



EVALUATION OF THE FRANCISCO HOMES SERVICE MODEL FOR PAROLED LIFERS IN CALIFORNIA

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PURPOSE OF PROJECT

This project will evaluate the Francisco Homes service model for lifers paroled from the California Department of Corrections and Rehabilitation to the Los Angeles area. Francisco Homes is a nonprofit organization that provides housing and reentry services for prisoners who are paroled from life sentences. The goal of this project is to identify the extent to which Francisco Homes' service model prepares its clients for successful community reintegration upon their release from prison.

I. REVIEW OF THE LITERATURE ON BEST PRACTICES FOR LIFER REENTRY

Context & Overview

Over the past 25 years the incarceration rate in the United States has quadrupled, and this fourfold increase is also reflected in the population of prisoners with life sentences (Nellis and Chung, 2013; Visher and Mallik-Kane, 2007). One out of every nine U.S. prisoners is currently on a life sentence, and in California, the rate is even higher: 21% are serving a life sentence with the possibility of parole (CDCR, 2016; Weisberg et al., 2011). This mass incarceration is due in part to “tough on crime” legislation enacted in the late 1980s and early 1990s in response to a substantial but short lived jump in violent crime rates. During this time many states passed mandatory minimum sentencing requirements and increased political oversight in parole decisions, the effect of which was to reduce the percentage of ex-offenders released on parole. For example, California passed an amendment to proposition 89 in 1988 that empowered the governor to reverse parole decisions for those convicted of murder.¹ Harsh sentencing has also been driven by policies like Marsy’s law that augment the rights of victims by codifying them in state constitutions (Beck, 2010).

As a result of this “crackdown on crime,” prisons have become increasingly overcrowded and policy shifts are now aimed at reducing levels of incarceration. Initiatives such as California’s Public Safety Realignment Act (AB109/AB117) have resulted in a reduction of tens of thousands of individuals in California prisons, and parole for lifers has also risen as part of this overall reduction. Changes like these have

¹ Use of this power has varied significantly among governors. Pete Wilson (1991-1999) reversed only 27% of approved paroles, while Arnold Schwarzenegger (2003-2011) reversed over 60% and Gray Davis (1999-2003) reversed almost all of them. Thus far, Jerry Brown has reversed the fewest approved paroles (Weisberg et al., 2011).

resulted in the release of thousands of lifers nationwide over the past five years, an unprecedented number of long-term prisoners reentering communities (Zoukis, 2016).

An estimated 600,000 ex-offenders – lifers and nonlifers alike – are reentering society each year, and their reintegration poses a challenge for American society (Wagner and Rabuy, 2016). Research has demonstrated that today’s returning prisoners will be more disconnected from their communities, more estranged from family and friends, more likely to suffer from untreated substance abuse and mental illness, be less educated and employable, and will have served longer prison sentences than those released in the past (Petersilia, 2004; Lattimore and Visser 2013; Mallik-Kane and Visser, 2008). To address these challenges, evidence-based practice (EBP) or “best practices” research offers tested prescriptions for programs aiming to promote successful reentry (e.g., Taxman et al., 2003, 2004).

The dominant measure of success tested in EBP research is desistance from crime. Much of the literature focuses explicitly on how reentry programming can lower rates of recidivism (Andrews and Dowden, 2005; Duriez et al., in press; Lattimore et al., 2016; Petersilia, 2009). Although not much is known about lifers as a population of offenders, research demonstrates that ex-lifers recidivate at a fraction of the rate of other ex-offenders (Liem, 2016). A recent California study shows that only 13.3% of lifer parolees return to prison, compared to 65.1% of non-lifer parolees (CDCR, 2013). Although this statistic suggests that lifers comprise a community that is relatively successful post-release, it is unclear whether this difference in recidivism stems from effective reentry programming or lifer demographics. Lifers serve indeterminate sentences, which means that they are incentivized to participate in rehabilitative

programs in order to demonstrate suitability for parole (Petersilia and Threatt, 2017; Solomon et al., 2005). The average male released from prison returns to society after a relatively short sentence, the majority of whom are in their 20s and 30s; released lifers are typically much older, having served an average of 29 years behind bars (LeBel and Maruna, 2012; Nellis and Chung, 2013). Extensive research has demonstrated that older men are much less likely than their younger peers to recidivate (for a review, see DeLisi, 2015). Given these factors, ex-lifers may not require the close monitoring and extensive reentry programming that comprise the primary approach for younger released individuals.

Research on Reentry Programs

Research in the criminology and criminal justice literatures has explored the best practices for effective reentry programming. There is a relatively sparse literature, based largely on qualitative research and limited case studies, that identifies the factors that create an environment conducive to successful ex-lifer reentry. The following sections address the best practices of effective reentry programming and the issues lifers may face upon reentry.

Best Practices in Reentry

There is debate surrounding what constitutes effective reentry programming, but there is consensus that these programs are more effective when they involve the community. Travis and Petersilia (2001) argue that reentry programs should include a “seamless set of systems that span the boundaries of prison and community... as close to the community as possible” (p. 308). Taxman et al. (2003) suggest that reentry programming should include a community reintegration phase that includes not only

formal supervision, but also skills training, counseling, substance abuse treatment (as needed), health care, and housing assistance.

Much of the research on “what works” in correctional programs is based on a theory of rehabilitation developed by Canadian researchers in the 1980s and 1990s (for a review, see Cullen, 2002). The theory has been validated for programs in both institutional and community corrections settings, insofar as these programs target a reduction in client recidivism as their primary objective (Andrews and Dowden, 2007; French and Gendreau, 2006). Andrews et al. (1990) articulated three principles of effective programming that have become entrenched in the research literature as the Risk-Need-Responsivity (RNR) model:

- *Risk principle*: Direct intensive services to high-risk ex-offenders and minimize services offered to low-risk ex-offenders.
- *Need principle*: Target criminogenic needs in treatment.
- *Responsivity principle*: Provide treatment in a style and mode that is responsive to the client’s learning style and ability.

To test how well programs implemented these principles, Gendreau and Andrews (1995) developed the Correctional Program Assessment Inventory (CPAI). According to the CPAI, programs are most effective when they meet the following eight guidelines:

- *Design*: The program is well designed and implemented around a sound theoretical model
- *Leadership*: The program is led by qualified, involved individuals

- *Staff*: Incorporate staff who are well educated, qualified, experienced, well trained, supervised, and have input into the program
- *Clients*: The program selects appropriate clients for services
- *Assessment*: Clients are objectively assessed on risk, need, and responsivity factors
- *Criminogenic Factors*: Address crime-producing behaviors, use effective behavioral treatment models, deliver services and treatment effectively, and prepare offenders to remain in the community
- *Evaluation*: Ensure that quality assurance is provided and evaluations are regularly conducted
- *Support*: Garner support from staff, clients, and external partners in the community

The CPAI has been validated in research on correctional programs in a variety of settings (Lowenkamp et al., 2006, 2010; Smith et al., 2009). It has also served as the basis for other methods of evaluating correctional programs, such as the Correctional Program Checklist (CPC) developed by Latessa and colleagues at the University of Cincinnati (Lowenkamp and Latessa, 2002, 2005). The CPC combines the CPAI's eight guidelines into five domains: program leadership and development, staff characteristics, ex-offender assessment, treatment characteristics, and quality assurance.

Taxman et al. (2004) use existing empirical research on recidivism to create a two-stage process for individuals reentering the community. The first stage uses assessment and case planning to obtain buy-in from the ex-offender. At this stage the client works with a caseworker to identify criminogenic traits and triggers, collaboratively

creating a supervision plan that works to ensure the client does not reoffend. The second stage offers the client a series of tools that assist him or her in reintegrating into the community. These tools include communication skills, substance abuse and mental health treatment, cognitive/reasoning skills, education and literacy, and employment/job skills. These tools may be gained via one-on-one coaching, group-based programming, or outside education in the community. Taxman et al. (2004) argue that as much of these activities as possible should take place in the community, and an ongoing effort to improve prosocial behavior is also key to success.

All of these approaches – the RNR model, CPAI, CPC, and Taxman’s two-stage model – were developed for programs that focused explicitly on reducing recidivism. Given that this is the dominant approach taken by ex-offender reentry programs, there has been little effort to evaluate alternative outcomes (e.g., community reintegration) in the literature. Although some of the CPAI’s and CPC’s components would appear to apply to post-release interventions with goals other than recidivism, this link has not been demonstrated empirically in the literature.

Other research has taken a more holistic, multidisciplinary approach to reentry. For example, Petersilia (2004) argues for a reentry approach that combines principles from clinical psychology and sociology to focus on high-risk individuals, include CBT, and provide employment and skill training opportunities (see also Petersilia, 2009). Schlager (2013) recommends ‘strength-based practice,’ which involves attention to ex-offenders’ strengths and opportunities to contribute to the community in lieu of ‘negative,’ deficit-focused programming. Travis (2005) considers an ex-offender’s reentry as it takes place among a network of individuals in the community,

recommending programs and policies that help individuals to restore positive relationships. Additional research has indicated that reentry programs should articulate clear goals and objectives, make use of appropriate classification/assessment systems, base intervention on theory-driven models, and understand that relapse is likely (Listwan et al., 2006). Nonetheless, evaluations of success arguably need to acknowledge a broader range of conditions, especially when the ultimate goal is reintegration and not simply desistance. Outcome measures should include working, sobriety, and community involvement (Petersilia, 2009). In the case of lifers – a population that is unlikely to recidivate – Listwan et al.’s (2006) expectation that “relapse is likely” is perhaps not appropriate as a default consideration.

