whether two weeks in Phase I was about right, too much time, or not enough time. Similarly, Phase II respondents were asked whether the total length of time they would spend in Phase II was about right, too much time, or not enough time. More than two-thirds of Phase I respondents (69 percent) and half of Phase II respondents (53 percent) said that the period of time they spent in that particular phase was about right. For those Phase I respondents who were not satisfied with the length of time of the segment, more felt that two weeks was too much time in Phase I (20 percent) rather than too little time (11 percent). The feelings of dissatisfaction were stronger for Phase II, for which 41 percent indicated that they spent too much time in Phase II, and six percent indicated that they spent too little time in Phase II. Interestingly, Phase I instructors from the focus groups felt differently about the duration of Phase I. The general consensus from the Phase I instructor groups was that two weeks was not enough time, suggesting that too much information was being covered and that inmates had limited capabilities to process so much information in that period of time.

Content. It is apparent that the COR program covers a multitude of topics between the two phases. Despite the comprehensive nature of the program, in the interest of identifying any gaps in the curriculum, survey respondents were asked: “Were there things you did not cover that you would have liked to cover?” An analysis of responses from both phases suggests that respondents felt that COR was truly comprehensive in terms of the topics that were covered. Figure 29 shows that only a relatively small share indicated that there were subjects that COR did not cover that they would have liked to cover (11 percent for Phase I and 17 percent for Phase II). Some of these topics include drug dealing prevention, basic computer skills, and spending time with children.

Figure 29. Opinions about COR Format and Structure
Respondents were also satisfied with the relative importance given to each topic in COR. They were asked: “How do you feel about the amount of time you spent on these [list of COR] issues?” Less than a third of Phase I and Phase II respondents felt that too little time was spent on any given topic, or that too much time was spent on any given topic. Almost all of the respondents who indicated that a topic was given too little time wrote in a job-related topic, such as resume writing and employment preparation, as that which needed greater coverage. For those who wrote in a topic that was given too much time, the vast majority were substance abuse-related, such as AA/NA and drug relapse prevention. This corresponds to an earlier discussion in the Substance Abuse History section where focus group participants said that they were “AOD’d out.”

Difficulty. COR participants generally felt that the level of difficulty of both Phases was appropriate. Seventy-six percent of the Phase I participants and 71 percent of the Phase II participants responded that the level of difficulty of the COR classes and materials was about right for them. Of those who were not satisfied with the level of difficulty, most felt that it was too easy for them rather than too difficult.

Instruction and Materials. The vast majority of survey respondents believed that both the quality of instruction and the quality of materials were satisfactory or better. Indeed, only five percent or fewer rated their primary COR instructor or the COR materials and handouts as less than satisfactory. Phase I and Phase II participants were particularly happy with their instructors, as more than half rated him or her a “one” on a scale of one to five, with one being very good. The positive feedback on instructors is even more impressive in light of the fact that in most of the instructor focus groups, staff indicated that they had not received any training, and would have liked at least some amount of training on COR.

Communication

Communication about what COR participants will do and when they will do it appears to be somewhat lacking. The timing of the two phases, in relation to each other and in relation to an inmate’s release date, seems to be an area of uncertainty. According to DOC materials on COR, soon-to-be-released inmates should participate in Phase I approximately one month before their release from an SCI. However, a significant share of Phase I survey respondents (42 percent), who were close to completing Phase I at the time of survey administration, reported that they expected to be released in one month or more. As another illustration of communication problems, 18 percent of Phase I respondents did not know when they were going to be released from prison. Either these inmates were to be released relatively soon and they are unaware of it, or COR Phase I is being administered much farther in advance of prison release dates than COR’s designers intended. Either way, inadequate communication seems to play a role.

Turning to the two-phase aspect of COR, PA DOC intends to have all inmates participate in both Phase I and Phase II of COR before their release back into the community. Phase I survey respondents were asked: “Will you participate in Phase II of the COR program?” Again, communication about involvement with COR appears unsatisfactory. Only 57 percent indicated yes, they will participate in Phase II, while 17 percent indicated no they would not, and 25 percent reported that they did not know whether they would participate in Phase II of the COR program (Figure 30). These survey findings coincide with Phase II focus group participants’
feelings about their involvement in COR. Many expressed surprise and frustration, when, upon arrival at a CCC, they became aware of either their involvement in COR or the length of time for Phase II.

COR participants were not the only ones to express their disappointment with the level of communication between the two phases. Managers and instructors in the focus groups also stated their beliefs that lack of staff communication between the two phases caused problems for many COR participants, especially in terms of instructors’ inability to answer questions of the Phase I participants. Managers and instructors in the focus groups also noted communication frustrations with central administration. Many COR staff members felt as if they did not have a good understanding of the overall program, where it was headed, and the extent of commitment from top administrators.

