

Fighting America's Highest Incarceration Rates with Offender Programming: Process Evaluation Implications from the Louisiana 22nd Judicial District Reentry Court

J. Mitchell Miller¹ · David N. Khey²

Received: 30 September 2016 / Accepted: 30 September 2016 /

Published online: 24 October 2016

© Southern Criminal Justice Association 2016

Abstract Reentry programs, when adequately funded and delivered with fidelity, can render recidivism reduction and other positive outcomes such as abstinence and employment stability. This paper reports process evaluation findings for the Louisiana 22nd Judicial District Reentry Court program, a joint SAMHSA/BJA-sponsored multiphase programming intervention for high-risk/high-need offenders featuring job readiness training in the Louisiana State Penitentiary at Angola and transition services during reentry, including program engagement, job placement, and treatment services continuation in the community under strict judicial supervision. Research procedures entailed 1) observation of court appearances, treatment team meetings, educational activities, and counseling sessions, 2) review of all program participant case files enabling progress tracking, and 3) in-depth and focus group interviews with program stakeholders both at Angola and post-release in community settings. Findings relate the evidence based nature and quality of services delivery to date, as well as fidelity demonstrated across major programmatic domains. Program improvement opportunities, outcome evaluation implications, and performance measures signaling early success center discussion around vanguard elements of the court and evaluation design, respectively.

Keywords Offender programming · Program fidelity · Reentry court

✉ J. Mitchell Miller
mitch.miller@unf.edu

David N. Khey
dkhey@louisiana.edu

¹ University of North Florida, Jacksonville, FL 32224, USA

² University of Louisiana – Lafayette, Lafayette, LA 70504, USA

Introduction

As the 2016 presidential general election nears, criminal justice reform has emerged as a thematic reaction to multiple interrelated social problems including gun violence, substance abuse, and, especially, excessive police force against minorities. While political rhetoric tenders vague plans for improvement, in reality major justice system reforms have been underway for several years including a national offender reentry movement (Travis, 2007). In less than a decade, offender reentry has become the nation's foremost strategy by which to balance public safety, offender needs, and system costs. Second Chance Act funding for reentry initiatives, increased awareness of co-occurring health conditions, and softened legislation transferring sanctioning for lower level felonies from prisons to community corrections in several states have coalesced to buttress reentry initiatives, broadly (Kennedy, 2012; McNiel & Binder, 2007; Watson, Hanrahan, Luchins, & Lurigio, 2014;).

The need for reentry programming to disrupt offending trajectories is compelling as roughly one in every two offenders return to prison in just a few years, forecasting future victimization and system expenditures (Durose, Cooper, & Snyder, 2014). The United States incarcerates more of its citizens than any other industrialized nation (Clear, Clear, & Frost, 2015), differentially impacting minorities - particularly young black Americans (Davis & Sorensen, 2013; Steffensmeier, Ulmer, & Kramer, 1998). Even though the vast majority of individuals (95 %) sent to prison will return to their communities, the outlook for most remains bleak in that employment is often unattainable (Bushway & Apel, 2012; Stafford, 2006), personal networks are either criminogenic or broken due to incarceration (Berg & Huebner, 2011; Travis & Waul, 2003), and substance use and mental health disorders too often remain unaddressed (Binswanger et al., 2012; Mallik-Kane & Visser, 2008). Increasingly, offender reentry programs are being delivered to a wider range of targeted populations to address various combinations of offender needs and transition issues, but only a fraction include formal program evaluation.

Evaluation of programming initiatives is vital to the overall success of the general reentry movement as new literature specifies evidence based practices informing program replication decisions and anticipated barriers to effective program delivery (Miller, Koons-Witt, & Ventura, 2004). In addition to generating empirical evidence specifying degrees of program effectiveness and impact, evaluations are vital for populating national evidence based practices registries such as crimesolutions.gov that increasingly steer practice and program replication for reentry and criminal and juvenile justice, generally. As the first of two steps in a larger mixed methods evaluation of a jointly funded US BJA and SAMSHA offender treatment intervention, the current study relates process evaluation methods and findings for an offender reentry program delivered through a district court in Southeast Louisiana, the Louisiana 22nd Judicial District Reentry Court. After situating the study in the scientific reentry literature and describing the program of focus, we relate the research strategy and findings informing program fidelity, recommendations to the Court, and forthcoming outcome analysis.

Background

Reentry programming is far from monolithic as multiple specialty and problem-solving courts (e.g., drug court, mental health court, family court, veterans court, and, representing the reentry movement's namesake, reentry court) address specific issues such as drug abuse, mental health disorders, homelessness, unemployment, and familial strife through programming targeting various offender populations. Post-release employment is particularly crucial to successful reentry success, although experiments with transitional employment have previously failed to improve outcomes (Bushway & Apel, 2012). Cook et al. (2015; 358) recently reviewed the troubled history of prisoner re-entry programming in respect to employment, noting that:

“one potential limitation of previous efforts to improve the employment outcomes of re-entering prisoners is that they only start providing services after exiting from prison. It may be that post-release programs start too late to help ex-offenders deal effectively with the multiple challenges associated with employment, family relations, substance abuse, and other aspects of re-entry.”