Reentry for Lifers

Whereas any released prisoner is likely to face challenges upon reentry, lifers return to the community under particularly daunting circumstances. Having been incarcerated for such a long period of time, they need help rebuilding social networks, reattaching to the labor market, and overcoming the significant medical issues that many develop while in prison. Liem and Garcin (2014) have identified three sets of issues that guide lifers’ post-release success: (1) *social factors*, such as employment and social networks; (2) *personal factors*, including self-efficacy and mental and physical health; and (3) *institutional factors*, including residency requirements and reentry programs. Although these three sets of factors could arguably influence reentry success for all returning citizens, the following sections will articulate how they may be especially relevant for returning lifers.

Social Factors. Difficulties in gaining employment and the erosion of social networks are two social factors that are likely to make ex-lifer reintegration into the

community challenging. Employment is a crucial first step in reintegrating effectively into the community (Apel and Sweeten, 2010; Cherney and Fitzgerald, 2016). All returning citizens face obstacles to employment: they share the same stigma with regard to finding a job and have to explain gaps in their employment history. Ex-lifers are arguably in a particularly tough position because even though their crimes took place many years ago, they were serious enough to warrant a life sentence and thus may create strong concerns among potential employers (Pager, 2008). Many ex-lifers' crimes may not show up on a background check, given how long ago they took place, but they must try to account for decades of prison employment in creative ways that do not betray their time away. Those who have been convicted of sex crimes are in a particularly tough position, since they may be required to disclose their criminal background to prospective employers. Employers are often reticent to hire an ex-offender, and the stigma associated with serving a life sentence is likely to create even more concern among those who would consider hiring an ex-lifer.

Lifers have also been detached from the labor market for so long that the skills they once had have deteriorated or are obsolete. Prisons typically offer a variety of education and vocational training options that provide individuals with an opportunity to update or gain new skills, but these programs do not always align with what is necessary for employment in the community (Appleton, 2010; Liem and Garcin, 2014). Those who manage to keep up their skills while in prison often find themselves physically unable to perform the tasks required of jobs for which they are qualified, given the age at which they are released (Liem, 2016).

Community reintegration is also a challenge for lifers because their social networks have largely disappeared over the course of their incarceration (Appleton, 2010; Liem, 2016). Many reentering prisoners rely on family members and friends to get back on their feet upon release, but decades behind bars have erased this support network for many paroled lifers. It is highly uncommon for lifers to stay with partners for the duration of their incarceration, and many also become estranged from their children (Wilson and Vito, 1988). Lifers see many loved ones – often parents and siblings – pass away while they are incarcerated. For the minority who are connected to family, these relationships can provide them with them a place to stay, monetary support, help in finding a job, and the emotional support they need for readapting to life in the community. The interconnectedness of social factors is evident in that parolees frequently cite close friends and family as particularly important in overcoming employment barriers (Cherney and Fitzgerald, 2016; Pager et al., 2009). Family and friends are able to link them to employment opportunities and vouch for the character of the lifer, which can neutralize the stigma associated with their criminal history (Cherney and Fitzgerald, 2016). Given the importance of these networks, ex-lifers must consider ways to replace the family members and friends they have lost during their incarceration. Finding a new community and support network thus becomes crucial for ex-lifers in their attempt to reintegrate.

Personal Factors. In a study on post-release success among paroled lifers, Liem and Garcin (2014) found that participants credited their success chiefly to their own self efficacy. Self-efficacy is defined as belief in one's ability to succeed in specific situations or accomplish a task; this can greatly influence how an individual approaches

challenges and goals. Paroled lifers that had a strong sense of self-efficacy saw themselves as possessing agency and were active participants in their reintegration process (Liem and Garcin, 2014). Though self-efficacy was found to have a positive impact on post-release success, other factors such as physical and mental illness may impede its development, given the medical hardships that many ex-lifers have accumulated during incarceration (Hulley et al., 2016; Liem and Kunst, 2013).

Lifers are more likely than other released prisoners to have developed Post-Traumatic Stress Disorder (PTSD) and other manifestations of mental distress during their incarceration (Dudeck et al., 2011; Liem and Kunst, 2013). Dudeck et al. (2011) studied over a thousand long-term prisoners in Europe, finding that they had experienced an average of three traumatic events and had a particularly high prevalence of PTSD. Liem and Kunst (2013) also find that lifers suffer from a form of PTSD that is specific to incarceration-related trauma, what they call 'post-incarceration syndrome.' In an in-depth study of a sample of Austrian prisoners, Lapornik et al. (1996) find that many long-term prisoners develop cognitive impairments such as a deterioration in concentration and memory function over time that make it difficult for them to find work and adapt to society upon release. Mental and emotional health problems are thus more concentrated among lifers than among other ex-offenders, and effective reentry programming should include a psychiatric or psychological component to treat these problems (Hulley et al., 2016).

In addition to psychological impairments such as PTSD, anxiety, and depression many lifers suffer from multiple co-occurring medical conditions (Williams and Abraldes, 2007). This is linked to a process of accelerated aging that many inmates undergo while

incarcerated. This accelerated aging is reflected in their development of chronic illness and disease at younger ages than the general population (Visher and Mallik-Kane, 2007). The high burden of illness is compounded by the weeks to months it takes to (re)establish access to medical care upon release (Williams and Abraldes, 2007).

Obtaining housing becomes a challenge for those suffering from physical and mental health conditions. Those with mental health conditions are inordinately left reliant on public assistance and Social Security Income/Social Security Disability Income (SSI/SSDI) to receive adequate care and housing, and like health care benefits, these often take weeks to months to reestablish (Hoge, 2007). The gap in services leaves those with mental health concerns this population disproportionately vulnerable to homelessness, and given that ex-lifers are more likely to suffer from these issues than others (Hulley et al., 2016), this becomes an important issue for programs and policies that focus on ex-lifer reentry. This indicates a need for reentry programs to provide not only psychiatric care, but assistance with reinstating government benefits and finding suitable and affordable housing.

Institutional Factors. Legal and practical barriers facing ex-offenders also affect ex-lifers' employment, housing, and welfare eligibility (National Research Council, 2014; Petersilia, 2004; Schlager, 2013; Travis, 2005). For example, those convicted of violent or drug related felonies – almost all ex-lifers – may be denied section 8 housing and other federal assistance programs such as food stamps (Hoge, 2007). Because these struggles may be more prevalent among returning lifers, specialized reentry programming could be more effective than broad programming aimed at all returning citizens. As noted above, reentry programming for most ex-offenders focuses on

desistance from crime (Kazemian and Travis, 2015; Petersilia, 2009). However, given the low rate of recidivism among ex-lifers and their high likelihood of other reentry challenges, it may make more sense for programs focusing on ex-lifer reentry to emphasize community reintegration. Moreover, placing lifers with other returning citizens who are younger and more likely to recidivate could have consequences for lifer recidivism, or at a minimum expose them to potential minor parole violations that could lead to their return to prison (Liem, 2016). There has been no empirical research on the comparative benefits of different types of reentry programming for lifers, but given their needs and characteristics, it is possible that they would be more successful in a lifer-only reentry environment that supports and assists in overcoming the personal, social, and institutional barriers that may impede successful community reintegration.

II. THE FRANCISCO HOMES SERVICE DELIVERY MODEL

Overview

The Francisco Homes is a nonprofit, residential reentry facility for paroled lifers in Los Angeles, California. It contracted with the Center for Evidence-Based Corrections at the University of California, Irvine, (UCI) to analyze and articulate its service model. This chapter identifies the methods used to do so, provides some background information on Francisco Homes and its approach to reentry services, and describes its service model.

Methods

UCI began background work in April and May, 2017. UCI staff met with The Francisco Homes (TFH) staff to identify potential data sources, collect background information, and determine strategies for data collection. Data collection would consist of two phases. The first would involve interviews with stakeholders and residents, and the second would entail administration of a survey to residents. The data obtained in these two phases would be supplemented by administrative data collected by TFH and a review of all available TFH documents (e.g., brochures, newsletters, strategic plan).

The first phase of data collection took place from June-September, 2017. UCI staff interviewed 11 TFH stakeholders, including all compensated staff, three board members, and three resident services volunteers. The interview questions appear in Appendix A. The interviews were semi-structured, lasted approximately 30-60 minutes, and were professionally transcribed for analysis. UCI staff also interviewed a sample of 26 TFH residents about their experience, the questions appearing in Appendix B. Like the stakeholder interviews, resident interviews were semi-structured, lasted approximately 30-60 minutes, and were professionally transcribed. The interview data were then analyzed using ATLAS.ti qualitative data analysis software.

The second phase of data collection took place from February-May, 2018. A survey was administered to TFH residents, with questions ranging from basic demographics to items measuring the extent to which residents feel they are reintegrating into the community. The survey appears in Appendix C. Residents were offered a \$10 cash incentive to complete the survey, and as of May 31, 87 residents have completed it. These data will be used primarily to evaluate the effectiveness of the service model and provide some descriptive statistics about resident experience with TFH, and these analyses will be presented in the final project deliverable.