**Standardization**

Talking in generalities, Phase I of COR is a standard curriculum which, for the most part, one-size-fits-all, while Phase II allows for the curriculum to be more individualized and tailored to an inmate’s needs. However, Phase I participants thought that the Phase I staff attempted to tailor the lessons, as 31 percent *strongly agreed* and 49 percent *agreed* that “staff made an effort to adjust Phase I of the COR program to address my specific needs.” In addition, when asked if there were sections of the curriculum that did not apply to them, a relatively small share of Phase I (22 percent) responded *yes*.

In terms of Phase II, respondents seemed generally satisfied with the level of individual interaction with staff. Sixty-three percent responded that they spent about the right amount of one-on-one time with staff. Most of the remaining respondents (30 percent) believed that they spent too little time one-on-one with staff. Phase II survey respondents also appeared content with the amount of time they spent in a classroom, as two-thirds said that they spent about the right amount of time in a classroom during Phase II. However, almost no one (less than two percent) believed that too little time was spent in a classroom and that they would have preferred more.

---

**Figure 30. Expectations about Participating in Phase II**

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>58%</td>
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<tr>
<td>No</td>
<td>17%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>25%</td>
</tr>
</tbody>
</table>
SUMMARY AND RECOMMENDATIONS

Pennsylvania’s Community Orientation and Reintegration program is quite unique. As the literature review in the first COR report indicates, only one other state in the country, Illinois, is running a reentry program offered to the majority of their soon-to-be-released inmates. In Illinois, however, this program ends at the prison door, rather than carrying reentry lessons on into the community corrections environment. Thus, the Pennsylvania DOC should be applauded for launching such an ambitious and comprehensive program to prepare prisoners for reentry. The COR program demonstrates the fact that the DOC views its role as more than simply one of housing inmates; rather, it is dedicated to doing what it can to ensure that inmates do not return. This is a laudable philosophy, and one that is not shared by some state DOCs, who believe that the return of inmates to prison is simply the nature of their business and is not under their control.

This process evaluation has demonstrated in many areas the creativity and dedication of the DOC in its design and implementation of what may very well be an effective reentry program. It has also raised areas of potential improvement. In order to synthesize the process evaluation findings into a summary that can be useful for DOC administrators, the summary findings and recommendations have been organized around COR’s six stated goals.

Goal 1: Promote Effective Community Linkages

Promoting effective community linkages is perhaps the area of the COR program that could most benefit from improvement. The key components of the COR program designed to promote such linkages are community service, referrals to service providers, and mentoring with citizens in the community. Of these, community service, during which inmates spend 40 hours of their time as volunteers on community projects, had the highest participation rates, at 86 percent. Despite this high participation rate, only 37 percent of respondents believed community service would be helpful in their reintegration, and focus group participants indicated that they viewed it more as punishment than as something that would help them personally. Indeed, it is unclear how community service would promote effective linkages for returning prisoners, and many focus group participants lamented that the service requirements were taking valuable time away from their job searches.

The mentoring program, which is intended to match each inmate with a pro-social role model from the community to which they will return, is the weakest component of the community linkages activities, with almost half of survey respondents indicating that they had no mentor. Focus group findings suggest that this mentoring component is rarely taking place: only two female focus group participants seemed to know there was a mentoring program as a part of COR (one had a mentor and the other did not).

A final community linkage in the COR program that might be enhanced is that of referring inmates to residential substance abuse treatment or other forms of substance abuse aftercare after they leave the CCC. As noted in the literature review in the first report for this process evaluation, some of the most promising programs aimed at reducing recidivism are ones that
initiate substance abuse treatment in prison and continue care in the community. While 61 percent of survey respondents indicated that they had been referred to services in the community, this community referral aspect of COR appears to fall short of securing residential substance abuse treatment or other forms of substance abuse aftercare for inmates.

While there are certainly some areas of improvement in the community linkages component of COR, it is important to note the strengths as well. For example, 78 percent of survey respondents believed that Phase II would help them transition back into society. In addition, according to Phase II instructors, many community contacts were made through COR, including: obtaining personal identification; applying for Social Security and welfare; getting mental health services referrals; identifying housing resources; and making employment contacts.

**Goal 2: Enhance Employability and Job Readiness**

Enhancing employability and job readiness is by far the strongest component of COR, and the one that received the most favorable reviews from both focus group participants and survey respondents. This is particularly true for the first week of Phase I, during which the employability section is taught. Staff and inmates indicated that the segments on mock interviews and creating resumes were particularly helpful.