The reentry knowledge base rests on the general assertion that holistic services individualized according to needs and situations that are instigated prior to release, maintained during transition, and continued as aftercare are most apt to be successful – a “seamless transition” of services across settings and personal situations (Lowenkamp, Latessa, & Smith, 2006; Pearson & Lipton, 1999; PTravis (2000)etersilia, 2004; and Osher, 2006). Reentry court, a concept attributed to Jeremy, is really a court supervised intensive rehabilitation program that is well suited to meet the recovery needs of persistently justice-involved offenders with, more often than not, substance use disorders and mental health histories often including complex trauma. Most reentry and similar problem-solving courts across the nation share common features including individualized treatment plans, close case management, cognitive behavioral change therapies, some degree of medicated-assisted treatment, and, relative to most other specialty courts, heightened judicial oversight (Miller & Khey, 2016).

At the turn of the millennium the Department of Justice funded nine pilot reentry courts with varying degrees of success. Modeling drug court processes, these programs utilized judges as reentry managers and leveraged various combinations of professional treatment teams toward offender success. One such program, the Harlem Parole Reentry Court, garnered considerable attention when evaluation highlighted a litany of shortcomings practitioners must address in order to implement and deliver effective treatment (Ayoub & Pooler, 2015). The study asserted that, in order to succeed, offender programming should exhibit shared features, including comprehensive and actuarial risk and needs assessment screening, evidence based modalities targeting offender conditions, utilization of social support and other available resources in the community, and graduated incentives and sanctions specific to behavior modification and reinforcement. Seemingly, the findings influenced federal funding policy as the number of programmatic requirements for treatment funding have grown steadily in recent years as multiple evidence based elements are now common across recently implemented programs (actuarial screening instrumentation, individualized treatment plans, medicated treatment, transition and aftercare services alignment, and an

evaluation component). These demands challenge program planning but guarantee that implemented strategies are more apt to be evidence based, produce intended results, and thus bolstered return on programming investment. The program of current focus, the Louisiana 22nd Judicial District Reentry Court (hereafter referred to as the “Court”) was funded in 2013 and features all of these components in providing holistic offender reentry services.

The Louisiana 22nd Judicial District Reentry Court Program

Just north of Lake Pontchartrain and Metropolitan New Orleans, the 22nd Judicial District Court of Louisiana (comprised of St. Tammany and Washington Parishes) has been described as an area with some of the highest incarceration rates in the nation (Galofaro, 2012). The Parishes’ crime problem is significant with 1 out of every 86 adults (881 per 100,000 residents) incarcerated, a rate that is substantially higher than any other state or country in the world. The incarceration rate is even higher in St. Tammany Parish alone (954 inmates per 100,000 adult residents), lending credence to the jurisdiction’s local nickname of “St. Slammany.”

A serious drugs-crime connection is apparent in the District that, without intervention, is certain to only further fuel incarceration. SAMHSA (2010) noted that Louisiana consistently ranks among the top ten states with the highest rate of unmet substance abuse treatment needs, a reality mirrored by contrasts between national averages and Louisiana and again between the State and the Parishes. Specifically, St. Tammany and Washington Parishes report substance abuse treatment admissions (771 per 100,000) that are notably above the state mean (610 per 100,000), suggesting an elevated level of unmet substance abuse within the 22nd Judicial District (Louisiana State Epidemiological Workgroup, 2011). The design and implementation of the Court, then, is in large part responsive to the needs of drug-involved offenders.

The Court has its roots in the New Orleans Criminal Court and is part of a statewide reentry court initiative launched in 2011.¹ In partnership with the Louisiana Department of Public Safety and Corrections (LDPSC) and a handful of participating district judges, two complimentary developments transpired: 1) new sentencing legislation (LA Revised Statute 13:5401) provided enhanced judicial autonomy favorable to reentry programming and 2) a substantial and comprehensive in-reach program was established by the LDPSC. In practice, in-reach means participation in an 18 to 24 month comprehensive pre-release program for qualifying inmates at the Louisiana State Penitentiary at Angola. Services delivery (substance abuse education, social skills training, mentoring, and vocational education leading to certification) is comprehensive both in the prison phase and post-release through Court programming under judicial supervision.

¹ Louisiana currently has authorized the following nine (9) judicial districts to operate a Reentry Court under RS 13:5401: Orleans Criminal District Court, the 19th Judicial District Court (JDC; East Baton Rouge), the 22nd JDC (St. Tammany & Washington Parishes), the 11th JDC (Sabine Parish), the 15th JDC (Lafayette Parish), the 26th JDC (Bossier Parish), the 1st JDC (Caddo Parish), the 24th JDC (Jefferson Parish), and the 25th JDC (Plaquemines Parish).

The Court was designed to be an expansion of the District's current and well-established suite of problem solving courts,² modified for men with a long history of non-violent offenses directly or indirectly due to a substance use disorder (LA RS 13:5401). Can be sentenced to reentry court programming. The State offers little leniency through program participation as the multiple offender bill can be later filed should a participant fail to comply with or successfully complete the reentry court program, a design feature to minimize the risk of new crimes.

As a problem-solving court, the Court incorporates the National Drug Court Professionals Association specified ten essential elements of drug courts, modified for clients who are persistently justice-involved (Olson, Lurigio, & Albertson, 2001). By definition, this subpopulation is exclusively high risk and high needs as indicated by the Texas Christian University Drug Screen-V (TCUDS-V) and the Risk and Needs Assessment Tool (RANT) utilized by case managers to inform eligibility determination. Upon acceptance, participants are transferred from local jail custody to Angola. Originally set at 18-month to two years, time at Angola was fixed at 24 months to better enable satisfactory completion of pre-program elements.