Background on The Francisco Homes

TFH's mission is to offer "hope and multi-faceted holistic support to formerly incarcerated individuals aspiring to reintegrate back into the community." It distinguishes its service model from those of other similar facilities in two particular ways. First, it focuses on a holistic approach to each resident's reentry. The culture of TFH reinforces this holistic approach by welcoming residents "home" upon release, rather than continuing the bureaucratic admission and release practices of the corrections system, and holding a welcome home ceremony for all residents on a monthly basis. Services are tailored to each resident's individual needs; there are minimal program-wide mandatory requirements, but there is no facility-wide mandatory programming. Residents are required to engage in at least one program per week. They can choose from a number of options, meet regularly with resident services, participate in their house "community," and engage in work, study or volunteerism. In addition to typical reentry programming (e.g., employment skills, group-based counseling), residents participate in creative writing groups, theater groups, and others activities that promote personal empowerment and communication skills in unique ways. Residents have

opportunities to team up with college students on writing, theater, and video projects, providing prospects for cross-generational collaboration.

Second, TFH considers its primary outcome of interest the effective reintegration of residents into the community. TFH designs its programs and services toward this goal, which differs from other reentry facilities that focus more explicitly on reducing recidivism. TFH implements trauma informed cognitive behavioral therapy (CBT) and motivational interviewing techniques that are evidence based. TFH's residential arrangements promote reintegration by grouping residents together in independent houses and making them responsible for their own food preparation and cleaning. Its vision statement reflects this grounding in residents' return to the community: "Guided by faith-inspired principles, The Francisco Homes encourages our community to acknowledge the worth and dignity in all people, opening the door of opportunity for conciliation and healing; building a society in which the reentry process becomes restorative."

TFH began as a project of the Catholic Archdiocese of Los Angeles in 2007 and opened its first home in 2008. Over the past ten years, it has grown from one home for eight residents to seven homes that house over 80 residents. Each home has shared kitchen, dining room, living room, and bathroom facilities. Most bedrooms are double occupancy. Each house includes a dishwasher, washer and dryer, and landline phone for local calls. All homes are alcohol and tobacco free. Approximately 10-12 residents live in each home, and all are located within the same neighborhood in South Los Angeles. Over 400 residents have been associated with TFH since its founding ten years ago.

TFH is structured to rely on both staff and residents to carry out its mission. Staff include an executive director, a development/business manager, an intake coordinator, a director of resident services, and a program manager/activities coordinator. TFH also employs a variety of volunteers, including program instructors, graduate-level resident service interns and program volunteers. Many of the volunteers and interns are drawn from local universities, predominantly the University of Southern California and Loyola Marymount University. At TFH, residents take an active role in administering programs and communicating policies and information. Each of the seven homes has a resident house manager, and house managers meet with TFH staff monthly. These house managers then hold mandatory house meetings with their residents on a weekly basis. New residents typically rely heavily on existing residents to get oriented to the neighborhood, learn about mass transit, and sort out logistics when they first arrive.

The Francisco Homes Service Model

Based on the data we have collected and our review of official documents, we depict TFH's service model in Figure 2.1 below. As noted above, it focuses on the holistic treatment of its residents and ultimately aims to effectively reintegrate former lifers into the community. After an initial intake that incorporates all of the information presented in Appendix D, residents receive services that are designed to address individual needs that ultimately facilitate their reintegration into the community. Services are designed to address mental, emotional, and spiritual health; physical health; and education and financial stability.¹ Each component of the service model will be described in the sections below.

¹ Some of these services are provided in-house by Francisco Homes, and others are community-organized and offered by way of referral.

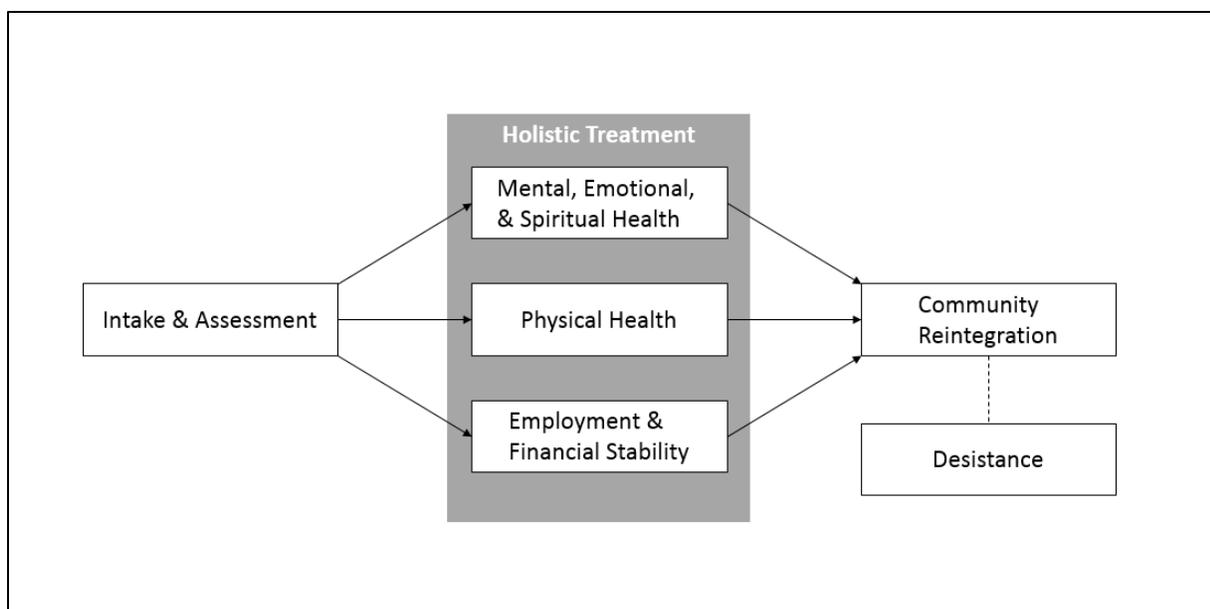


Figure 2.1: The Francisco Homes Service Model

Parole and Intake Process

TFH employs a full-time office assistant and intake coordinator who responds to incarcerated individuals who write to TFH in anticipation of future parole. Approximately 200-250 inmates contact TFH each month to inquire about services in the event that they are found suitable for parole.² The intake coordinator then sends informational materials and a short questionnaire designed to identify basic facts from the inmate’s journey, needs, and work in rehabilitation. Although it is not a measure of eligibility for TFH’s services, it is the basis for the individualized offer sent in return to the inmate. TFH will accept any individual serving a life sentence who is granted parole and (1) agrees to adhere to program/house rules, (2) does not need services for drug or alcohol

² Most of these contacts are by letter. As prisoners near their parole date, they begin to contact potential reentry facilities in anticipation of release.

addiction, and (3) agrees to a \$500 per month resident fee.³ TFH submits a letter in support of these individuals in advance of their parole hearings, numbering approximately 60-100 letters per month.

The Board of Parole Hearings along with the California Governor's final decision currently finds about 8% of the lifer inmates suitable for parole. Although TFH offers support for 60-100 people per month, ultimately only about 5-10 new residents enter on a monthly basis. In some cases, a future resident's parole agent will decide to move him to a different facility.⁴ The state requires parolees to remain in residential reentry for a minimum of six months, and the average stay for a TFH resident is 16 months.⁵ At the end of their stay, approximately 42% of TFH residents move to independent living, 38% move in with family, 8% relocate to other programs or medical facilities, and 8% relocate to second-step homes.⁶

New residents complete a specified intake process once they arrive at TFH. They initially meet with the executive director for general welcome, orientation, basic history, contact information and signing of the resident agreement. They then meet with the director of resident services, a Licensed Forensic Social Worker, who coordinates case management for all residents. Extensive information is collected on each entering resident (see Appendix D). Emphasis is placed on gathering appropriate

³ TFH is an independent nonprofit that relies upon resident fees in order to make ends meet. The resident fee also promotes responsibility and reintegration among residents, who relearn social obligations around budgeting and meeting financial obligations.

⁴ The low suitability rate is not unique to those endorsed by Francisco Homes. In 2017, roughly 17% of parolees were found suitable by the Board of Parole Hearings (see https://www.cdcr.ca.gov/BOPH/docs/LSTSWKLD/LSTS_Workload_CY2017.pdf). This figure is further reduced by the governor's office, which overturns some suitability decisions. In some cases, those granted parole are redirected to another facility at the discretion of the parole agent.

⁵ Data provided by Francisco Homes. Unlike other reentry facilities, Francisco Homes does not evict a resident once his required residency is fulfilled. He is generally permitted to stay as long as he is able to make a \$500 contribution on a monthly basis.

⁶ Data provided by Francisco Homes.

documentation, such as birth certificates, social security cards, state identification cards, and other identification necessary to access public benefits. TFH assesses resident health to identify any pressing physical or emotional health needs. Residents provide detailed information about their educational background, job skills, and employment needs as well. Residents are introduced to other residents in the houses in which they are assigned in order to establish peer networks. After this initial meeting, residents meet with staff on a weekly, biweekly, or monthly basis, depending on individual needs. Each resident has a designated electronic file into which notes and data are inputted after each meeting with resident services staff.

Holistic Treatment Model

TFH resident services staff create individualized service plans for each resident upon their entrance to the program. These plans are designed to facilitate “holistic empowerment” and provide avenues through which residents can integrate back into the community. Resident services staff work with residents to set goals across a number of areas, with key areas including (1) mental, emotional, and spiritual health; (2) physical health; and (3) employment and financial stability.

