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Palm Beach County
Innovations in Reentry
Transitional Employment
Two-Year Implementation Report
March 18th



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EXECUTIVE SUMMARY

In 2017, the Palm Beach County (PBC) Department of Public Safety and Justice Services was awarded an Innovations in Reentry Initiative grant from the Bureau of Justice Assistance. With this funding, the County, in collaboration with Gulfstream Goodwill Industries, The Lord's Place, and The Reentry Center in Riviera Beach, is providing transitional jobs (TJ) in tandem with evidence-based cognitive behavioral interventions to 120 moderate- to high-risk returning residents with low employability. This executive summary presents an overview of the impact of the COVID-19 pandemic, TJ program delivery, participant characteristics, participant LSI-R and Employment Readiness Checklist scores, treatment hours received, and recidivism and employment outcomes to date. The executive summary ends with a summary of the recommendations.

COVID-19 IMPACT. The State of Florida and PBC, specifically, have been hit particularly hard by the COVID-19 pandemic, which has impacted the programmatic delivery of all reentry services in PBC, including the TJ program. Each agency made immediate and, at times, sustained changes to the delivery of transitional employment and cognitive behavioral therapy, as required by local and state orders. Specifically, the TJ program at Gulfstream Goodwill temporarily suspended their transitional employment and transitioned their Moral Reconciliation Therapy (MRT) classes from face-to-face to virtual modalities. The Reentry Center in Riviera Beach, however, was able to keep their transitional employment open throughout the pandemic but has not continued to hold MRT classes.

TJ PROGRAM DELIVERY. During the first two years of TJ program delivery (November 26, 2018-November 25, 2020), 463 returning residents were enrolled in the RESTORE initiative. Of the 463 new RESTORE participants, 161 (34.8%) were referred for randomization into the TJ program. Of those referred for randomization, 84 (52%) were randomized into the treatment group, while 77 (48%) were randomized into the control group. Gulfstream Goodwill referred 45 participants for randomization, while The Lord's Place referred 40 participants and The Reentry Center in Riviera Beach referred 76 participants for randomization.

PARTICIPANT CHARACTERISTICS. Participants range in age from 19 to 67 years old, with the average age of the treatment and control group being 39 and 42 years old, respectively. The majority of participants in both the treatment and control groups were Black, non-Hispanic men. Based on the LSI-R, participants have extensive criminal histories, which began early in life. On average, treatment group participants have approximately 11 prior arrests, while control group participants have 8 prior arrests.

PARTICIPANT LSI-R AND EMPLOYMENT READINESS SCORES. One-half of the treatment group scored moderate risk to recidivate, based on the LSI-R, with only 11.9% scoring a moderate/high or high-risk to recidivate. Of the control group, however, 45.5% scored moderate risk to recidivate, with 22.1% scoring a higher risk to recidivate. The average LSI-R score for treatment group participants was 26.2, while the average LSI-R score for control group participants was 27.7. Participants in the treatment and control groups had an average Employment Readiness Checklist (ERC) score of 22.0 and 22.8, respectively. To be eligible for the PBC TJ program, a participant must score below a 35.

TREATMENT HOURS. Treatment group participants received, on average, 139.8 transitional employment hours and 11.4 cognitive behavioral intervention hours. As expected, treatment group participants received significantly more transitional employment and cognitive behavioral intervention hours compared to the control group.

PARTICIPANT RECIDIVISM OUTCOMES. During the first two years of program implementation, approximately 24% of the treatment group was rearrested, while 34% of the control group was rearrested. Regarding reconviction, 13% of the treatment group and 17% of the control group were reconvicted during the first two years of program implementation. Further, approximately 5% of the treatment group was reincarcerated, while 10% of the control group was reincarcerated. Although the treatment group had lower rearrest, reconviction, and reincarceration rates compared to the control group, the difference did not reach statistical significance.

PARTICIPANT EMPLOYMENT OUTCOMES. During the first two years of program implementation, the treatment group was significantly more likely to ever be employed, be employed in multiple jobs, and had significantly more jobs on average than the control group. As expected, participants in the treatment group were significantly more likely to be employed in transitional employment; however, participants in the control group were significantly more likely to have permanent or temporary employment compared to the treatment group.

SUMMARY OF RECOMMENDATIONS. The following is a list of recommendations for consideration to improve data and programmatic outcomes:

- Ensure employment data accuracy in RENEW.
- Collaborate with PBC CareerSource to obtain official employment data for TJ participants.
- Increase CBT hours provided to treatment group participants.

INTRODUCTION

In 2017, the Palm Beach County (PBC) Department of Public Safety and Justice Services (henceforth ‘the County’) was awarded an Innovations in Reentry Initiative (IRI) grant from the Bureau of Justice Assistance (BJA). With this funding, the County sought to enhance employment services for residents returning to PBC from the Florida Department of Corrections (FDC) or the Palm Beach County Sheriff’s Office (PBSO). The County contracted with three community-based reentry service providers within PBC to provide transitional employment in tandem with evidence-based cognitive behavioral interventions (CBI) to moderate- to high-risk returning residents with low employability. Transitional job (TJ) programs rapidly place participants into temporary, paid jobs, usually in nonprofit or government agencies; provide various kinds of support (e.g., case management, job coaching workshops, or referrals for social services); and then help participants find permanent jobs (Redcross, Millenky, Rudd, & Levshin). The primary goals of the PBC TJ program are to reduce recidivism and increase long-term employment. A rigorous randomized-controlled trial (RCT) is being utilized to isolate the effects of the transitional employment and CBI on recidivism and employment.

This evaluation report provides an examination of participant data and outcomes for the first two years of TJ program implementation in PBC, highlighting the period from November 26, 2018 to November 25, 2020. This report will begin with a discussion of the [impact of the COVID-19 pandemic](#) on PBC’s TJ program delivery. It will then provide a brief overview of [PBC RESTORE reentry participants](#). This will be followed by a closer examination of RESTORE participants who have volunteered to participate in the TJ program, including [participant randomization, demographic and criminal history characteristics](#), and [Level of Service Inventory-Revised \(LSI-R\) and Employment Readiness Checklist \(ERC\) scores](#). The report will then go on to examine the services that TJ participants received along with [programmatic outcomes](#), [recidivism rates](#), and [employment outcomes](#) during the first two years of implementation. The report will conclude with [a summary and recommendations](#) for moving forward.