Survey findings also provide evidence that the employability phase of COR is strong. Two-thirds or more of inmate respondents felt that the lessons on how to interview, keep a job, explain a prison record to a potential employer, conduct a job search, develop a résumé, and conduct oneself during an interview were going to be helpful after release. In addition, 28 percent of COR Phase I participants and 38 percent of Phase II participants reported that they already had a job lined up for after their release. While it could be that some portion of these inmates would have had jobs lined up even without going through COR, the fact that the percentage of inmates with jobs increases in Phase II suggests that some productive job connections are being made as a part of COR.

While the employability segments of COR are clearly a strength of the program, the results of focus groups suggest that Phase II might allocate more opportunities for inmates to actively engage in the job search process. Focus group participants indicated that they were severely restricted from leaving the CCC and thus could not conduct an effective job search. Limited phone access to place calls to prospective employers from the CCC was also cited as a major barrier to their job search.

Another area that might be enhanced is referring inmates to educational and vocational training programs after their release, as two-thirds of survey respondents expressed interest in taking a class or attending a training program after their release. This could be an important addition to COR, as the literature indicates that participation in vocational and other work-related programs is associated with reduced recidivism.

**Goal 3: Promote Healthy Family and Interpersonal Relationships**

The survey results reported above indicate that most respondents felt close to their families, thought it would be easy to reunite with them, and appeared to expect significant support from them after their release from prison. These expectations of family are quite high, and may not be realized after the inmate’s release; the disappointment associated with these dashed expectations could prompt substance abuse relapse and criminal behavior. The COR family reuni-
...cation module in Phase I is designed to discuss issues such as the importance of communication, anxiety about reunification, and managing expectations, and Phase II is designed to provide practical application of these skills through family visits. Phase II participants, however, report that family visitation opportunities are severely limited, and survey results confirm that almost half of the participants had not seen their families during Phase II of COR. In addition, there is no mention in the COR literature of family counseling sessions so that both inmates and family can manage expectations about what life will be like after the inmate is released. Family counseling sessions would also be useful for helping inmates reconnect with children, which is often a difficult challenge for parents who have been apart from their children for many months and often years. A family reunification module that includes family counseling sessions would be a useful enhancement to the COR program.

In addition to family reunification lessons, COR has a module on cognitive and behavioral skills, which is related to the topic of promoting healthy family and interpersonal relationships. In Phase I, inmates dedicate two hours to a session on Anger Management, during which they develop an understanding of where anger comes from, learn coping strategies for how to deal with anger, and participate in exercises to practice those strategies. Phase II of the COR curriculum contains a Life Skills module that addresses specific skills necessary to maintain healthy relationships with peers, family, and others in the community. While these components of COR did not come up in focus group discussions, survey findings indicate that the vast majority of COR participants did have instruction on anger management (83 percent) and other life skills (75 percent), and 60 percent of Phase I respondents and 56 percent of Phase II respondents indicated that they thought these topics would be useful in their reintegration process.

**Goal 4: Establish Standard Program Based on Needs and Best Practices**

The fourth goal of COR, to establish a standard, coordinated release program based on known risk factors, needs, and best practices, is quite simply unattainable. This goal cannot be met because, by definition, a standardized program suggests the same curriculum for all inmates, while a program that is based on the needs and risk factors of inmates would need to vary widely across the inmate population because different inmates have different needs. That said, it is useful to explore focus group and survey findings to determine the extent to which COR is being delivered in a standardized manner, as well as to explore how the literature on best practices might provide guidance to the DOC on striking an appropriate balance between standardization and needs-based program delivery.

With regard to delivery of the COR curriculum, in terms of Phase I, the large majority of Phase I participants covered the key issues of the Phase I curriculum. Consistency in program delivery for Phase II appears to be lower than for Phase I, with a significant portion of respondents reporting that several of the topics had not been covered, particularly the mentoring and parole orientation segments. Focus group findings indicate that COR staff generally followed the COR materials and guidelines provided to them by DOC administrators, making relatively small changes to the curriculum. Phase II instructors were more likely than Phase I instructors to alter and enhance the curriculum, citing lack of detail in the lesson plans they were provided.