Mental, Emotional, and Spiritual Health

Ex-lifers are more likely than other released prisoners to have developed Post-Traumatic Stress Disorder (PTSD) and other manifestations of mental distress during their incarceration (Dudeck et al., 2011; Liem and Kunst, 2013). Dudeck et al. (2011) studied over a thousand long-term prisoners, finding that they had experienced an average of three traumatic events and had a particularly high prevalence of PTSD. Moreover, Lapornik et al. (1996) find that many long-term prisoners develop cognitive impairments such as a deterioration in concentration and memory function over time

that make it difficult for them to find work and adapt to society upon release. Mental and emotional health problems are thus more concentrated among lifers than among other ex-offenders, and effective reentry programming should include a psychiatric or psychological component to treat these problems (Hulley et al., 2016).

TFH does not provide in-housing psychiatric services. They provide optional in-house counseling. However, resident services staff connect residents with mental health opportunities in the community, as appropriate. Several resident services staff have backgrounds in clinical social work, and interns are drawn from graduate social work programs at local universities to assist with resident services. Resident services staff track whether residents are able to engage productively in therapy with providers in the community, as well as whether residents are able to identify appropriate vendors for psychiatric care. Resident services staff assist residents in navigating the mental health care environment (e.g., making appointments, identifying potential providers, explaining how MediCal health services work).

Residents also have access to both internal and external support groups that are designed to assist with emotional and mental health issues stemming specifically from experience with the criminal justice system. For example, support groups for ex-gang members and those who have engaged in violent behavior are offered on premises. Although TFH does not accept residents who need extensive treatment for substance abuse, a number of residents regularly attend Alcoholics Anonymous and Narcotics Anonymous meetings held nearby. TFH does not formally incorporate religious elements into its service model, but it does provide options for spiritual engagement through a weekly Biblically based “Spiritual Reflection” group. Programmatic

engagement is considered part of community reintegration and is tracked by the program manager in conjunction with facilitators.

Physical Health

Many lifers suffer from multiple co-occurring medical conditions (Williams and Abraldes, 2007). This is linked to a process of accelerated aging that many inmates undergo while incarcerated. This accelerated aging is reflected in their development of chronic illness and disease at younger ages than the general population (Visher and Mallik-Kane, 2007). For example, returning citizens are more likely than others to suffer from hypertension, diabetes, and asthma (Wang et al., 2009; Wang & Green, 2010). Those who have been incarcerated are also much more likely than others to suffer from serious diseases like HIV or AIDS, hepatitis B and C, and tuberculosis (Hammett, Roberts, & Kennedy, 2001). Although there is not much research on physical health issues specific to ex-lifers, the length of time they spent in prison along with their advanced age upon release suggest that these issues will be even more pronounced.

As the literature would predict, many of TFH' residents have extensive medical care needs. Almost all residents qualify for MediCal health benefits, and TFH staff assist incoming residents with the application process. Residents with immediate care needs are routed to one of two community clinics in the area. Although TFH does not employ physicians, it does record health data for each resident and tracks progress in resident health outcomes. Several exercise facilities in the area are available to TFH residents, and TFH offers occasional workshops on nutrition and cooking.

Employment & Financial Stability

Employment is a crucial first step in reintegrating effectively into the community (Apel and Sweeten, 2010; Cherney and Fitzgerald, 2016). All returning citizens face

obstacles to employment: they share the same stigma with regard to finding a job and have to explain gaps in their employment history. Lifers are arguably in a particularly tough position because even though their crimes took place many years ago, they were serious enough to warrant a life sentence and thus may create strong concerns among potential employers (Pager, 2008). Many lifers' crimes may not show up on a background check, given how long ago they took place, but they must try to account for decades of prison employment in creative ways that do not betray their time away. They have also been detached from the labor market for so long that the skills they once had have deteriorated or are obsolete. Prisons typically offer a variety of education and vocational training options that provide individuals with an opportunity to update or gain new skills, but these programs do not always align with what is necessary for employment in the community (Appleton, 2010; Liem and Garcin, 2014). Those who manage to keep up their skills while in prison often find themselves physically unable to perform the tasks required of jobs for which they are qualified, given the age at which they are released (Liem, 2016).

TFH offers several programs that facilitate skill development and preparation for employment. Each house has at least one desktop computer that is connected to the internet with WiFi and available for residents to use to develop resumes, access job postings, and apply for positions online. TFH also has partnerships with a variety of community organizations, including WorkSource Centers and PV Jobs, and advertises positions to residents on a regular basis. TFH staff provide assistance with job hunting, including help with cover letters, resumes, and the interview process. TFH has partnered with an area vendor for free tattoo removal, a necessary step for some

residents who have gang-related tattoos that might hinder employment. TFH also provides clothing vouchers for a local thrift store to assist residents in obtaining clothing appropriate for a job interview.

In addition to regular programs and partnerships, TFH offers occasional workshops on employment-related topics, such as interviewing and professional writing. A weekly creative writing group has also begun to incorporate professional writing into its curriculum. Resident services staff check in with residents about their employment prospects and record progress as part of each resident's case file. Although employment is a key mechanism for reintegration into the community, some residents do not wish to look for work and consider themselves to be retired. For these individuals, TFH requires engagement in community service activities or other groups that can rebuild ties to the community.

III. RECIDIVISM OUTCOMES FOR THE FRANCISCO HOMES PARTICIPANTS

Background

This chapter presents the recidivism outcomes for participants in TFH. When one reports on recidivism outcomes for a program, it is always best to have a comparison group of similar individuals who did not participate in the program. Ideally, one would compare the recidivism outcomes for participants in Francisco Homes with those of other individuals paroled from life terms who participated in another program using an experimental or quasi-experimental research design. This was not possible for this study because we were unable to obtain a similar group of paroled lifers for study. Nonetheless, we were able to obtain California Department of Justice (DOJ) automated criminal history records for several hundred individuals and analyze their recidivism outcomes. We compare the observed recidivism outcomes for our sample to those reported by the California Department of Corrections and Rehabilitation (CDCR) in their three most recent outcome reports obtained from their website.

Methods

Our sample started with 378 individuals obtained from documents provided to UCI by TFH. These 378 individuals' identifiers (name, date of birth, ethnicity) were submitted to DOJ¹. Three hundred thirty automated criminal history records were found in the DOJ files; 81 were not found. Of the records who were found by DOJ, UCI was provided with criminal history records for 249. Of those, 243 had sufficient data to determine recidivism. Thus of the original sample sent to DOJ, we obtained usable records for 64% of the sample. The recidivism for the individuals was calculated from

¹ CII was not available for the study, which would have most likely resulted in a higher level of records being found.

the data individuals left Francisco Homes or, if that date was not available, from the date of entry into the program. The average length of follow-up time for individuals was 50 months. The sample characteristics are in Table 3.1. All the study participants were male, with an average age of 52.4. The racial/ethnic breakdown was 37% black; 35% white; and 25% Hispanic. The CSRA is a risk score used by CDCR which is based primarily on the offender's prior criminal history, age, and gender². The vast majority of individuals in the sample were scored as low risk using the CSRA algorithm.

Results

Table 3.1

Background Characteristics of Francisco Homes Recidivism Sample (N=243)

Male	100.0%
Race/Ethnicity	
Black	36.6
Hispanic	24.7
White	35.0
Other	3.7
Average Age	52.4
CSRA Risk Score	
Low risk	90.1
Moderate	9.5
High	.4

² The CSRA was developed on a sample of inmates who were paroled from CDCR. The original validation did not contain lifers; thus technically, this risk score has not been validated on the lifer population. However, we are using it here as a relative measure of risk; the CSRA was calculated by UCI-it was not obtained from CDCR.

Table 3.2

Felony Arrest Outcomes of Francisco Homes Recidivism Sample (N=243)

Recidivism Offense	Arrests (percent)
No subsequent felony offense	92.6
Subsequent felony offense	
“Any” felony arrest	7.4
Drug felony	.4
Property felony	.8
Sex felony	.4
Violent felony	1.7
Other felony*	4.1

*These are all for parole violations.³

Although the vast majority of participants were not arrested during the follow-up time, about 7 percent were arrested for a felony. Five individuals were arrested for a violent offense; two were arrested for one of more property offenses and one each were arrested for a drug and sex felonies, and 10 were arrested for felony parole violations. Overall, for those who did have an arrest during the follow-up, nine of the 18 had only one felony arrest. Six individuals were arrested on felony charges twice, 2 were arrested 3 times and one individual was arrested six times.

Table 3.3 presents the arrest outcomes at one, two and three-year follow-up. The columns indicate cumulative recidivism. Recidivism outcomes continue to occur steadily over the follow-up period.

³ CA Penal Code § 3056 outlines rules for parole.

Table 3.3

Felony Arrest Recidivism Outcomes of Francisco Homes Sample, by Year (N=243)

	1 year follow-up	2-year follow-up	3-year follow-up
No subsequent felony arrests	97.1	94.7	92.6
Subsequent felony arrest			
“Any” felony arrest	2.9	5.3	7.4
Drug felony	0.0	0.0	0.4
Property felony	0.0	0.4	0.8
Sex felony	0.0	0.4	0.4
Violent felony	0.8	1.2	1.7
Other felony*	2.1	3.3	4.1

*These are all for parole violations.