For an overview of the TJ programs in PBC, including program design and participant eligibility, please refer to the [One-Year Implementation Report](#). For an overview of the evaluation methodology, please refer to the [Six-Month Implementation Report](#).

IMPACT OF COVID-19 ON PROGRAMMATIC DELIVERY

The State of Florida has been hit particularly hard by the COVID-19 pandemic. As seen in Figure 1 below, on March 1, 2020, Florida announced its first case of COVID-19, with PBC documenting its first official case on March 13, 2020 (Persaud, 2020). According to the Florida Department of Health, as of March 1, 2021 (one year after recording its first case), there have been 1,909,221 total confirmed COVID-19 cases and 31,406 total deaths in Florida, with 120,735 confirmed cases and 2,457 deaths in Palm Beach County (Florida Department of Health, n.d.). This places PBC third in the number of COVID-19 cases among Florida counties, preceded only by Miami-Dade and Broward Counties.

Palm Beach County declared a local state of emergency on March 13, 2020, which is still in place at the time of this writing (Palm Beach County, n.d.). On April 1, 2020, Florida Governor Ron DeSantis issued a stay-at-home order for the entire state of Florida beginning April 3, 2020 and lasting through the month of April (DeSantis, n.d.). Since then, the State of Florida and PBC have transitioned from Phase 1 to Phase 3 of re-openings, with PBC officially entering Phase 1 of re-opening on May 18, 2020 and Phase 3 on September 25, 2020.

Figure 1. COVID-19 Timeline for Florida and PBC



IMPACT OF COVID-19 ON TRANSITIONAL JOB PROGRAMS IN PBC

As with all other aspects of reentry services, the COVID-19 pandemic has impacted the delivery of the PBC TJ program. In mid-April 2020, approximately one month after the pandemic began, Dr. Cassandra Atkin-Plunk, the FAU research partner, reached out to each service provider to learn how they were adjusting transitional employment, cognitive behavioral therapy, and case management services in the wake of the pandemic. Dr. Atkin-Plunk then reached out to the service providers again in mid-February 2021, approximately 11 months after the pandemic began, to learn of additional/sustained changes to transitional employment, cognitive behavioral therapy, and case management services. Below is a discussion of the impact of the COVID-19 pandemic on the delivery of services at each service provider.

IMPACT OF COVID-19 ON SERVICES AT GULFSTREAM GOODWILL

As shown in Figure 2, Gulfstream Goodwill staff began working remotely on March 23, 2020. Despite this, staff continued working with active TJ participants (and other returning residents) via teleconference, video conference, phone calls, text messages, and email. To comply with state and local ordinances, the Goodwill retail stores closed on March 24, 2020 and the Goodwill warehouse closed on April 6, 2020. Four TJ participants were either working in a retail store or the warehouse at the time of their closure or were in the process of being cleared to work in the warehouse. As such, these four participants were unable to continue engaging in the transitional employment portion of the TJ program.

Figure 2. Gulfstream Goodwill COVID-19 Timeline



In mid-May 2020, Gulfstream Goodwill retail stores and the warehouse re-opened with COVID-19 safety protocols in place (e.g., physical distancing, masks, frequent sanitizing, etc.). At that time, TJ participants were able to resume or begin working at a retail store or the warehouse. MRT sessions have continued to be offered individually through virtual formats, and Gulfstream Goodwill will return to group MRT sessions when it is safe to do so. Case managers have returned to meeting with participants outside and in the community (using COVID-19 safety protocols). Depending on the participant, however, some case management services are still conducted virtually or via phone.

IMPACT OF COVID-19 ON SERVICES AT THE LORD'S PLACE

At the beginning of the COVID-19 pandemic, The Lord's Place culinary transitional job program was paused to comply with state and local ordinances. According to The Lord's Place staff, however, no TJ participants were engaged in the culinary TJ program at the time Florida Governor DeSantis issued the stay-at-home order.

In mid-June 2020, The Lord's Place resumed enrolling TJ participants in the culinary TJ program following COVID-19 safety protocols, and CBI sessions have been presented using virtual methods. Additionally, case management services are conducted remotely or in-person, depending on participant need. If done in-person, COVID-19 safety protocols are followed.

IMPACT OF COVID-19 ON SERVICES AT THE REENTRY CENTER - RIVIERA BEACH

As shown in Figure 3, on March 18, 2020, The Reentry Center in Riviera Beach suspended MRT classes. And, in accordance with FL Governor DeSantis stay-at-home order, case managers began working remotely on April 1, 2020. Case managers, however, still communicated with participants via phone and continued to check in with participants, as needed. If in-person contact was required between case managers and participants, individuals met outside while observing physical distancing orders. In August 2020, depending on the comfort level of the participant, in-person case management services resumed, while following COVID-19 safety protocols. Services also continued virtually.

At the beginning of the COVID-19 pandemic, the construction site, where TJ participants worked, was operating on a week to week basis. However, the construction industry was deemed essential, which allowed TJ participants to continue working at the construction site throughout the pandemic. As such, the construction site remained operational throughout the pandemic. Case managers supplied TJ participants with masks and hand sanitizer to use while working at the construction site. Additionally, numerous safety protocols were put in place at the job site for participants, staff, and trainers, including physical distancing and temperature checks.

The Reentry Center in Riviera Beach attempted to provide MRT sessions through a virtual platform. Participant engagement and attendance, however, substantially decreased; and staff noted that participants were resistant to virtual MRT sessions. As a result, MRT classes were suspended. The Reentry Center in Riviera Beach plans to resume MRT classes in-person when it is safe to do so.