The Court program features a battery of synthesized and complimentary evidence based practices, including needs assessment screening, substance abuse and mental health treatment, social mentoring, and, most notably intensive professional vocational training. Trustees at Angola, mostly lifers, serve as adult mentors and are matched with Court participants soon after arrival at Angola. These particular mentors are usually graduates of the New Orleans Baptist Theological Seminary, known as Bible College, which is housed at Angola. While evangelizing is seemingly a latent mission for many of these men, peer-based drug education, fatherhood skills, anger management, personal finance, and personal health are the formal *foci*.

Another set of trustees at Angola, again, mostly lifers, who have occupational experience in technical fields serve as vocational instructors. The main emphasis is on creating technical skills that lead to national certifications in a vocational track.³ Employment readiness has garnered industry support and partnership in the form of training with up-to-date industrial technology from free-world experts, modern equipment donation, and direct links to jobs and human resources contacts both pre and post-release. A retiree from the Louisiana Community and Technical College System oversees vocational programming for the Court, as well as testing for trades certification and technical fields, and facilitates employment in-reach through what is

² Typically, prospective participants are disqualified from traditional adult drug court eligibility due to their extensive criminal histories and would be punished under Louisiana's multiple offender bill, but those eligible per state statute specified participation criteria (no sex history, current offense cannot involve either violence or a death, and a district attorney must agree to withhold filing a multiple offender bill at the time of sentencing).

³ Vocational training has been offered inside Angola for over 20 areas. Vocation and trade options include: automotive technology, carpentry, collision repair, concrete finishing, culinary arts, electrical, eyewear technician, fiber optics, green technology, HVAC, heavy equipment operation, horticulture and pest management, masonry, metal fabrication, painting and sheetrock, Johnson Controls, plumbing, power generators, small engine repair, telecommunication, and welding. Other vocational 'tracks' are being vetted at this time. Further, participants are encouraged and often choose to seek professional certification that have become necessary in the trades they take on (ASE, EETC, EGSA, NATE, I-CAR, C-TECH, NCCER, and EPA/ESCO are some examples of available options).

essentially job fairs involving employer displays and recruiters interfacing with inmates inside Angola.

Post-release, the Court program is delivered over four stepwise phases lasting approximately five years. Each phase is set to a minimum of six months before consideration of promotion for advancement to the next phase, with the need for additional time not seen as punitive or problematic. In Phase I, clients receive weekly treatment, are randomly drug tested at least twice a week, and are required to attend at least two 12-step meetings per week. Close case management includes daily check-in with clients either in person or by phone, checking proof of attendance at treatment appointments, and partnering with probation and parole to monitor housing status and curfew compliance. Finally, clients are required to attend weekly status hearings with the Reentry Court judge to monitor progress in conjunction with the treatment team.

Evidence-based practices for justice-involved individuals with substance use disorders delivered over these phases include Motivational Interviewing (MI), Relapse Prevention Therapy (RPT), Cognitive Behavioral Therapy (CBT), and Intensive Case Management (ICM). MI, listed in the SAMHSA National Registry of Evidence-Based Programs and Practices for substance abuse, is especially effective in medicated assisted treatment compliance (McCracken & Corrigan, 2008; Burke, Arkowitz, & Menchola, 2003) and has been utilized in criminal justice settings to promote engagement in and reduce resistance to treatment (Ginsburg, Mann, Rotgers, & Weekes, 2002). The frequency of court appearances during probation affords unusually high judicial awareness of individual progress and setbacks and enables discretionary pivots to ensure resources for offender success.

Upon compliance with these requirements and at least six “clean” months, participants advance to Phase II that replicates Phase I but with lowered compliance requirements: bimonthly status hearings (instead of weekly), reduced treatment dosage to once a week (if recommended), and only one 12-step meeting per week. Advancement to Phase III is achieved after full compliance with Phase II activities and presenting negative urinalysis for at least an estimated six additional months. In Phase III (estimated duration is one year), status hearings are conducted monthly, drug testing is reduced to once a week, and counseling is customized per need; in Phase IV, status hearings are conducted quarterly and continue until probation concludes. Aftercare includes referral and connectivity with community coalition partners, faith-based organizations, and social services providers to help program graduates with compliance challenges across individual situations. While random drug testing and treatment continue according to established phase requirements and individualized treatment plans, a twelve-months clean period and full compliance with all phases are required for program completion.

Methods

Thorough evaluation entails not only determining if treatment reduces recidivism and relapse but also which program components drive observed outcomes (Lowenkamp et al., 2006). In light of the limitations purely quantitative or qualitative research designs present for ascertaining program impact and value, mixed methods research is necessary to establish program integrity and optimize confidence in outcome observations. Despite offering enhanced scientific rigor, process evaluations are seldom conducted – an unfortunate reality that, coupled with the discipline’s general lack of

graduate instruction on qualitative methods and, particularly, applied fieldwork, has left too much of the discipline and its practitioner partners uninformed as to the primary purposes and benefits of process focused research (Copes & Miller, 2015).