Table 3.4 presents the conviction recidivism outcomes for the sample. As with arrests, we present the full follow-up results, then the results by one-, two- and three-year follow-up. Not all arrests result in convictions and Tables 3.4 and 3.5 show this. Approximately two percent of the recidivism sample were reconvicted during the three-year follow-up period. In order to put these data into perspective with other paroled lifers from the California Department of Corrections and Rehabilitation (CDCR), we show three-year reconviction rates from CDCR annual recidivism reports below.⁴ The 2016 convictions rates are for those individuals released in fiscal year 2011-2012; 2017 conviction rates are for those individuals released in 2012-2013 conviction rates for 2018 are for those individuals released in 2013-2014.

⁴ <https://sites.cdcr.ca.gov/research/wp-content/uploads/sites/9/2019/01/2018-Recidivism-Report.pdf>;
<https://sites.cdcr.ca.gov/research/wp-content/uploads/sites/9/2018/04/2017-Outcome-Evaluation-Report.pdf>;
<https://sites.cdcr.ca.gov/research/wp-content/uploads/sites/9/2018/04/2016-Outcome-Evaluation-Report.pdf>

2018: 3.1%

2017: 4.1%

2016: 3.2%

Table 3.4

Felony Conviction Recidivism Outcomes of Francisco Homes Recidivism Sample
(N=243)

	(percent)
No subsequent felony convictions	97.9
Subsequent felony conviction	
“Any” felony conviction	2.1
Drug felony	0.0
Property felony	0.4
Sex felony	0.0
Violent felony	0.8
Other felony*	0.8

*These are all for parole violations.

Table 3.5

Felony Conviction Recidivism Outcomes of Francisco Homes Recidivism Sample, by
Year (N=243)

	1 year follow-up	2-year follow-up	3-year follow-up
No subsequent felony convictions	98.8	98.4	97.9
Subsequent felony conviction			
“Any” felony conviction	1.2	1.6	2.1
Drug felony	0.0	0.0	0.0
Property felony	0.0	0.4	0.4
Sex felony	0.0	0.0	0.0
Violent felony	0.4	0.4	0.8

Other felony*	0.8	0.8	0.8
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*These are all for parole violations.

IV. RECOMMENDATIONS FOR THE FRANCISCO HOMES SERVICE MODEL

Methodology

This chapter was written on the basis of four data collection activities: (1) background interviews with The Francisco Homes (TFH) staff, board members, and volunteers; (2) an analysis of TFH documents and internal data; (3) interviews with TFH residents; and (4) a survey of TFH residents. Data from the latter two have been systematically coded and analyzed, the results of which are provided in this report. The sections below provide additional details about resident interviews and surveys.

Resident Interviews

Two UCI staff conducted semi-structured interviews with a sample of TFH residents between June and August of 2017. Twenty-six of 73 residents completed interviews, and the demographic profile of interviewees appears below in Table 4.1. The average age (61) and length of sentence (30.86 years) appears to be roughly the same as averages for residents as a whole. The sample skewed toward those released more recently (less than one year since release, on average) and those from Los Angeles County (slightly over half). White respondents were overrepresented, while African-Americans and Latinos were underrepresented. As a result, the quotes that are presented in the sections below are more likely to reflect the perspectives of local, more recently released, white residents.

Table 4.1: Demographic Profile of Interviewees

Variable	Mean/Freq.	S.D.	Low	High
Age	61.00	14.65	41	81
Length of sentence (years)	30.86	7.85	15.42	40
Time since release (years)	0.84	0.97	0	4
LA county resident (pre-conviction)	0.54	0.41	0	1
<u>Race/Ethnicity</u>				
White	69%			
African-American	15%			
Latino	8%			
Asian-American	4%			
Multiracial	4%			

The interviews were conducted in private rooms at TFH offices. All interviews were recorded and transcribed for analysis. They lasted an average of about 45 minutes, with the shortest interviews coming in around a half hour and the longest lasting just under an hour. The interviews were semi-structured and designed to elicit a variety of data about the subject’s perspectives on TFH. The protocol appears in Appendix E.

Resident Survey

A survey of TFH residents was administered between January and June, 2018. The goal of the survey was to identify the extent to which residents reported community reintegration competencies and satisfaction with TFH services. It includes a battery of 33 statements with Likert-scale response options (ranging from “strongly disagree” to “strongly agree”). It also asks respondents for demographic information so that

comparisons between respondents with different characteristics could be analyzed. The instrument appears in Appendix C.

Table 4.2: Demographic Profile of Survey Respondents

Variable	Mean/Freq.	S.D.	Low	High
Age	60.68	9.07	43	80
Length of sentence (years)	31.98	5.98	15.42	41.33
Time since release (years)	1.53	1.27	0	5
Military veteran	0.21	0.41	0	1
LA county resident (pre-conviction)	0.73	0.45	0	1
Has contact with family member(s)	0.63	0.49	0	1
Reports having health conditions	0.65	0.48	0	1
<u>Race/Ethnicity</u>				
White	58%			
African-American	29%			
Latino	7%			
Asian-American	4%			
Native American	1%			
Multiracial	1%			

The survey was administered in two different ways. First, UCI staff traveled to all TFH properties on three different occasions to recruit respondents. Residents were thus able to complete surveys in the common rooms of their residences. Second, UCI staff attended two TFH “welcome home” gatherings, held monthly at a local church. Additional residents completed surveys after these events. All residents who completed a survey were compensated with \$10 cash.

UCI received a total of 85 surveys, of which 78 could be used for analysis.⁵ The demographic profile of survey respondents appears in Table 4.2. The average age,

⁵ Four individuals submitted duplicate surveys, three did not complete both sides of the form, and one indicated that he did not want his answers used because he did not understand the instructions.

length of sentence, and time since release all appear to be roughly representative of TFH residents as a whole. As with the interviews, white respondents appear to be slightly overrepresented, while Latino respondents slightly underrepresented. Additional demographic data were collected about survey respondents, including veteran status (21% are veterans), contact with family members (63% reporting yes), and health conditions (65% reporting one or more). Almost three quarters report having lived in Los Angeles County pre-incarceration.

Results

The following sections describe the results of the survey and interviews along five specific themes: (1) satisfaction with TFH and quality of life; (2) inner peace, fulfillment, and spirituality; (3) relationships and social life; (4) finances; and (5) health and wellness. Each section discusses the quantitative survey results and, where possible, provides qualitative evidence from resident interviews. Frequencies for all survey questions appear in Appendix F.

Satisfaction with TFH and Quality of Life

Survey results demonstrate broad satisfaction with the services provided by TFH (Table 3). Half of respondents strongly agreed with the statement “If I could do it all over again, I would still choose to live at The Francisco Homes,” along with 28% who agreed and 21% who were neutral. Only 1% of respondents ($n=1$) strongly disagreed with the statement. In response to the statement, “Participation in The Francisco Homes has been valuable to me,” 51% strongly agreed, 35% agreed, and 14% were neutral. None of the respondents disagreed or strongly disagreed.

Table 4.3: Frequency of Responses, Satisfaction with TFH and Quality of Life

Statement	SD	D	N	A	SA
If I could do it all over again, I would still choose to live at The Francisco Homes.	1%	-	21%	28%	50%
Participation in The Francisco Homes has been valuable to me.	-	-	14%	35%	51%
Taking everything into account, I would say that I have a high quality of life.	6%	10%	27%	33%	23%
I am satisfied with life at the moment.	-	4%	36%	27%	33%

Interview data provide further evidence of satisfaction with TFH services. For example, one resident expressed particular appreciation for TFH's holistic approach to reentry:

You know, they treat you like a human here. If I need to go to counseling, or group, or an activity, they suggest that I go. If I don't need it, they don't make me. I know guys over at [other reentry facilities] who have to go to this and then go to that and they follow this routine that has nothing to do with what they actually need. Sister Teresa's philosophy is, if you need it, you need it. If you don't, you don't.

Another resident commented on his interactions with TFH staff and their commitment to working with him on reentry issues. This particular quote reflects a common theme in the data, which is that TFH makes the resident a partner in his success, rather than dictating to him how that success ought to be achieved:

I'm up here a good bit, they know me. We've mapped out a plan for me to get back into work and socializing and basically just back out in the world. I got some medical issues, some depression problems, some things that happened to me when I was in prison. When I talk about all that, they listen to me and they don't try to force their own ideas about things. That's what you get in prison, a lot of... people trying to tell you what they think you need. Here it's like they decide with me what I need. I feel like an adult and a human again.

Finally, a third interviewee who had been in the community for about a year expressed doubt that he would have been successful without TFH's assistance:

I wouldn't be here today without Sister Teresa. She is an amazing woman and she is responsible for me doing good out here. I know I wouldn't have been able to cope with coming out here only to go back to "prison" at one of these other places.⁶ Look, I need to be able to get a job and come and go and live like an adult. They let us do that here. No guards, no locks, just normal living.

This last quote represents comments throughout the interviews about the helpfulness of TFH staff. Almost all interviews mentioned interactions with staff and how residents feel that staff genuinely want to help them and work with them. Sister Teresa's leadership was routinely praised.

Despite overwhelming satisfaction with TFH and its services, respondents were a bit less enthusiastic about quality of life more generally. Slightly less than one quarter strongly agreed with the statement "Taking everything into account, I would say that I have a high quality of life," while one third strongly agreed with the statement "I am satisfied with life at the moment." Most respondents were generally neutral on these questions, with 70% falling into the middle three categories on the first and 67% into the middle three categories on the second. It is tough to know what an appropriate benchmark might be for this type of question, given the population served by TFH. These men have been through quite a bit, and face a variety of barriers to success once they are released from prison, suggesting that this question is likely to elicit negative responses. However, TFH might consider additional ways to gauge and potentially respond to quality of life issues as part of its routine services.