Figure 3. The Reentry Center in Riviera Beach COVID-19 Timeline

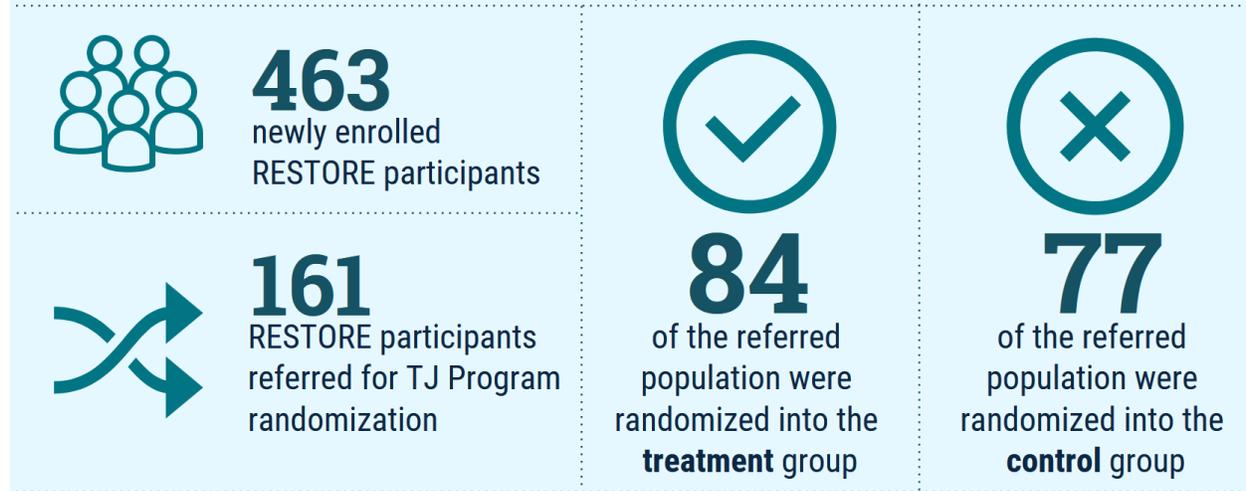


RESTORE REENTRY PARTICIPANTS

PARTICIPANT RANDOMIZATION

During the first two years of TJ program implementation, 463 returning residents were enrolled in the PBC RESTORE initiative. As can be seen in Figure 4, 161 of the newly enrolled RESTORE participants were referred for randomization. Of those who were referred for randomization, 84 (52%) were randomized into the treatment group and received TJ programming, CBI, and related services, while 77 (48%) were randomized into the control group and received treatment as usual.

Figure 4. RESTORE Participants Referred for Randomization and Randomization Outcomes



The COVID-19 pandemic, not only impacted service delivery, but also the number of people requesting reentry services in PBC. As such, only 68 people were referred to the TJ program in Year 2 of program implementation, while 93 were referred to the TJ program in Year 1 (pre-pandemic). As seen in Figure 5, of the 68 people referred to the TJ program in Year 2, approximately one-third were referred prior to PBC declaring a local state of emergency and two-thirds were referred after.

Figure 5. TJ Program Referrals for Years 1 and 2

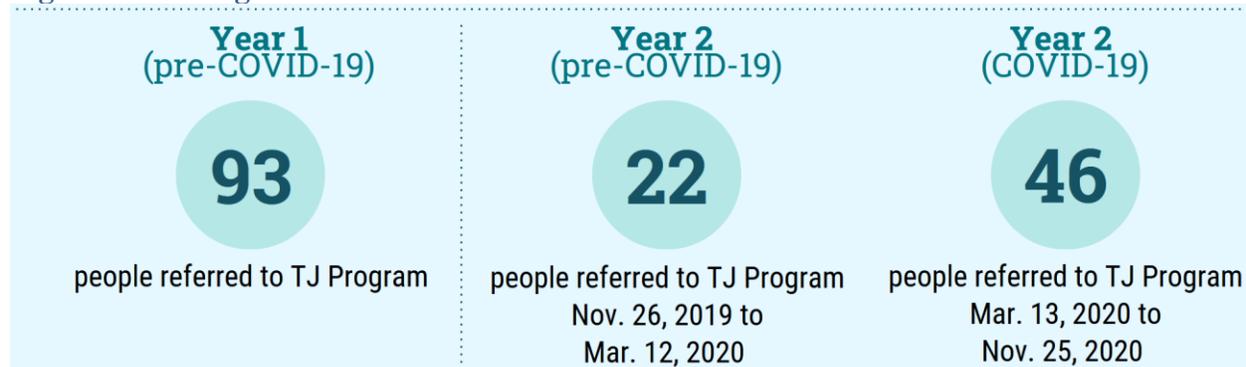
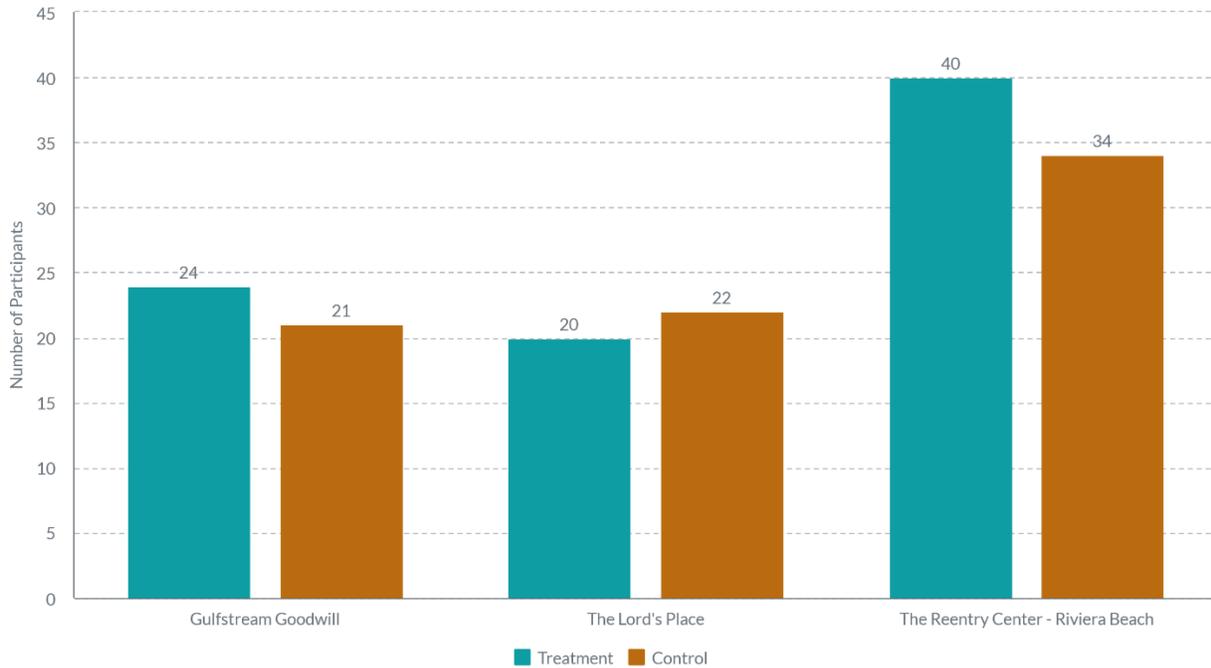


Figure 6 shows the number of participants randomized by service provider. It should be noted that two additional participants were randomized into the control group for The Reentry Center in Riviera Beach. These two participants then transferred to The Lord’s Place and received the majority of reentry services through The Lord’s Place. Therefore, for evaluation purposes, these participants are counted for The Lord’s Place.