Most criminologists, criminal justice scientists, and others assessing justice interventions continue to subscribe to the outdated notion that the main function of qualitative research within program evaluation is to gain information to “contextualize” quantitative findings. This limiting view reflects a general lack of understanding of both the stand-alone objectives and the methodological dependency of outcome evaluation on precursory applied fieldwork. While qualitative evaluative work ideally does contextualize statistical findings and also can identify collateral and unintended program functions (Miller, 2014), the key purpose is fidelity confirmation. Without evidencing program fidelity, it is less certain whether program results derive from program theory realized in practice or programming so adapted from theoretical principles and practices that findings are not really capable of informing replication considerations (Miller & Miller, 2015a, b; Esbensen, Matsuda, Taylor, & Peterson, 2011; Emshoff et al., 1987). Accordingly, process evaluation was guided by two specific research questions:

- 1) Does the program adhere to evidence-based practices that have documented success in addressing substance abuse within correctional settings? and 2) Does the program deliver treatment in a manner consistent with prescribed program protocols thereby demonstrating program fidelity?

To establish that treatment services as delivered adhered to modality requirements, site visits (8) were conducted at both the State Penitentiary at Angola and then post-release in community settings over approximately 30 months. Data collection entailed observation of treatment sessions and court appearances, as well as client case file and modality materials review. Additional monthly joint treatment team and Court staff meetings enabled observation of progress reports from treatment providers’ perspectives, wherein free-flowing discussion and natural discourse on noncompliance scenarios demonstrated cooperative problem-solving efforts – a sort of fluid data not easily captured through interviewing. We heard detailed descriptions of offenders’ setbacks, the extent to which they assumed responsibility for program violations, and plans to redirect resources to noncompliant participants – all relevant to confirming that grant sponsored resources were appropriately directed.

Focus group interviews were conducted with virtually all program participants both pre-release in Angola and then in the community, first within a week of release and again at one or more juncture(s) later in their treatment progression. A focus group format was also utilized to interview social mentors that were paired with participants in Angola. Aided by a semi-structured questionnaire addressing the various program domains, these focus groups captured participants’ daily treatment experiences with Intensive Case Management, Motivational Interviewing, and related modified cognitive behavioral change therapeutic services from the participant’s perspective. Interviewing clients, particularly during incarceration, enables consideration of their everyday world while progressing through treatment and the nature of treatment from the perspective of services recipients, arguably the principal stakeholders (Miller, Tillyer, & Miller, 2012). Unstructured in-depth interviews with treatment providers both in Angola and the community, the referring Judge William J. Knight, and Court staff provided additional

data and insight regarding ideological orientation regarding programming. Observational and interview data informed fidelity assessment as demonstrated across five discreet program domains (adherence, exposure, participant engagement, delivery quality, and program differentiation) systematically gauged per the *Justice Program Fidelity Scale* – hereafter *JPFS* (Miller & Miller, 2015a, b). To assess treatment plan delivery compliance, we rated various treatment elements and services delivery dynamics collectively representing the Court.

Findings

Analysis was oriented toward discerning program fidelity as demonstrated over the five domains to establish that programming was implemented according to design, that treatment content featured evidenced practices, and that services were launched and delivered as specified in the funded treatment plan. We first assessed *adherence*, a construct that indicates degree of consistency between program design and practice. The six sub-measures of adherence specified on the *JPFS* (in-take screening, in-take timeliness, treatment components, caseload compliance, individualized treatment, and dosage) were factored into the Court's design and observed in practice as indicated by inter-rated mean scores across site visits by two evaluators.

Intake screening and intake timeliness into the Court occurred naturally and routinely as a function of prison out-processing after completion of a two year program pre-phase in Angola. The timeliness of engagement of Court activity post-release was essentially an approach of immediacy with services commencing within 24 h of release, beginning with court appearance, review of program expectations, and the address of immediate needs such as transportation to treatment appointments, group sessions, work, or court. Assuming normal program progress and satisfactory behavior, program duration is set for a five-year period from release as specified in the pre-determined duration of Louisiana reentry court program phases, a condition known by all participants. An underlying goal of screening and intake is assurance that intended offenders end up participating in the program rather than others who were enrolled without meeting participation requirements. Thorough review of all participant case files ensured that services were aligned with appropriate offender need as intended per confirmation of participants' Court enrollment criteria (see Table 1 for participant characteristics at program intake).

Another indicator of reentry court program adherence that we documented was judicial oversight. Reentry Court models, while variable across applications, typically feature pronounced judicial supervision and thus direct or “hands-on” involvement in programming activities and participant progress, basically a scope condition for success (Wexler, 2001). The supervising judge chaired Court staff meetings, demonstrated discretionary prudence through solicitation of input from multiple treatment providers regarding participant behavior, especially for infractions, and, most importantly, displayed a surprising degree of familiarity with participants' personal situations, such as work security, family relations, and success in complying with treatment requirements. Even when administering sanctioning setbacks, the Court maintained a therapeutic orientation and recovery themed climate. As noted in a recent evaluation of the District's Behavioral Health Court (Miller & Khey, 2016), judicial specialty court