It is likely that the COR curriculum could be delivered more uniformly with the addition of more staff training. When asked about what training they received for teaching COR, almost all instructors indicated that they had not been given any training, and most expressed interest in...
receiving some. Greater communication between DOC and COR managers and instructors, as well as between Phase I and Phase II program administrators, may also contribute to more uniform program delivery. Coordination appears to be one of the weakest aspect of COR, with overwhelming consensus among focus group participants that there is virtually no communication or coordination between Phase I and Phase II, much less between both phases of COR and Parole. In addition, staff participants expressed frustration at the lack of communication from DOC administration on COR and skepticism about the longevity of COR given the low level of resources DOC has dedicated to the program. These are important issues that should be addressed swiftly by DOC administrators, as buy-in among staff is a key issue in ensuring both consistency and quality of program administration.

With regard to meeting inmates’ needs, COR addresses the majority of components that one would expect to find in an exemplary reentry program. However, in addition to the gaps and areas of enhancement mentioned above, many focus group participants – both staff and inmates – thought that the one-size-fits-all approach to COR’s reentry programming was not effective. The range of financial, family, employment, substance abuse, and other issues covered in COR results in many of the inmates spending time in sessions that have no relevance to them. Some staff participants believed that the shortcomings of COR’s one-size-fits-all approach could be remedied by conducting a thorough needs assessment of each inmate prior to release and determining who would benefit most from COR, rather than requiring everyone to participate in the program. This recommendation is well worth considering, especially in light of the fact that the DOC’s Planning, Research, Statistics, and Grants Division is in the process of piloting a series of questionnaires to measure criminogenic characteristics of the population of soon-to-be-released inmates. These questionnaires may enable the DOC to more accurately assess the needs of inmates entering COR and to adapt the curriculum accordingly.

**Goal 5: Enhance the Reintegration Process**

This report represents the results of a process evaluation, and thus cannot address head-on outcome issues associated with COR. However, both focus group participants and survey respondents were asked whether they thought COR would improve the reintegration process for released inmates. Focus group participants had mixed views on the topic. Inmates were lukewarm to negative about the program, while instructors were more positive and most staff in general felt that, at a minimum, COR was better than nothing, and that with some revisions it could be quite effective. Survey respondents had more favorable views than inmate focus group participants, with an overwhelming 83 percent of survey respondents agreeing that COR would be helpful with their transition to the community. These findings are strictly based on opinion, and would need to be validated through a comprehensive outcome evaluation, but they hold promise for future findings of program success.

**Goal 6: Reduce Recidivism**

The ultimate goal of COR is to reduce recidivism among the releasee population. As with the previous goal, this question cannot be answered through the Urban Institute’s process evaluation of COR. However, it is a question worth exploring, as significant staff time and resources are being dedicated to COR, and documentation of its effectiveness could help generate more staff support and potentially more state resources to make the enhancements and im-
provements to COR that have been described above. While a rigorous impact evaluation would ideally involve a treatment and control group, the fact that the pilot phase of COR was administered randomly to half the population, based on inmate number, creates an appropriate comparison group that would enable researchers to track and compare outcomes for both groups and draw conclusions about program impact. Such an impact evaluation would be well worth the investment and is highly recommended.
REFERENCES


### Appendix A.
Correctional Facilities Represented in Focus Groups

Focus group attendees came from the following 26 institutions:

<table>
<thead>
<tr>
<th><strong>CCCs / CCFs</strong></th>
<th><strong>SCIs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Coleman Center, CCC</td>
<td>SCI Albion</td>
</tr>
<tr>
<td>Conewago/Wernersville, Firetree, Ltd., CCF-CPC</td>
<td>SCI Camp Hill</td>
</tr>
<tr>
<td>Gateway Rehabilitation Center</td>
<td>SCI Chester</td>
</tr>
<tr>
<td>Hannah House, CCF-CPC</td>
<td>SCI Coal Township</td>
</tr>
<tr>
<td>Penn Pavilion, CCC</td>
<td>SCI Cresson</td>
</tr>
<tr>
<td>Renewal, Inc., CCF-CPC</td>
<td>SCI Dallas</td>
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<td>SCI Graterford</td>
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<td>SCI Huntingdon</td>
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<tr>
<td></td>
<td>SCI Mahanoy</td>
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<tr>
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<td>SCI Muncy</td>
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<td>SCI Pine Grove</td>
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<td>Quehanna Boot Camp</td>
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<td>SCI Retreat</td>
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<td>SCI Rockview</td>
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<td>SCI Somerset</td>
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<td>SCI Waymart</td>
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Appendix B.
Questions Posed to Focus Group Participants

The following questions were posed to the focus groups. Note that not all questions were presented to all groups.

Introduction / Ice Breakers
- Please introduce yourself by saying a little bit about where you work and what your responsibilities are / tell us how long you have been at this CCC and when you expect to be released.
- How would you describe COR to someone who was not familiar with it?