Figure 6. Number of Participants Randomized by Service Provider

Participants Randomized by Service Provider (N=161)



TJ PROGRAM PARTICIPANTS

PARTICIPANT DEMOGRAPHIC AND CRIMINAL HISTORY CHARACTERISTICS

Table 1 shows the demographic characteristics for participants randomized into the treatment and control groups. Participants ranged in age from 19 to 67 years old, with the average age of the treatment and control group being 39 and 42 years old, respectively. The majority of the treatment and control groups were comprised of Black, non-Hispanic male participants. There were no significant differences in participant demographic characteristics between the treatment and control groups.

Table 1. Participant Demographic Characteristics

	Treatment Group (n=84)		Control Group (n=77)	
Gender	Number	%	Number	%
Female	4	4.8	7	9.1
Male	80	95.2	70	90.9
Race				
Black	64	76.2	57	74.0
Multiracial	1	1.2	1	1.3
White	18	21.4	18	23.4
Unknown	1	1.2	1	1.3
Ethnicity				
Hispanic	4	4.8	4	5.2
Non-Hispanic	79	94.0	72	93.5
Unknown	1	1.2	1	1.3
Age				
Average age	38.7		41.6	
Median age	37		42	
Minimum age	19		21	
Maximum age	64		67	

Table 2 shows the criminal history characteristics, based on the LSI-R, of individuals in the treatment and control groups. As can be seen, participants had extensive criminal histories, which began early in life. On average, the control group had approximately 8 prior arrests, while treatment group participants had approximately 11 prior arrests. Moreover, approximately three-quarters of treatment and control group participants had three or more prior convictions, with the average number of prior adult convictions hovering around 7 for the treatment group and 10 for the control group. Additionally, the majority of treatment and control group participants were under the age of 16 at the time of their first arrest. On average, treatment group participants were 13 years old at their first arrest, and control group participants were 14 years old at their first arrest. Furthermore, the majority of the treatment and control group participants had previously been incarcerated, been punished for institutional misconduct while incarcerated, and had a record of violence. There are no significant differences in participant criminal history characteristics between the treatment and control groups.

Table 2. Participant Criminal History Characteristics

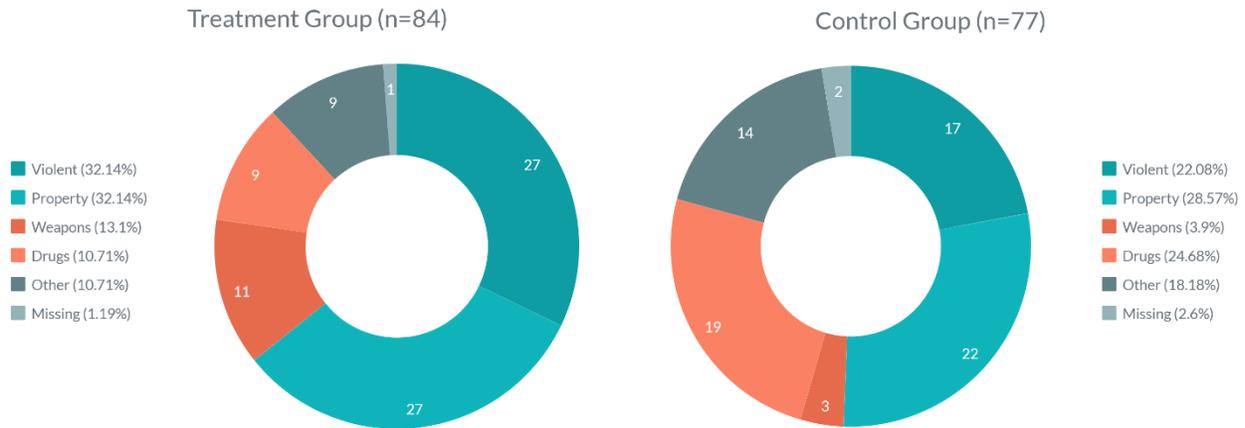
	Treatment Group (n=84)	Control Group (n=77)
Age at first arrest (if arrested under age 16)		
Average age	13.3	13.9
Median age	14	14
Minimum age	8	10
Maximum age	16	16
Number of prior arrests		
Average number	10.7	7.7
Median number	5.5	5
Minimum number	0	0
Maximum number	70	40

Table 2 continued. Participant Criminal History Characteristics

	Treatment Group (n=84)		Control Group (n=77)	
Number of present offenses				
Average number	5		4.7	
Median number	4		3.5	
Minimum number	3		1	
Maximum number	13		18	
Number of prior adult convictions				
Average number	6.8		9.6	
Median number	3.5		6	
Minimum number	1		1	
Maximum number	33		52	
Prior adult conviction	Number	%	Number	%
Yes	81	96.4	73	94.8
Two or more prior adult convictions				
Yes	73	86.9	69	89.6
Three or more prior adult convictions				
Yes	62	73.8	61	79.2
Ever incarcerated upon conviction				
Yes	77	91.7	66	85.7
Record of assault/violence				
Yes	51	60.7	43	55.8
Charged or probation/parole suspended while on community supervision				
Yes	44	52.4	44	57.1
Escape history while incarcerated				
Yes	8	9.5	11	14.3
Ever punished for institutional misconduct				
Yes	59	70.2	55	71.4
Number of times punished for institutional misconduct				
Average number	6.5		7.6	
Median number	3		2	
Minimum number	1		1	
Maximum number	80		132	

Figure 7 shows the most recent and serious offense for which the participants had been arrested. As can be seen, 32% of participants in the treatment group had a violent offense (e.g., robbery, murder/manslaughter, other violent crime), 32% had a property crime (e.g., property theft or burglary), 13% had a weapons offense, and approximately 11% had drugs recorded as their most recent offense. For the control group, however, 22% had a violent offense, 29% had a property crime, 4% had a weapons offense, and 25% had drugs listed as their most recent offense. The treatment group was significantly more likely to have a weapons offense ($p=0.041$), while the control group was significantly more likely to have a drug offense as their most recent offense ($p=0.017$).