Table 1 Reentry Court program participant characteristics at intake

Client	Age	Race	Drug of Choice	Multi-Bill Status	Potential Sentence
1	50	W	Cocaine	6th	Life
2	28	W	Marijuana	1st	5 to 30 Years
3	22	W	Marijuana	1st	5 to 30 Years
4	36	W	Methamphetamine	1st	5 to 15 Years
5	31	W	Cocaine	5th	Life
6	29	W	Marijuana	2nd	1/2 to 2x Longest Possible
7	30	B	Alcohol	3rd	2/3rds to 2x Longest Possible
8	31	B	Opiates	2nd	1/2 to 2x Longest Possible
9	47	W	Cocaine	4th	20 Years to Life
10	49	B	Alcohol	5th	Life
11	46	W	Cocaine	3rd	2/3rds to 2x Longest Possible
12	29	B	Cocaine	3rd	2/3rds to 2x Longest Possible
13	39	B	Marijuana	5th	20 Years to Life
14	33	W	Marijuana	4th	20 Years to Life
15	34	W	Methamphetamine	1st	5 to 15 Years
16	22	B	Marijuana	2nd	1/2 to 2x Longest Possible
17	54	W	Alcohol	3rd	2/3 to 2x Longest Possible
18	35	W	Alcohol	3rd	2/3 to 2x Longest Possible
19	29	W	Heroin	3rd	2/3 to 2x Longest Possible
20	23	W	Marijuana	2nd	1/2 to 2x Longest Possible
21	45	W	Cocaine	4th	20 Years to Life
22	38	W	Marijuana	3rd	2/3rds to 2x Longest Possible
23	39	W	Heroin	1st	10 to 50 Years
24	29	B	Marijuana	2nd	1/2 to 2x Longest Possible
25	28	W	Cannabinoids	1st	7 to 10 Years
26	36	W	Heroin	1st	5 to 30 Years
27	30	B	Alcohol	5th	20 Years to Life
28	46	B	Cocaine	7th	Life
29	28	B	Marijuana	2nd	1/2 to 2x Longest Possible
30	35	W	Opiates	2nd	1/2 to 2x Longest Possible
31	31	W	Opiates	1st	2 to 3 Years

Race: White (67.7 %); Black (32.3 %); Mean Age = 34.9

Drugs of Choice: 1) Marijuana (11); 2) Cocaine (8); 2) Opiates / Heroin (8); 4) Alcohol (5); 5) Methamphetamine (2); 6) Synthetic Cannabinoids (1)

involvement is more widely limited to referral and court appearance but a heightened degree of participation in programming seems typical of the Parishes' judiciary.

Interviews, twice with cohorts of participants just released from Angola the previous day that we had previously met and interviewed inside, confirmed that the program pre-phase had lasted approximately 24 months and their completion of program prerequisites including, and most notably, certification in a trade or vocation. In that these individuals had been previously screened and found eligible when identified for reentry

court program sentencing, reassessment screening and actuarial diagnosis at reentry ensured that services could be modified to address current situations and needs that likely changed during two years of treatment within an incarcerated setting. With the benefit of grant support, the treatment team delivered an assortment of mentoring, substance abuse treatment, and mental health services confirmed to feature evidence based practices. Accordingly, the fidelity element of *exposure* was scored satisfactory and consistent with Reentry Court treatment design indicated by participant contact hours in counseling sessions and other services, number of sessions delivered, and duration of modality delivery (see Table 2 for all fidelity domain and sub-measures scores). While the main purpose of confirming contact hours is typically to ensure a minimum threshold of treatment activity, the Court plan entailed a demanding daily schedule of work, mandatory treatment, counseling, and support group attendance, frequent court appearances, and probation compliance, leading many participants to complain that the program was all-consuming and in need of de-intensification. Per the adage of “idle hands”, participants adjusted to the demands of the program in a few weeks as a recently released participant noted: “we couldn’t get in trouble if we wanted to – you either have to be somewhere, going somewhere, or exhausted from it all. It is too much – especially for the older guys – but it’s all good.”

Staff qualifications and participation in continued training were reviewed and their attitudes regarding counseling and the prospects of the program for effecting behavioral change were gauged through observations of their interactions with participants and through interviewing to assess the quality of *services delivery*, also scored on the *JPFS*. The Court staff is highly educated, many with advanced degrees, and engaged in ongoing professional training as indicated, partly, by the presiding judge, program director, case managers, and probation officers assigned to the program attending training sessions on trauma, culturally informed care, and medicated-assisted treatment at the July 2016 National Association of Drug Court Professionals conference in Anaheim, California. Interviews, across multiple site visits that, theoretically, interfaced with respondents enough to determine their typical attitude, work orientation, and patterns of helpfulness to participants revealed a dedicated treatment team characterized by altruistic professionalism as reflected by high scores for the services delivery domain.

We also measured *participant engagement*, a concept which refers to the extent of client “buy-in” to treatment objectives as indicated by their displayed attitude and degree of willing involvement in Court activity. Had we conducted a single site visit, as is too often the case with applied fieldwork, scores would have been much lower as original focus group interviews inside Angola differed from conclusions reached over multiple visits and additional interview sessions. Accurate conclusions regarding program realities over time, single snapshot observations can yield misleading information as was the case with our initial characterization of a pre-program component as a success barrier.