Needs of COR Participants
- What needs do you think are being addressed most effectively by COR?
- What needs do you think are not being addressed adequately by COR?
- If you could change one thing about this program, what would you change and why?
- To what extent is there a gap between what the COR program offers and what its participants need?
- Do you feel that this part of the COR curriculum, Phase II, was sufficiently adjusted to reflect your personal situation?
- What are you hearing about the COR program from your students?
- What kinds of community connections are you making through the COR program?

Training and Staffing
- Did you receive adequate training to participate in the COR program? Do you want more training?
- Given that COR is done with existing resources, what are you no longer able to do, now that COR is being implemented?
- How have you been able to staff the COR program with existing resources?
- Thinking about program offerings at your CCC before COR, how much did what you teach change with the introduction of COR?

Curriculum and Community Connections
- To what extent have you changed or tried to change COR since you started teaching and why?
- If you could design COR from the ground up, how long would you make it, for how many hours per day, and how far in advance of the release date?
- How do you go about linking Phase II participants with services in the community?
- How do you go about linking Phase II participants with services in the community?

Coordination Issues
- Talk about the level of coordination between Phase I and Phase II.
- Talk about the level of coordination between CCCs and Parole.
- Is there any coordination between COR staff and parole staff?

Wrap-up
- What do you think will be the biggest challenge for full implementation of COR?
- All things considered, do you think COR will significantly improve the transition of its participants back to society?
Appendix C.
Focus Group Participant Characteristics

<table>
<thead>
<tr>
<th>Group Type</th>
<th># of Participants</th>
<th>Gender (%): M</th>
<th>F</th>
<th>Race/ Ethnicity (%): B</th>
<th>W</th>
<th>H</th>
<th>Ave. Age (years)</th>
<th>Education (Mode)</th>
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<tbody>
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<td>Phase I managers</td>
<td>20</td>
<td>85</td>
<td>15</td>
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<td>100</td>
<td>0</td>
<td>49</td>
<td>Post-graduate study</td>
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<td>Phase I instructors</td>
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<td>69</td>
<td>31</td>
<td>19</td>
<td>81</td>
<td>0</td>
<td>44</td>
<td>Post-graduate study</td>
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<td>Phase II instructors</td>
<td>20</td>
<td>50</td>
<td>50</td>
<td>45</td>
<td>55</td>
<td>0</td>
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<tr>
<td>Phase II participants</td>
<td>36</td>
<td>89</td>
<td>11</td>
<td>67</td>
<td>22</td>
<td>11</td>
<td>35</td>
<td>HS Graduate</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>76</td>
<td>24</td>
<td>39</td>
<td>57</td>
<td>4</td>
<td>41</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix D.
**Programs in Prison Before COR**

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>OFFERED</th>
<th>PARTICIPATED (Of those offered)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS education</td>
<td>44%</td>
<td>63%</td>
</tr>
<tr>
<td>Anger/stress management</td>
<td>73</td>
<td>92</td>
</tr>
<tr>
<td>Apprenticeship program</td>
<td>21</td>
<td>35</td>
</tr>
<tr>
<td>Citizenship program</td>
<td>56</td>
<td>80</td>
</tr>
<tr>
<td>College-level classes</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td>Counseling, including mental health counseling</td>
<td>30</td>
<td>62</td>
</tr>
<tr>
<td>Decision making</td>
<td>56</td>
<td>74</td>
</tr>
<tr>
<td>Employment readiness</td>
<td>40</td>
<td>66</td>
</tr>
<tr>
<td>GED/adult basic education</td>
<td>58</td>
<td>75</td>
</tr>
<tr>
<td>General health education</td>
<td>29</td>
<td>63</td>
</tr>
<tr>
<td>Job or vocational training</td>
<td>55</td>
<td>75</td>
</tr>
<tr>
<td>Life skills</td>
<td>52</td>
<td>67</td>
</tr>
<tr>
<td>Money management</td>
<td>28</td>
<td>58</td>
</tr>
<tr>
<td>Parenting skills</td>
<td>46</td>
<td>63</td>
</tr>
<tr>
<td>Religious/spiritual program</td>
<td>51</td>
<td>72</td>
</tr>
<tr>
<td>Residential substance abuse treatment (RSAT)</td>
<td>24</td>
<td>73</td>
</tr>
<tr>
<td>Sex offender relapse prevention</td>
<td>12</td>
<td>31</td>
</tr>
<tr>
<td>Substance abuse, including AA/NA</td>
<td>79</td>
<td>88</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>—</td>
</tr>
</tbody>
</table>