Figure 7. Most Recent Offense Based on the LSI-R



PARTICIPANT LSI-R AND EMPLOYMENT READINESS SCORES

RESTORE reentry participants are eligible for TJ programming if they score less job ready (i.e., score 35 or lower) on the Employment Readiness Checklist (ERC) and low/moderate- to high-risk to recidivate (i.e., score above a 14) on the LSI-R.

As seen in Figure 8, according to the LSI-R, half of the treatment group scored as moderate risk to recidivate, with only 11.9% scoring as moderate/high or high-risk to recidivate. Of the control group, however, 45.5% scored as moderate risk to recidivate, with 22.1% scoring a higher risk to recidivate. There was no significant difference between the treatment and control groups and LSI-R risk category.

Figure 8. LSI-R Risk Category

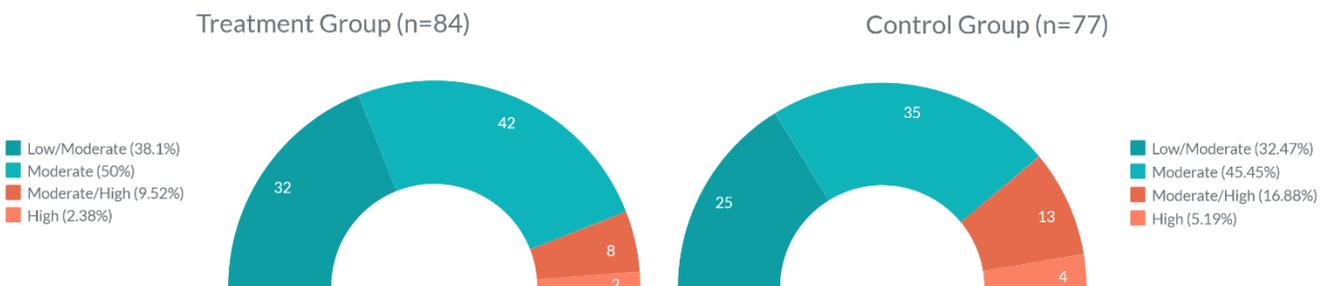


Table 3 shows the average ERC, total LSI-R, and LSI-R domain scores for participants randomized into the treatment and control groups. As can be seen, the average treatment and control group participant scored as less job ready (ERC scores of 22.0 and 22.8, respectively) and scored as having a moderate risk to recidivate (LSI-R scores of 26.2 and 27.7, respectively). Importantly, there are no significant differences between the treatment and control groups based on the ERC and overall LSI-R scores. There are also no significant differences between the treatment and control groups across all 10 LSI-R domains.

Table 3. Participant ERC and LSI-R Scores

	Treatment Group (n=84)			Control Group (n=77)			Possible score range
	Mean	Min.	Max.	Mean	Min.	Max.	
ERC Score	22.0	4	35	22.8	4	35	0-51
LSI-R Total Score	26.2	14	43	27.7	15	42	0-47
LSI-R Domains							
Criminal History	6.30	3	9	6.31	1	10	0-10
Education/Employment	5.94	1	9	6.04	1	9	0-10
Financial	1.76	0	2	1.83	0	2	0-2
Family/Marital	1.88	0	4	1.92	0	4	0-4
Accommodation	1.52	0	3	1.66	0	3	0-3
Leisure/Recreation	1.32	0	2	1.43	0	2	0-2
Companions	2.81	0	5	2.94	0	5	0-5
Alcohol/Drug	2.42	0	9	2.92	0	8	0-9
Emotional/Personal	1.42	0	5	1.51	0	5	0-5
Attitude/Orientation	0.83	0	4	1.16	0	4	0-4

TREATMENT HOURS RECEIVED

As mentioned above, the purpose of the TJ program is to provide transitional employment and cognitive behavioral therapy (e.g., CBI-EMP and MRT) to returning residents who scored higher risk and less job ready and who have been randomized into the treatment group. As seen in Table 4, and as is expected, the treatment group received significantly more transitional employment and CBT hours compared to the control group ($p=0.000$). On average, the treatment group engaged in 139.8 hours within their transitional employment (ranging from 0 to over 1,500 hours) and in 11.4 hours of CBT (ranging from 0 to 76 hours). Although the treatment group received significantly more CBT hours than the control group, the number of CBT hours received is still substantially fewer than each service provider is seeking to provide to their TJ participants.

Table 4. Treatment Hours Received

	Treatment Group (n=84)	Control Group (n=77)
Transitional Employment Hours***		
Average hours	139.8	0.04
Median hours	50.0	0
Minimum hours	0	0
Maximum hours	1,507.0	1.0
Cognitive Behavioral Therapy Hours***		
Average hours	11.4	0.73
Median hours	5.9	0
Minimum hours	0	0
Maximum hours	75.8	36

*** $p = .000$ (significant difference between treatment and control groups)

While it is expected that the treatment group receive significantly more transitional employment and CBT hours compared to the control group, as can be seen in Figure 9, approximately one-third of the treatment group received zero TJ programmatic hours. Specifically, 32% of the treatment group received zero transitional employment hours and 38% received zero hours of CBT. Only 7% of the treatment group, however, received zero hours of reentry programmatic services. Approximately 27% of the treatment group received 0.5 to 100 hours of TJ programming, while the remaining 41% received over 100 hours of TJ programming. Additionally, 26% received 1-10 hours of CBT, 17% received 11-20 hours of CBT, and 19% received over 21 hours of CBT.