The use of social mentors was originally interpreted as problematic as the participants opined that they did not like the mentor element, felt it would not be helpful, and deemed it potentially threatening to their program progress. All but one of the social mentors at time of data collection were African-American, most were lifers who had been incarcerated for several years, and mentored openly per Angola’s Bible College

Table 2 Justice program fidelity scale*

Site: St. Tammany Parish, LA	Rater 1 initials: JMM Rater 2 initials: DK			
	Rater 1	Rater 2	Consensus	Values
Adherence (0/1)				
Intake screening	1	1	yes	1
Intake timeliness	1	1	yes	1
Treatment plan components	1	0	no	.5
Caseload compliance	1	1	yes	1
Individualized service plans	1	1	yes	1
Dosage	1	1	yes	1
Adherence Total:	6/6	5/6	92 %	5.5/6
Exposure (0/1)				
Contact frequency (hours per day)	1	1	yes	1
Duration; program length	1	1	yes	1
Exposure Total:	2/2	2/2	100 %	2/2
Delivery quality (coded 1–5)				
Staff qualifications	4	3	near	3.5
Counselor/staff attitude	5	5	yes	5
Counselor/staff continued training	TBD	TBD	yes	na
Delivery quality Total:	9/10	8/10	85 %	8.5/10
Participant engagement (coded 1–5)				
Participant attitude	4	5	near	4.5
Participant involvement	5	5	yes	5
Participation barriers	5	4	near	4.5
Participant engagement Total:	14/15	14/15	93 %	14/15
Program differentiation (reverse coded 1–5)				
Program size fluctuation	1	2	near	1.5
Program budget fluctuation	1	1	yes	1
Caseload fluctuation	2	1	near	1.5
Continuity of staffing	1	1	yes	1
Continuity of setting	1	1	yes	1
Program differentiation total:	6/25	6/25	76 %, adjusted	6/25

*An earlier version of this scale was conceptualized through support from Grant No. 2010-RT-BX-0103 awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice

evangelical mission. The participants, comparatively, were mostly white, all serving two year sentences, and, for most, inactive in organized religion. Participants questioned how inmates long removed from society and that would never return home were appropriately situated to effect offender reentry – an inconsistency readily apparent to the evaluation team as well. Adding to the concern over the mentoring component were participants' expressed concerns about required monthly signatures from these mentors reflecting appropriate behavior and attitude toward recovery. The general fear was that due to racism, resentment over program participation effecting briefer

incarceration, or to somehow compromise them, the social mentors would withhold signatures and thus program progress.

The same respondents who expressed these concerns, however, related a reversed opinion of the mentors several months later post-release when interviewed again in a community setting. The shock of entering Angola and the introduction of the social mentors immediately thereafter were blurred into a general perspective initially defined by apprehension and uncertainty. Those who had completed the program pre-phase, however, related that these mentors were not at all threatening but helpful, particularly in how to negotiate through Angola to avoid potential problems. The race difference concern also proved baseless with, ironically, only one African-American participant expressing dislike of his mentor who had refused a final signature due to “lack of moral fiber.”

While participant attitude varied in terms of enthusiasm and perceived endorsement of treatment objectives, participant involvement was observed as constantly strong and, ostensibly, a function of the strict phase conditions and regular reporting required by the Court. Even participants who did not display much genuine engagement in treatment activities stated an understanding that success in the program was very much in their best interests and that the Court represented perhaps their “last chance.” Last, *program differentiation* refers to whether services are delivered consistently over time and if program size, individual counselor caseloads, and dosage remain approximate across cohorts. If not, program adaptation has likely occurred due to altered program elements, timeframe, or services quality due to resources availability, political inclination, underperformance, organically emerging need, or just coincidence (Blakely et al., 1987; Grote, Swartz, & Zuckoff, 2008; Lau, 2006). However, Court enrollment is a sentencing default option and fixed treatment expectations – realities we observed per minimal program size fluctuation for such a focused initiative. As a sponsored program, there was minimal budget fluctuation and absolute continuity of setting (Angola then the Louisiana 22nd Judicial District) as noted in reverse coded scores noting a general lack of program differentiation.

Recommendations and Conclusions

Process evaluations commonly identify program issues ranging from minor start-up difficulties to treatment that, though touted as evidence based, in practice reflects the concepts and practices of the intervention in name only. Our multi-method, instrument-guided, site-based process evaluation design is arguably more rigorous than most assessment strategies. Though cross-referenced data derived from multiple sources across several collection points typically identifies inconsistencies and programming shortfalls, we found that the Louisiana 22nd Judicial District Reentry Court program was launched with integrity and features strong program fidelity in its ongoing operation. While services delivery will be continually scored on future site visits until the end of the evaluation period, our initial ratings indicate high levels of program fidelity across scored domains and, more importantly, for the Court overall. Fidelity demonstration, in turn, has direct implications for impending outcome analysis as statistical observations relating causal inference between Court services and program goals (minimal participant group recidivism, relapse, and employment stability) can

now be interpreted with confidence that lack of adherence, program adaptation or limited professionalism will drive results.

Despite noting strong fidelity, evaluation identified improvement opportunities for the Court to consider. Recommendations include: 1) enhancing trauma-informed care at Angola, 2) developing a transportation plan as many participants are challenged daily to attend required program activities and work, and, thinking more toward future program need, 3) further ensuring medicated-assisted treatment, generally, and, preemptively for the rapidly spreading opioid/opiate abuse epidemic. If regional heroin and pharmaceutical abuse trends continue, targeted opiate/opiate dependent offender populations are apt to need additional medicated assisted treatment as part of intensified substance abuse recovery strategies.