⁶ Interviewee is referencing other reentry facilities in the area that have stringent policies around programming, curfew, and coming/going more generally.

Inner Peace, Fulfillment, and Spirituality

TFH's vision statement states: "Guided by faith-inspired principles, The Francisco Homes encourages our community to acknowledge the worth and dignity in all people, opening the door of opportunity for conciliation and healing; building a society in which the re-entry process becomes restorative." As a result, issues of inner peace, fulfillment, and spirituality are important to resident growth, and Table 4.4 provides statistics for a series of five survey questions on these topics. Residents registered very little dissatisfaction on these elements, with only 1-4% of respondents disagreeing or strongly disagreeing with the five statements. Approximately half of all respondents strongly agreed that they were clear about the purpose and meaning of life, had hope about the future, and were satisfied with spiritual practices. Slightly fewer (38%) strongly agreed that they had a sense of fulfillment, and fewer still (26%) strongly agreed with the statement "I have a sense of inner peace."

Table 4.4: Frequency of Responses, Inner Peace, Fulfillment, and Spirituality

Statement	SD	D	N	A	SA
I have a sense of inner peace.	-	4%	29%	41%	26%
I am clear about the purpose and meaning of my life.	1%	3%	10%	33%	53%
I have a sense of fulfillment.	-	3%	19%	40%	38%
I have hope about the future.	3%	1%	19%	28%	49%
I am satisfied with my spiritual practices.	-	1%	31%	21%	47%

These issues emerged frequently in interviews with residents. Although the organization does not require residents to adopt any particular spiritual practices, it offers options for those who seek them. One resident spoke about how his time with TFH had been spiritually healing:

I've always been a religious man, even when I was into stuff that wasn't very good to be doing, and you need religion inside [prison], because it keeps you sane and, you know, a little grounded. I am real grateful for Sister Teresa and Francisco Homes, because even though I'm not Catholic, I'm Christian and there are lots of ways I can do that here. I don't think I would like to be at one of these other [reentry facilities] because they just don't have the same opportunities.

Another resident spoke about how TFH provides him with the opportunity to be out in the community during the day, which he finds to be an important part of his healing process:

When I got here, I got a bike. And I just went out and rode the bike, and went all over the neighborhood. And when I'm not riding that bike, I'm walking around, listening to nature, even if there are lots of cars and whatnot around at the same time. I am one with the world again.

The interviews did not ask explicitly about inner peace or fulfillment, but a series of probing questions led one resident to talk specifically about finding peace when he was released:

It's hard to come to terms with everything when you're in [prison], because you're so cut off from the world. They make you feel like a monster. I feel like it's only when I got out that I could think about how I could be a normal person in the world again. I couldn't find that peace in my life until I got here. And the people here have made that possible.

Certainly not all residents seek to engage in spiritual practices, but these quotes are representative of a number of individuals who brought up spirituality or inner peace in their interviews. The programs at TFH are widely seen by residents as effective in helping them to navigate spirituality issues, engage in organized religious activities, and think about their place in society more broadly.

Relationships & Social Life

Navigating personal relationships can be one of the toughest parts of reentry, and it is especially difficult for individuals who have been in prison for such a long time. For the most part, TFH residents appear to have a positive outlook on relationships and

social life (Table 4.5). For example, 69% agreed or strongly agreed that they “participate in social activities with family, friends, and acquaintances as is necessary and desirable,” while only 8% disagreed or strongly disagreed with the statement. Eighty five percent agreed or strongly agreed with “I am comfortable with my personal relationships,” compared to only 5% who disagreed and none who strongly disagreed. Over three quarters (79%) agreed or strongly agreed with “I am comfortable with myself when I am out in the community,” compared to 12% who disagreed or strongly disagreed.

Table 4.5: Frequency of Responses, Relationships & Social Life

Statement	SD	D	N	A	SA
I participate in social activities with family, friends, and acquaintances as is necessary and desirable to me.	3%	5%	23%	27%	42%
I am comfortable with my personal relationships.	-	5%	10%	49%	36%
I can interact in healthy and productive ways with people with whom I am uncomfortable.	3%	1%	31%	51%	14%
I am comfortable with myself when I am out in the community.	4%	8%	9%	28%	51%
People perceive me for who I am and not for where I have been when I interact in the community.	5%	13%	49%	10%	23%

Respondents were a bit less positive about uncomfortable interactions and perceptions of others about incarceration. For example, a little less than two thirds agreed or strongly agreed with “I can interact in healthy and productive ways with people with whom I am uncomfortable,” with only 14% strongly agreeing with the statement. In response to “People perceive me for who I am and not for where I have

been when I interact in the community,” 1/3 agreed or strongly agreed, 18% strongly disagreed or disagreed, and roughly half (49%) were neutral.

Relationships and social life figured prominently into many of the interviews. Although some residents noted positive steps in rebuilding relationships with family, a number were disappointed that family members were not more open to contact. For example, one resident said the following about his kids, a sentiment that appears to reflect a number of interviewees’ experiences:

I’ve been down for thirty years. I have three kids, but they don’t know me. Their mama decided to keep me away from ‘em, and frankly, I don’t blame her. I couldn’t be there. She got married again, and they think of their step dad as their real dad. My son came to see me last week when I got here, he was real nice, but he’s got his own wife and kids and job. I don’t think I’m gonna be able to see ‘em much.

Another interviewee talked about how TFH staff have helped him navigate social relationships after his release:

You know, I didn’t know what to expect when I got out. I got a sister and her kids, and she wrote to me sometimes inside, and I’d call her, but it ain’t like she came visiting me or nothing. And she’s about two hours away. So I’ve been real worried about whether she would be open to seeing me again, once I got out you know, and I’ve been talking to folks here a lot about that. They help me think about appropriate expectations, you know, and how to deal with [my sister] and whether she’s going to be family again. It’s a lot of stress, and I’m sure it’s tough on her, too.

A number of interviewees also appear to struggle with whether and how to disclose their backgrounds to people in the community. Although an immediate practical issue lies in how to talk about one’s past in order to get a job, several of the interviewees noted that it was hard to discuss with potential romantic partners. The following comment is similar to several uncovered during the interviews:

The question for me was... what to tell women. I did some not-so-good stuff a long time ago, and I don’t want to talk about it, but same time, it’s gonna come

up. What kind of man my age lives with a bunch of other men? It's not normal and she's gonna know something isn't right about it. So do I tell her right off, rip off the band-aid, or do I wait a little bit and tell her later? It's tough, man, knowing when you need to put that out there.

Navigating social relationships is a tough part of these residents' reentry, but they do not report overwhelming disagreement with their ability to do so. Residents seem to appreciate the assistance that TFH staff gives them in thinking about how to disclose their past to others in the community.

Finances

Residents indicated that finances presented the greatest difficulties in their reintegration to the community (Table 4.6). Only 9% strongly agreed with the statements "My basic needs are met with the money I receive each month" and "I am able to save money for future goals and unexpected needs," the lowest of any items on the survey. Almost half – 48% – disagreed or strongly disagreed that they could save money for future goals. Furthermore, only 15% each agreed with the statements "My current level of education will support my future financial goals" and "My current skills will support my future financial goals." This pattern of responses indicates that not only are finances difficult for TFH residents, there does not appear to be hope that their skill levels and educational backgrounds will provide a means of escaping those difficulties.

Table 4.6: Frequency of Responses, Resident Finances

Statement	SD	D	N	A	SA
My basic needs are met with the money I receive each month.	15%	18%	22%	36%	9%
I am able to save money for future goals and unexpected needs.	25%	23%	27%	16%	9%
My current level of education will support my future financial goals.	15%	13%	19%	39%	15%
My current skills will support my future financial	14%	13%	23%	35%	15%

goals.					
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To the extent there are “haves” and “have nots” among those at TFH, the difference appears to be contact with family. One resident disclosed that his family would not communicate with him after parole, and he suggested that this makes it much more difficult for him to make ends meet. He said the following:

I'm a PC 290⁷ so I knew I was gonna have problems getting back with my family. I made my peace with that a long time ago. But you know, it'd be nice to have a place to stay, help with my bills, help getting around town... I miss my kid and wish she'd talk to me, but I was [incarcerated] for a real long time and she's a stranger anyhow. What I wish is that she'd help out a little. I need the money, real bad, and she does good in her job. She could afford to help me a little.

By grouping men into homes together, TFH creates an opportunity for residents to form family-like atmospheres. However, one of the residents noted that these new relationships can only go so far in providing the kinds of support necessary to make it in the community:

Oh yeah, these guys are great, but you know what, they're all as [messed] up as I am. What are they going to help me with? Sure, we can borrow somebody's car and all go to the store, or what have you, but it's not like we got real leads on good jobs... Even if we did, we're going to be real quiet about those and just tell one or two people. And we sure... don't have enough money to go around loanin' it to anybody.

A third interviewee said that things were tough financially but seemed to appreciate all of the help that TFH staff gave him:

Well, I guess we need to network and what have you with the teachers and volunteers that come through here. [The facility director] tries real hard to find work and stuff for us, and so does [the facility's primary social worker], but they have all of us to look out for. I guess if I had some non-convict friends out there,

⁷ “PC 290” is a colloquial term for an individual convicted of a sex crime, named after the relevant section of the California Penal Code.

that would be best. But I don't, and most of us don't, so we're all in the same boat.