Figure 9. Treatment Hours Received (Treatment Group Only)

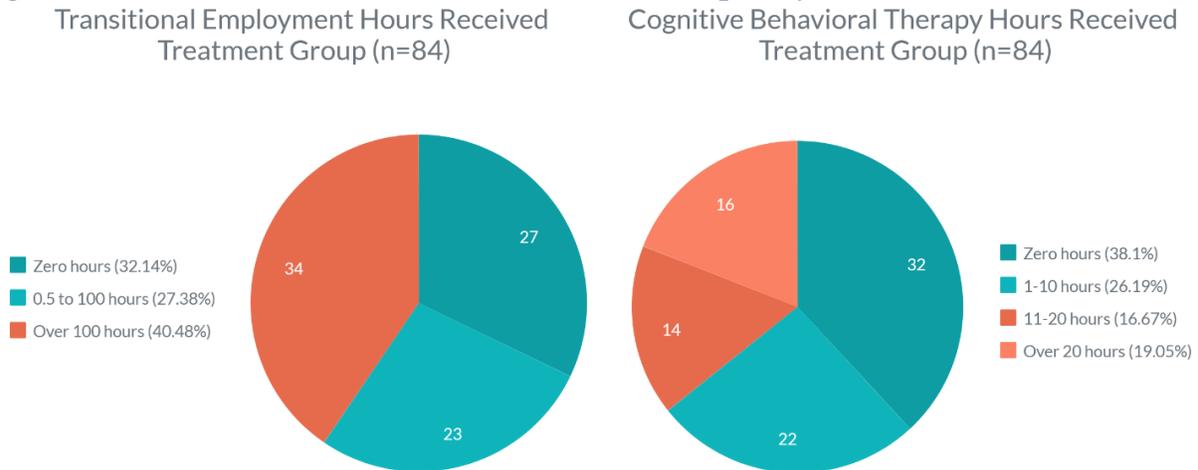


Table 6 shows the TJ and CBT programming hours the treatment group received from their respective service provider. As can be seen, treatment group participants at Gulfstream Goodwill received an average of 64 transitional employment hours (median of 20 hours), treatment group participants at The Lord’s Place received an average of 74 transitional employment hours (median of 94 hours), while treatment group participants at The Reentry Center in Riviera Beach received an average of 218 transitional employment hours (median of 50 hours). Treatment group participants at The Reentry Center in Riviera Beach received significantly more transitional employment hours than participants at Gulfstream Goodwill. There were no significant differences in CBT hours by service provider.

Table 6. Participant Treatment Hours Received by Service Provider (Treatment Group Only, n=84)

	Mean	Median	Min.	Max.
Transitional Employment Hours				
Gulfstream Goodwill (n=24)	63.8	19.8	0	283.3
The Lord’s Place (n=20)	74.0	94.0	0	128.5
The Reentry Center – Riviera Beach (n=40)	218.4	50.0	0	1,507.0
Cognitive Behavioral Therapy Hours				
Gulfstream Goodwill (n=24)	11.8	5.6	0	75.8
The Lord’s Place (n=20)	14.6	9.0	0	54.0
The Reentry Center – Riviera Beach (n=40)	9.5	4.0	0	68.0

It is important to keep in mind that there is variation in program duration and number of TJ and CBT hours within each service provider’s TJ program. Thus, we would expect differences in number of TJ and CBT hours that participants receive at each agency. Despite this, treatment group participants are receiving, on average, substantially fewer transitional employment and CBT hours than stipulated for each service provider’s TJ program. As described more fully in the [One-Year Implementation Report](#), the TJ program at Gulfstream Goodwill is a 12-week program, where participants should receive 240 programmatic hours (192 TJ and 48 MRT hours). The Lord’s Place TJ program is designed as an 8-week program, where participants should receive 128 programmatic hours (96 TJ and 32 CBI-EMP hours); and the TJ program at The Reentry Center in Riviera Beach is a 10-week program, where participants should receive 280 programmatic hours (240 TJ and 40 MRT hours).

Figure 10 shows the number of transitional employment hours received by participants in the treatment group disaggregated by service provider, while Figure 11 shows the number of CBT hours received by participants in the treatment group disaggregated by service provider. As can be seen in Figure 10, 5 participants (25%) in the treatment group at The Lord’s Place have received zero TJ hours, while 8 (33%) and 14 (35%) participants at Gulfstream Goodwill and The Reentry Center in Riviera Beach have received zero TJ hours, respectively. Regarding CBT hours, 7 treatment group participants (35%) at The Lord’s Place have received zero CBI-EMP hours, while 9 (38%) and 16 (40%) treatment group participants at Gulfstream Goodwill and The Reentry Center in Riviera Beach have received zero MRT hours, respectively.

Figure 10. Transitional Employment Hours by Service Provider (Treatment Group Only)

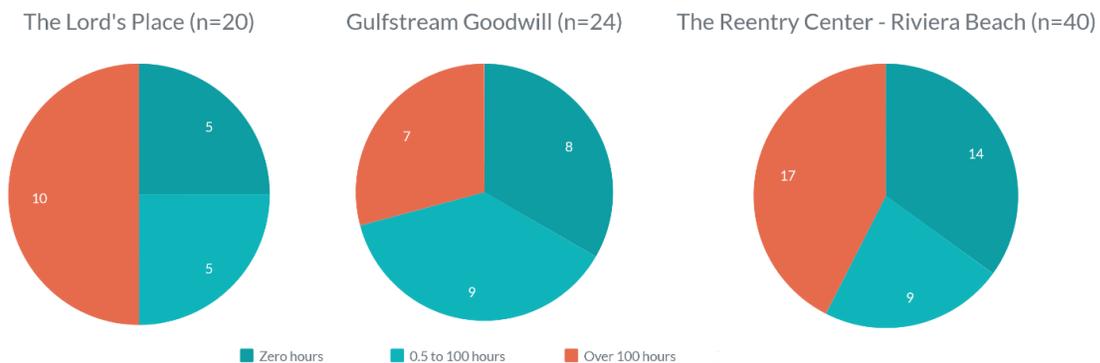
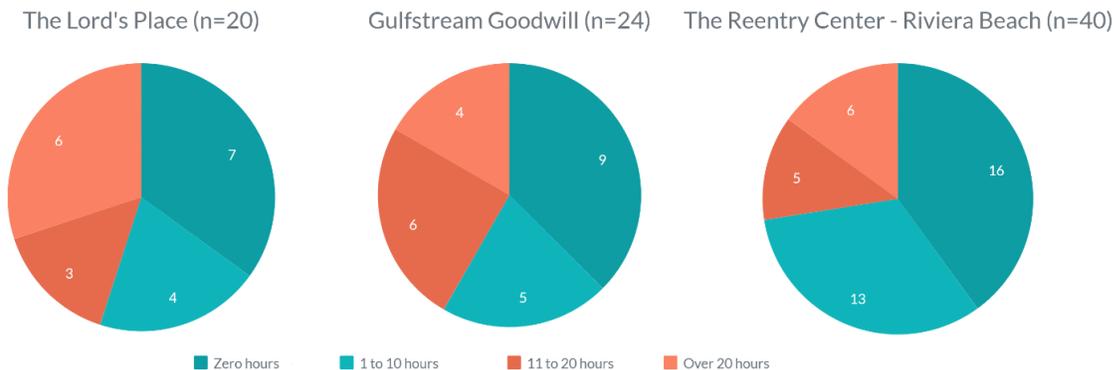