It is premature to project program wide success, although early recidivism measures are extremely optimistic (of 31 offenders released to date observable at approximately 12 month follow-up, only one participant representing but 8.3 % of the sample has recidivated and returned to prison). If such phenomenal success holds, which given the intensity and quality of Court services is plausible but unlikely given other evidence based specialty court performance elsewhere, the Court may well emerge as an ideal and replicable model. While the delivery of proven evidenced strategies with high professionalism creates expectancy of programming success, forthcoming quantitative analysis of all participants for the duration of follow-up periods will indicate ultimate effectiveness and program value.

Hopefully, forthcoming outcome results will indicate Court program impact in support of sustainability and expansion efforts. During this treatment initiative, the Court's supervising Judge, William J. Knight was tapped by the Louisiana Supreme Court to coordinate a statewide initiative to better leverage and activate Louisiana's nine authorized but currently underperforming reentry courts. Beyond informing individual programs, conducting mixed methods evaluation as presented here will be necessary to categorically validate and demonstrate the value of reentry court programming on a regional and national level. Assuming that the Louisiana 22nd Judicial Reentry Court maintains programming intensity and positive outcomes, the most significant result of the current study is documentation of a replicable model for, at a minimum, the other reentry court programs in the State.

Acknowledgments Research reported in this article was supported by the Substance Abuse & Mental Health Services Administration and the United States Bureau of Justice Assistance, award # TI025430. Opinions are those of the authors and do not necessarily represent the official views of these funding agencies.

References

- Ayoub, L.H. & Pooler, T. (2015). Coming home to Harlem: A randomized control trial of the Harlem parole reentry court. Center for Court Innovation. Accessed September 23, 2016. <http://www.courtinnovation.org/sites/default/files/documents/Harlem%20Final%20Report%20-%20June.pdf>
- Berg, M. T., & Huebner, B. M. (2011). Reentry and the ties that bind: An examination of social ties, employment, and recidivism. *Justice Quarterly*, 28(2), 382–410.
- Binswanger, I. A., Nowels, C., Corsi, K. F., Glanz, J., Long, J., Booth, R. E., & Steiner, J. F. (2012). Return to drug use and overdose after release from prison: A qualitative study of risk and protective factors. *Addiction Science & Clinical Practice*, 7(1), 1.

- Blakely, C. H., Mayer, J. P., Gottschalk, R. G., Schmitt, N., Davidson, W. S., Roitman, D. B., & Emshoff, J. G. (1987). The fidelity-adaptation debate: Implications for the implementation of public sector social programs. *American Journal of Community Psychology*, 15(3), 253–268.
- Burke, B. L., Arkowitz, H., & Menchola, M. (2003). The efficacy of motivational interviewing: A meta-analysis of controlled clinical trials. *Journal of Consulting and Clinical Psychology*, 71(5), 843.
- Bushway, S. D., & Apel, R. (2012). A signaling perspective on employment-based reentry programming. *Criminology & Public Policy*, 11(1), 21–50.
- Clear, T., Clear, T. R., & Frost, N. A. (2015). *The punishment imperative: The rise and failure of mass incarceration in America*. NYU Press.
- Cook, P. J., Kang, S., Braga, A. A., Ludwig, J., & O'Brien, M. E. (2015). An experimental evaluation of a comprehensive employment-oriented prisoner re-entry program. *Journal of Quantitative Criminology*, 31(3), 355–382.
- Copes, H., & Miller, J. M. (Eds.) (2015). *The Routledge handbook of qualitative criminology*. New York: Routledge.
- Davis, J., & Sorensen, J. R. (2013). Disproportionate minority confinement of juveniles a National Examination of black–white disparity in placements, 1997–2006. *Crime & Delinquency*, 59(1), 115–139.
- Durose, M. R., Cooper, A. D., & Snyder, H. N. (2014). *Recidivism of prisoners released in 30 states in 2005: Patterns from 2005 to 2010* (p. 28). Washington, DC: Bureau of Justice Statistics.
- Emshoff, J. G., Blakely, C., Gottschalk, R., Mayer, J., Davidson, W. S., & Erickson, S. (1987). Innovation in education and criminal justice: Measuring fidelity of implementation and program effectiveness. *Educational Evaluation and Policy Analysis*, 9(4), 300–311.
- Esbensen, F. A., Matsuda, K. N., Taylor, T. J., & Peterson, D. (2011). Multimethod strategy for assessing program fidelity: The national evaluation of the revised GREAT program. *Evaluation Review*, 35(1), 14–39.
- Galofaro, C. (2012). St. Tammany courts give parish nickname of 'St. Slammany.' *The Times Picayune*. March 25, 2012.
- Ginsburg, J. I. D., Mann, R. E., Rotgers, F., & Weekes, J. R. (2002). Using motivational interviewing with criminal justice populations. In W. R. Miller & S. Rollnick (Eds.), *Motivational interviewing: Preparing people for change* (pp. 333–346). New York: Guilford Press.
- Grote, N. K., Swartz, H. A., & Zuckoff, A. (2008). Enhancing interpersonal psychotherapy for mothers and expectant mothers on low incomes: Adaptations and additions. *Journal of Contemporary Psychotherapy*, 38(1), 23–33.
- Kennedy, K. (2012). Mental health court. *Best Practices in Mental Health*, 8(2), 38–46.
- Lau, A. S. (2006). Making the case for selective and directed cultural adaptations of evidence based treatments: Examples from parent training. *Clinical Psychology: Science and Practice*, 13(4), 295–310.
- Lowenkamp, C. T., Latessa, E. J., & Smith, P. (2006). Does correctional program quality really matter: The impact of adhering to the principles of effective intervention. *Criminology & Public Policy*, 5(3), 575–594.
- Mallik-Kane, K., & Visher, C. A. (2008). *Health and prisoner reentry: How physical, mental, and substance abuse conditions shape the process of reintegration* (p. 82). Washington, DC: Urban Institute Justice Policy Center.
- McCracken, S. G., & Corrigan, P. W. (2008). Motivational interviewing for medication adherence in individuals with schizophrenia. In H. Arkowitz, H. A. Westra, W. R. Miller, & S. Rollnick (Eds.), *Motivational interviewing in the treatment of psychological problems* (pp. 277–303). New York: Guilford Press.
- McNiel, D. E., & Binder, R. L. (2007). Effectiveness of a mental health court in reducing criminal recidivism and violence. *The American Journal of Psychiatry*, 164(9), 1395–1403.
- Miller, J. M. (2014). Identifying collateral effects of offender reentry programming through evaluative fieldwork. *American Journal of Criminal Justice*, 39(1), 41–58.
- Miller, J. M., & Khey, D. N. (2016). An implementation and process evaluation of the louisiana 22nd judicial district's behavioral health court. *American Journal of Criminal Justice*, 41(1), 124–135.
- Miller, J. M., & Miller, H. V. (2015a). Validating program fidelity: Lessons from the Delaware County second chance initiatives. *American Journal of Criminal Justice*, 40, 112–123.
- Miller, J. M., & Miller, H. V. (2015b). Rethinking program fidelity for criminal justice. *Criminology & Public Policy*, 14(2), 339–349.
- Miller, J. M., Koons-Witt, B. A., & Ventura, H. E. (2004). Barriers to evaluating the effectiveness of drug treatment behind bars. *Journal of Criminal Justice*, 32(1), 75–83.