While some residents choose to retire and not actively look for work, TFH provides extensive support for residents looking to find employment. Services range from group sessions covering particular job search strategies to individual, one-on-one career counseling. However, as a small nonprofit itself, TFH is unable to provide the types of subsidies that might make it easiest for residents to get back on their feet financially.

Health & Wellness

Most respondents appear to be able to navigate health and wellness issues (Table 4.7). Over 90% agreed or strongly agreed with the statement “I can manage my self-care needs,” and 82% agreed or strongly agreed with the statement “I can meet my nutritional needs.” This is important, since those who have spent long periods of time in prison often rely on centrally-provided meals and do not learn how to cook on their own. It can also be a challenge for those living on limited incomes to eat nutritious meals when fresh fruits and vegetables are often more expensive than canned or frozen foods.

Table 4.7: Frequency of Responses, Resident Health & Wellness

Statement	SD	D	N	A	SA
I can manage my healthcare needs.	3%	5%	24%	35%	33%
I can manage my self-care needs.	1%	1%	6%	35%	56%
I can meet my nutritional needs.	3%	4%	12%	33%	49%
I am able to participate in recreational activities.	9%	4%	19%	18%	50%

Health care and exercise appear to be a bit more challenging than self-care and nutrition. Only one third of respondents strongly agreed with the statement “I can manage my healthcare needs.” While about half of respondents strongly agreed with

the statement “I am able to participate in recreational activities,” a third were neutral or disagreed, one of the more negative distributions of responses on the survey. TFH should continue to work with residents to ensure that they learn how to navigate the healthcare system, and it would potentially be helpful for TFH to facilitate more recreational activities as well. Although some TFH residents have limited mobility, recreational activities that would be accessible to all levels of fitness might encourage those who are relatively immobile to become a bit more active.

These survey results seem fairly positive in light of the population at hand. As lifers who have spent decades behind bars, many TFH residents arrive with significant health issues that have accumulated over the years. One resident, among several who spent time in a prison hospital prior to release, noted the following:

I got released from the hospital... was in there three years before they let me out. I got heart problems, diabetes, my leg won't heal. I think they let me out because they don't want to deal with me anymore. I'm too old and too sick. I wasn't like this when I went in.

Issues like heart disease, diabetes, high cholesterol, and obesity seem to be particularly prevalent among this sample of interviewees. Another resident jokes, though with accuracy, about the health and wellness problems that are facilitated by the prison environment:

Look at us, man. We aren't a set of supermodels, are we? We're all fat... We been sittin' in prison for years and years, eating that horrible food, sittin' around eating Cheetos and cupcakes and a bunch of [food] with sugar and salt all in it. Yeah, we could exercise but a lot of us are a little older, we ain't got time to [mess] around in the yard with all those young guys anymore. So we might walk around the track, but that's it. We got TV to watch, man.

Health and wellness issues can be compounded by medical care that can be tough to navigate. TFH residents all qualify for state-sponsored health coverage, so

they theoretically have access to any healthcare needs that might arise once they are released. However, many of the interviewees have multiple health issues that require different doctors, and those doctors aren't always easy to access. For residents who are used to the "one stop shopping" approach to medical care provided by prisons, the idea of going to multiple providers and pharmacies can be daunting. One of the older interviewees described his issues in getting medical care:

Before you can go to the doctor, you have to call up and make an appointment. And they don't have lots of appointments. So you have to take what they give you, and it might be at 8 in the morning. Well it might be across town, see, and we don't have cars. So I have to get out the bus schedule and see where all I have to connect so I get there on time. And it might take me a couple of hours, so I might have to get the bus at 6. And once I'm there I'm going to be waiting for a while, so I might not get back home until 3 in the afternoon. So for these guys that got jobs and all, or commitments, it's tough. It's a whole day thing, see, getting to the doctor.

The issue is amplified for residents who need mental health care, since those services sometimes operate on a different system that requires its own bureaucratic navigation. A number of residents appear to rely on medication to address depression and anxiety, the medicines for which typically cannot be stopped immediately without significant withdrawal effects. However, keeping the medications filled on a regular basis can be tough. One resident spoke about these difficulties:

I was in the Pelican Bay SHU for three years on account of being a shot caller. No windows, no social time, nothing. It [messes] with your head, man. I can't deal with daylight to this day anymore. I close the curtains and door to my room. I have one lamp. Too much sun makes me jumpy. I really need my meds. But sometimes it takes me all damn day to get to the doctor. One month I missed my appointment, and they couldn't reschedule me for two weeks, and so I didn't have my meds for a long time.

Despite these difficulties, residents spoke positively about the assistance they receive from TFH staff. One resident summarized TFH's approach as he discussed his own learning curve about medical care:

Look, I was [in prison] for a long, long time. I gotta learn how to figure [stuff] out on my own now, but with stuff like the doctor, it's a lot to deal with. [TFH staff] are really helpful to me, because they answer questions and tell me what to do and who to call to get things done. But you know they aren't taking me down there [to the doctor], which is a good thing. I need to learn how to do things myself. I'm not going to live here forever, and I need to figure out what to do when I leave.

Analysis

It is clear from our interviews and survey of TFH residents that there is a high degree of satisfaction with TFH services. Seventy-eight percent of respondents agreed or strongly agreed with the statement "If I could do it all over again, I would still choose to live at Francisco Homes," and some 86% of residents agreed or strongly agreed with the statement "Participation in Francisco Homes has been valuable to me." Survey data suggest that TFH provides residents with more than sufficient opportunities to engage in spiritual activity and work toward inner peace and fulfillment, findings that were illustrated by several comments made in the interviews. Residents indicated that social relationships were difficult for them, especially with regard to family, but seemed to find support from TFH staff in addressing those. Finances are clearly an area of concern for residents, and though TFH operates on a limited budget, it seems to work extensively to find employment opportunities for those it serves. Finally, a number of residents have health issues that require multiple doctors and medications, and TFH appears to be effective in helping them to navigate the medical bureaucracy when they are released.

Evaluating the effectiveness of TFH's programs against evidence-based practices is more difficult. The bulk of the literature on reentry has focused on the Risk-

Need-Responsivity (RNR) model, which articulates that effective programming should (1) direct intensive services to high-risk ex-offenders and minimize services to low-risk ex-offenders (risk principle), (2) target criminogenic needs in treatment (need principle), and (3) provide treatment in a style and mode that is responsive to the client's learning style and ability (responsivity principle) (Andrews et al., 1990). As noted elsewhere in this study, TFH's services differ from those for which RNR would typically be recommended. As paroled lifers, TFH residents are far less likely to recidivate than non-lifers, which would suggest that TFH clients would register low on the need principle. The RNR model would thus suggest that TFH clients, as "low-risk" offenders, receive only minimal services. If viewed from the perspective of recidivism, TFH indeed offers minimal services to its residents, since desistance is the default assumption for its residents and criminogenic needs are not systematically addressed by TFH programs. However, TFH has replaced these services with others that focus more on the different ways that an individual reintegrates into his community.

A complementary set of recommendations to the RNR model, the Correctional Program Assessment Inventory (CPAI) identifies ⁸a series of eight guidelines that promote successful outcomes in correctional environments (Gendreau & Andrews, 1995). The Correctional Program Checklist (CPC), developed based on the CPAI, also includes these domains, although the structure of the assessment is in 5 major domain categories. As noted elsewhere in this report, these guidelines have been validated in a variety of settings (Lowenkamp et al., 2006, 2010; Smith et al., 2009). Our evaluation of

⁸ The Correctional Program Checklist (CPC), which was developed based on the CPAI, is used in numerous assessments of correctional programs. Training is required on the use of the tool by the University of Cincinnati. Only one of the UCI project staff has been trained and certified in the use of the CPC, however, it was only for assessing Arts in Corrections Programs.

the strengths of TFH using these domains is only cursory. The CPAI and the CPC are tools that require trained users to conduct assessments of programs.

Design: Programs should be well designed and implemented around a sound theoretical model. TFH has a standard set of processes and procedures around which residents are admitted and assessed. Evidence-based practices, including motivational interviewing and trauma informed CBT, are used to promote resident reintegration into the community. Although this guideline indicates that programming should be based on “a sound theoretical model,” this is difficult in the case of TFH for two reasons. First, the literature has not produced a sound theory for the successful reentry of populations that are unlikely to recidivate. Reentry programming in the literature focuses heavily on desistance and has not developed a reliable evidence base on programming for community reintegration. Second, in the absence of theory, TFH might create systems of data collection that would permit routine data analysis an effort to evaluate the effectiveness of different programs. Significant resource constraints and the concomitant reliance on volunteers to provide services prevent TFH from engaging in this type of internal research.

- *Leadership:* The program should be led by qualified, involved individuals. Residents are highly complementary of TFH staff, particularly Sister Teresa. It is unquestionable that Sister Teresa is involved in all aspects of TFH, including extensive engagement with residents.
- *Staff:* The program should incorporate staff who are well educated, qualified, experienced, well trained, supervised, and have input into the program. Staff at TFH appear to be experienced and well-qualified to carry out their roles. As a

small organization, there is a great deal of overlap in employee roles, since the organization is relatively flat and occasionally there is need for individuals to pitch in where needed. TFH relies extensively on volunteers, given its small size and budget, which makes accountability difficult given the large ratio of volunteers to staff. However, none of the residents interviewed spoke negatively about interactions with TFH staff, and many praised staff members' dedication to their success. Without a formal review on the extent of staff training and education for all individuals involved in the program, we are unable to definitely state whether this component follows RNR principles.