Figure 11. CBT Hours by Service Provider (Treatment Group Only)

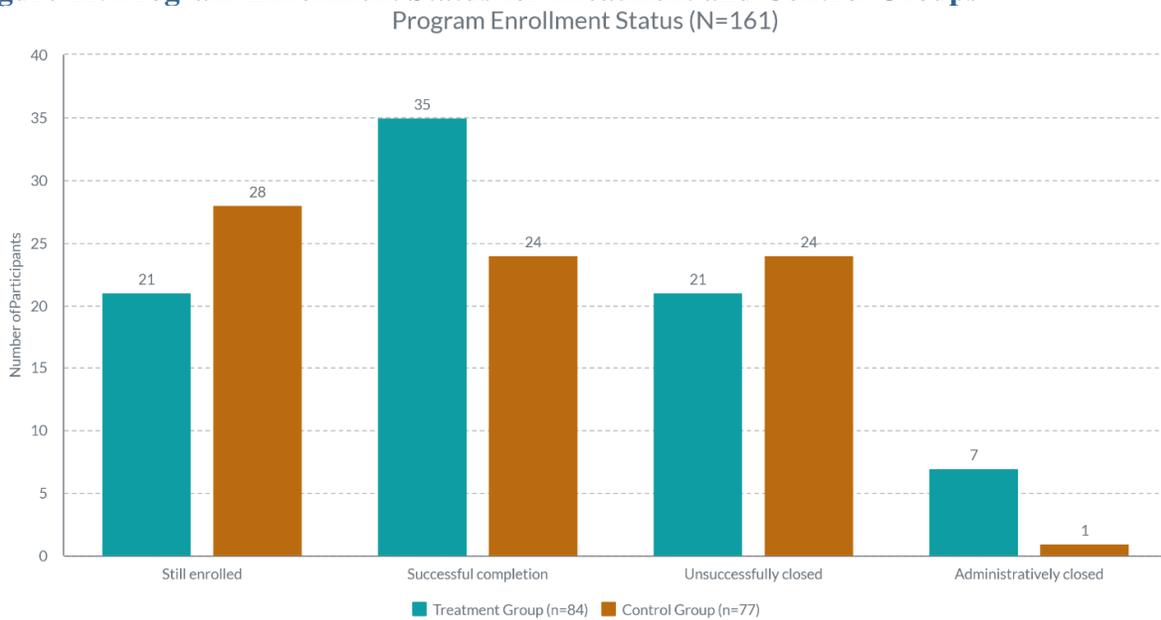


PARTICIPANT OUTCOMES

PROGRAM ENROLLMENT

Figure 12 shows the program enrollment status of the treatment and control groups after two years of program implementation. As can be seen, 21 treatment group participants (25%) were enrolled in reentry programming, while 28 control group participants (36%) were enrolled. It should be noted that participants were enrolled in programming continuously throughout the two years, with the most recent participant being enrolled November 17, 2020. Approximately 42% of the treatment group has successfully completed programming, while 31% of the control group has successfully completed programming, with the remaining being unsuccessfully closed (e.g., lack of participation, refusing services, violating the program rules, recidivating) or closed for administrative reasons (e.g., participant moved/relocated or died).

Figure 12. Program Enrollment Status for Treatment and Control Groups



RECIDIVISM

Table 7 shows the recidivism rates for participants in the treatment and control groups. As can be seen, during the first two years of program implementation, approximately 24% of the treatment group was rearrested, while 34% of the control group was rearrested. Regarding reconviction, 13% of the treatment group and 17% of the control group were reconvicted during the first two years of program implementation. Further, approximately 5% of the treatment group was reincarcerated, while 10% of the control group was reincarcerated. Although the treatment group had lower rearrest, reconviction, and reincarceration rates compared to the control group, the differences did not reach statistical significance.

Table 7. Recidivism Rates for Full Sample (N=161)

	Treatment Group (n=84)		Control Group (n=77)	
	Number	%	Number	%
Rearrested	20	23.8	26	33.8
Reconvicted	11	13.1	13	16.9
Reincarcerated	4	4.8	8	10.4

Table 8 shows participant recidivism rates for the treatment and control groups, disaggregated by treatment provider. Across all service providers, the treatment group had lower rearrest and reincarceration rates compared to the control group, although these differences were not significant. Additionally, individuals in the treatment group at Gulfstream Goodwill and The Reentry Center in Riviera Beach had lower reconviction rates compared to those in the control group, which again were non-significant.

Table 8. Recidivism Rates for Full Sample by Treatment Provider (N=161)

	Treatment Group		Control Group	
	(n=24)		(n=21)	
Gulfstream Goodwill	Number	%	Number	%
Rearrested	6	25.0	7	33.3
Reconvicted	4	16.7	5	23.8
Reincarcerated	1	4.2	3	14.3
The Lord's Place	(n=20)		(n=22)	
Rearrested	4	20.0	8	36.4
Reconvicted	3	15.0	2	9.1
Reincarcerated	0	0.0	2	9.1
The Reentry Center – Riviera Beach	(n=40)		(n=34)	
Rearrested	10	25.0	11	32.4
Reconvicted	4	10.0	6	17.6
Reincarcerated	3	7.5	3	8.8

Table 9 shows the 6-month, 12-month, and 18-month rearrest rates for participants who were enrolled in the program at least 6 months, 12 months, and 18 months prior to the writing of this report, respectively. As can be seen, for this subgroup of participants, the treatment group had lower rates of rearrest; however, there are no significant differences in rearrest rates between the treatment and control groups.