- Miller, H. V., Tillyer, R., & Miller, J. M. (2012). Recognizing the need for prisoner input in correctional research observations from an In-prison driving while intoxicated reduction program evaluation. *The Prison Journal*, 92(2), 274–289.
- Olson, D., Lurigio, A., & Albertson, S. (2001). Implementing the key components of specialized drug treatment courts: Practice and policy considerations. *Law & Policy*, 23, 171–196.
- Osher, F. C. (2006). *Integrating mental health and substance abuse services for justice-involved persons with co-occurring disorders*. Baltimore, MD: National GAINS Center.
- Pearson, F., & Lipton, D. (1999). A meta-analytic review of the effectiveness of corrections-based treatments for drug abuse. *The Prison Journal*, 79(4), 384–410.
- Petersilia, J. (2004). What works in prisoner reentry—reviewing and questioning the evidence. *Federal Probation*, 68, 4.
- SAMHSA (2010). *Illness management and recovery evidence-based practices (EBP) KIT*.
- Stafford, C. (2006). Finding work: How to approach the intersection of prisoner reentry, employment, and recidivism. *Geology Journal on Poverty L. & Pol'y*, 13, 261.
- Steffensmeier, D., Ulmer, J., & Kramer, J. (1998). The interaction of race, gender, and age in criminal sentencing: The punishment cost of being young, black, and male. *Criminology*, 36(4), 763–798.
- Travis, J. (2000). *But they all come back: Facing the challenges of prisoner reentry*. The Urban Institute.
- Travis, J. (2007). Reflections on the reentry movement. *Federal Sentencing Reporter*, 20(2), 84–87.
- Travis, J., & Waul, M. (2003). *Prisoners once removed: The impact of incarceration and reentry on children, families, and communities*. The Urban Institute.
- Watson, A., Hanrahan, P., Luchins, D., & Lurigio, A. (2014). Mental health courts and the complex issue of mentally ill offenders. *Psychiatric Services*, 52, 477–481.
- Wexler, D. B. (2001). *Robes and rehabilitation: How judges can help offenders' make good'*.
- Workgroup, L. S. E. (2011). *Annual report*. State of Louisiana: Office of Behavioral Health.

J. Mitchell Miller is a Professor of Criminology at the University of North Florida where he teaches and researches in the areas of drugs and crime, criminological theory, and program evaluation. His most recent work can be found in the *Journal of Criminal Justice*, *Crime & Delinquency*, *PLOS One*, *Criminology & Public Policy*, and *Drug and Alcohol Review*. He is currently evaluating the effectiveness of drug treatment programming sponsored by SAMSHA and BJA and serving as editor-in-chief of the *Wiley-Blackwell Series of International Encyclopedias in Criminology & Criminal Justice*.

David N. Khey is Department Chair and an Assistant Professor of Criminal Justice at the University of Louisiana at Lafayette. He researches on drug control policy, toxicology, and addiction treatment, as well as the changing evidentiary power of forensic science technologies. Dr. Khey is an active member of the American Society of Criminology, American Academy of Forensic Sciences, and Southern Criminal Justice Association.

Reproduced with permission of
copyright owner. Further
reproduction prohibited without
permission.