Table 9. Rearrest Rates for Participants Enrolled for at least 6, 12, and 18 Months

	Treatment Group		Control Group	
	Number	%	Number	%
Rearrested in first 6 months	(n=76)		(n=65)	
	12	15.8	11	16.9
Rearrested in first 12 months	(n=61)		(n=42)	
	18	29.5	16	38.1
Rearrested in first 18 months	(n=39)		(n=29)	
	15	38.5	13	44.8

EMPLOYMENT

Table 10 shows the employment rates for participants in the treatment and control groups. As can be seen, during the first two years of program implementation, the treatment group was significantly more likely to ever be employed, be employed in multiple jobs, and had significantly more jobs, on average, than the control group. Specifically, approximately 67% of the treatment group was employed, while 38% of the control group was employed. One-third of the treatment group held multiple jobs during the follow-up period, while only 5% of the control group held multiple jobs. Further, the treatment group held an average of 1.12 jobs, while the control group held an average of 0.43 jobs.

Table 10. Employment Rates for Full Sample (N=161)

	Treatment Group (n=84)		Control Group (n=77)	
	Number	%	Number	%
Employed***	56	66.7	29	37.7
Employed in multiple jobs***	28	33.3	4	5.2
Number of jobs***				
Average number	1.12		0.43	
Median number	1.00		0	
Minimum number	0		0	
Maximum number	4		2	

*** $p = .000$ (significant difference between treatment and control groups)

Table 11 shows the employment status for those employed during the first two years of program implementation (n=85). As expected, participants in the treatment group were significantly more likely to be employed in transitional employment ($p=.000$); however, participants in the control group were significantly more likely to have permanent or temporary employment compared to the treatment group ($p=.000$). Additionally, individuals in the control group were significantly more likely than treatment group participants to be employed full-time ($p = .038$). Treatment group participants were also significantly more likely than control group participants to be employed in the construction or retail industry, while those in the control group were significantly more likely to be employed in other industries ($p=.003$). Although the treatment group had fewer average days between program enrollment and employment, the difference was not significant.

Table 11. Employment Descriptives for those Employed (n=85)

	Treatment Group (n=56)		Control Group (n=29)	
	Number	%	Number	%
Employment Type***				
Permanent employment	13	23.2	21	72.4
Temporary employment	3	5.4	6	20.7
Transitional employment	33	58.9	0	0
Paid in cash	1	1.8	1	3.4
Missing data	6	10.7	1	3.4
Full/Part-time*				
Full-time	34	60.7	24	82.8
Part-time	22	39.3	5	17.2

Table 11 continued. Employment Descriptives for those Employed (n=85)

Industry***	Treatment Group (n=56)		Control Group (n=29)	
	Number	%	Number	%
Construction	31	55.4	10	34.5
Customer service	1	1.8	3	10.3
Food service	9	16.1	4	13.8
Retail	10	17.9	1	3.4
Manufacturing	0	0	3	10.3
Other	5	8.9	8	27.6
Days to Employment				
Average number	35		56	
Median number	25		32	
Minimum number	0		0	
Maximum number	200		276	

*** $p = .000$; ** $p = .003$; * $p = .038$ (significant difference between treatment and control groups)

SUMMARY AND RECOMMENDATIONS

Two years after program implementation, and amid a global pandemic, all three TJ programs continue to be operational, albeit with modifications to programmatic delivery to comply with state and local orders. Between November 26, 2018 and November 25, 2020, 161 returning residents were referred to the PBC TJ program for randomization, of which 84 were randomized into the treatment group and 77 were randomized into the control group. Individuals in the treatment group received significantly more transitional employment and cognitive behavioral therapy hours.

Regarding outcomes, individuals in the treatment group had lower rearrest, reconviction, and reincarceration rates compared to the control group, although the differences did not reach statistical significance. Treatment group participants, however, were significantly more likely to ever be employed, be employed in multiple jobs, and had significantly more jobs on average than the control group. Of those who were employed, treatment group participants were significantly more likely to be employed in transitional employment, while control group participants were significantly more likely have permanent or temporary employment and be employed full-time.

While the results seem promising, it is important to continue to consider ways to make data and programmatic improvements. The following is a list of recommendations for consideration:

➤ **Ensure Employment Data Accuracy**

Accurate data collection and reporting are crucial to capturing program involvement and outcome measures. To date, employment data captured in the RENEW database is from participant self-reports and does not originate from verified employment sources. As such, there are questions surrounding the completeness and accuracy of employment data in the RENEW database. Specifically, when an employment start date is listed in RENEW, but no employment end date, it is unclear if individuals continue to be employed (and thus no end date) or if the individual is no longer employed (and thus the end date is missing). If

possible, the PBC Department of Public Safety and Justice Services should collaborate with PBC CareerSource to obtain official employment data.

➤ **Increase CBT Hours Provided**

A sustained and substantial amount of research suggests that cognitive behavioral approaches are an effective intervention for reducing recidivism (Andrews et al., 1990; Barnes et al., 2017; Dowden & Andrews, 2000; Wilson et al., 2005). To be effective, however, not only must the CBT programming be implemented with fidelity, but participants should also receive the full curriculum. As shown in Table 4 ([Treatment Hours Received](#)) above, participants in the treatment group received, on average 11.4 hours of CBT programming. This is substantially fewer hours than outlined in each service provider's TJ program. Specifically, and as summarized in the [One-Year Implementation Report](#), a participant who successfully completes the entire TJ program at Gulfstream Goodwill would receive 48 MRT hours. A participant who successfully completes the entire TJ program at The Lord's Place would receive 32 CBI-EMP hours; and a participant who successfully completes the entire TJ program at The Reentry Center in Riviera Beach would receive 40 MRT hours.

As mentioned above, the [COVID-19 pandemic](#) has impacted the method in which Gulfstream Goodwill and The Lord's Place offer MRT and CBI-EMP, respectively, with both service providers offering virtual CBT programming. Anecdotal evidence from The Reentry Center in Riviera Beach suggests that participants were resistant to, and less engaged in, virtual MRT programming, which resulted in The Reentry Center suspending its offering of virtual MRT sessions. While it is possible that participants at Gulfstream Goodwill and The Lord's Place were also resistant and less engaged in virtual CBT sessions, the number of CBT hours treatment group participants received has not substantially increased since the One-Year Implementation Report. Specifically, in the one-year report, treatment group participants received, on average, 10.6 hours of CBT. As such, increased effort should be made to engage the treatment group participants in CBT.

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