- *Clients*: The program should select appropriate clients for services. TFH has committed to providing community reintegration for its clients, who are all paroled ex-lifers returning to the community. By identifying a relatively narrow population of clients, TFH is able to offer services that are tailored to the needs of individuals who are unlikely to recidivate and who need particular assistance reintegrating to the community after a long time away.
- *Assessment*: The CPAI indicates that clients should be objectively assessed on risk, need, and responsivity factors. TFH does not use RNR principles in its assessment of residents at intake, given its emphasis on community reintegration. It does, however, collect extensive information about residents in order to establish individual needs and a strategy for addressing them. Residents are then scheduled for weekly, biweekly, or monthly meetings with resident services staff.

- *Criminogenic Factors:* The CPAI suggests that programs address crime-producing behaviors, use effective behavioral treatment models, deliver services and treatment effectively, and prepare offenders to remain in the community. Although TFH does not explicitly address criminogenic factors, it does prepare offenders to remain in the community. Its programming focuses on helping this population of parolees reintegrate into the community after a particularly long absence, and this boutique approach to reentry appears to be effective for the population served.
- *Evaluation:* Programs should ensure that quality assurance is provided and evaluations are regularly conducted. TFH residents meet with resident services staff on a regular basis, at which point their holistic needs are identified and addressed. In the past, TFH has administered “confidence surveys” designed to identify a resident’s confidence in his ability to be a successful member of the community. Those surveys have not been collected regularly, however, and there does not appear to be a systematic evaluation tool in place that is administered at certain intervals. Although TFH is limited by a small staff and few resources, the CPAI would suggest that it find ways to systematize data collection and evaluation. It is possible that individual needs are met through case notes and one-on-one meetings with resident services staff, but collecting data more regularly would ensure that resident needs are systematically met and would also permit additional aggregate data analysis.
- *Support:* The program should garner support from staff, clients, and external partners in the community. It is clear that TFH has exceptional support from all of

these constituencies. Its staff are intrinsically motivated by the population they serve, and interviews reveal an organization that is deeply committed to its core goals. Clients report near-universal satisfaction with TFH, its staff, and its programs. TFH has developed partnerships with a number of individuals in the community, including local universities, to create programs for its residents that would otherwise be impossible at current resource levels.

V. CONCLUSIONS

There have been a substantial number of studies devoted to ex-offender reentry over the past 20 years, but there has been very little attention to long-term prisoners or lifers (Kazemian and Travis, 2015). This population of individuals is less likely than others to recidivate and more likely than others to need assistance reintegrating into the community, making existing research about effective reentry programming only somewhat applicable to facilities focusing on ex-lifers. Given this lack of research, and as the population of paroled ex-lifers increases, it will become important for researchers to examine more systematically how ex-lifer reentry programs operate and what makes them effective. For example, a first step might be to evaluate the extent to which existing best practices research does – or does *not* – provide guidance for facilities that provide services to ex-lifers. Applying the CPAI or CPC to an ex-lifer reentry program would be an interesting means of starting a conversation about how lifer parolees can be best served and the research necessary to provide guidance to the field.

The current study provided a description of the TFH model using interviews with stakeholders and residents, as well as an administration of a survey to residents. These sources were supplemented by administrative data collected by TFH and a review of all available TFH documents (e.g., brochures, newsletters, strategic plan). TFH is based on a model that focuses on the holistic treatment of its residents and ultimately aims to effectively reintegrate former lifers into the community. After an initial, residents receive services that are designed to address individual needs that ultimately facilitate their reintegration into the community. Services are designed to address mental, emotional, and spiritual health; physical health; and education and financial stability.

Recidivism outcomes were obtained for a sample of individuals paroled from life terms and participating in TFH housing and programs. The research design allowed us to calculate recidivism outcomes for the individuals using California Department of Justice criminal history records. We compared the outcomes in the TFH sample with those reported by CDCR for all individuals paroled from life terms. Findings show that approximately 7 percent of the sample were arrested at least once during a three-year follow-up; approximately two percent of the sample were convicted during the three-year follow-up. Rates for TFH were lower than those reported from 2016-2018 CDCR outcome reports, however, a test of differences in proportions reveals that the two rates are not significantly different.⁹

TFH is a small organization that has carved out a niche for itself in the reentry services community. It provides services only to paroled lifers, a population of returning citizens that is unlikely to recidivate but perhaps more likely than others to need assistance reintegrating into the community. TFH thus focuses on residents holistically, helping them to reintegrate by giving them relatively more freedom than parolees have in other reentry environments. Programming requirements are relatively light and targeted to individual needs. Residents thus have the time and freedom to pursue employment, engage in community service, and spend time rebuilding relationships with family.

TFH services promote residents' successful return to the community. As noted above, residents appear to be highly satisfied with TFH programming, staff, and

⁹ A test of the differences in proportions was conducted. It is not possible to know if the samples are completely independent since we don't know which individuals were included in the CDCR report.

services. Although residents note some community reintegration challenges in interviews and on the survey, they seem to feel that TFH staff work with them to make these challenges less daunting than they would otherwise be. Given TFH's unique approach to reentry, it is tough to evaluate its services against accepted evidence-based principles. It adheres to the RNR model in that it minimizes 'recidivism' programming for low-risk offenders, but it ultimately substitutes programming focused on criminogenic needs with programming focused on community reintegration.

We provide a cursory review of TFH evaluated against the CPAI, however, we are not in a position to conduct a formal review, as this requires outside training and certification. TFH leadership is engaged, its staff is committed, and it has amassed significant support from external partners. TFH selects a base of clients for whom services are particularly appropriate (and seemingly very useful). Its shortcomings are largely a product of its small size and limited resources. It is unable to systematically collect and analyze data about its residents on its own, which makes it tough to conduct the level of internal evaluation necessary to produce the strongest possible programming. It relies on an extensive network of volunteers to provide services, and although these volunteers appear to be well-trained and engaged in their work, the ratio of volunteers to staff makes management difficult. Finally, its holistic approach to resident success yields evaluation and treatment practices that may not be systematic across individuals and are ultimately tough to assess in the aggregate.

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APPENDICES

Appendix A Stakeholder Interview Protocol

Introductory Questions

1. How long have you worked/volunteered with The Francisco Homes?
2. Tell me about your position. What sorts of things do you do?

Transition Questions

1. What is a typical day like for you? {Probe as necessary} *or* How often do you volunteer at The Francisco Homes?
2. [If necessary] What kinds of interactions do you have with residents? How well do you get to know them?

Key Questions

1. What do you see as the biggest challenges your residents face? {Probe: Why}
2. How does The Francisco Homes help with these challenges?
3. What do you like best about your work with The Francisco Homes? {Probe: Why}
4. What are *your* biggest challenges in your job at Francisco Homes? {Probe: Why}

Closing Questions

1. If Francisco Homes had an unlimited budget, what other programs/policies/etc. do you think it should create?
2. Is there anything about Francisco Homes or its residents that we didn't talk about but you think we should know?

Appendix B

Resident Interview Protocol

Introductory Questions

1. How long have you lived at The Francisco Homes?
2. Tell me about your house.
 - a. How many roommates do you have?
 - b. What is the house like? {Probe if necessary: rooms/space/amenities}
 - c. What is the neighborhood like?
3. How did you choose The Francisco Homes as the place you wanted to live when you were paroled?

Transition Questions

1. You mentioned having been at The Francisco Homes for ___ years/months. What have you liked best about living here? What has been tough about living here?
2. Do you interact much with other residents? {Probe: How/When}
3. Do you interact much with the staff? {Probe: Who/How/When}
4. Do you have family in the area? Friends? How often do you see them?
5. Are you working? {Probe: Ask about job/Ask about looking for job/Ask about disability or other benefits}
6. What is a typical day like for you? {Probe as necessary}

Key Questions

1. What surprised you when you were released? What is different about the world from before you went in? {Probe as necessary}
2. What has been hard about readjusting to the outside? {Probe: How/Why}
3. What has been easy about readjusting to the outside? {Probe: How/Why}
4. Has being at The Francisco Homes helped you to readjust? {Probe: How}
5. Are there programs you think would help people like you to readjust? {Probe: Examples}

Closing Questions

1. What do you hope to be doing a year from now? Five years from now? {Probe as necessary}
2. Is there anything about The Francisco Homes that we didn't talk about but you think we should know?

Appendix C Resident Survey

Please think about the following statements about how you feel today. Check the box to indicate whether you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree with each one.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel that I can deal with life events as they happen.	<input type="checkbox"/>				
My basic needs are met with the money I receive each month.	<input type="checkbox"/>				
I am able to save money for future goals and unexpected needs.	<input type="checkbox"/>				
I can get around the community as I feel necessary.	<input type="checkbox"/>				
I can manage my healthcare needs.	<input type="checkbox"/>				
I can meet my self-care needs (hygiene, exercise, etc.).	<input type="checkbox"/>				
I can meet my nutritional needs.	<input type="checkbox"/>				
I spend most of my days in activity that is necessary or important to me.	<input type="checkbox"/>				
I am able to participate in recreational activities (hobbies, crafts, sports, reading, television, games, computers, etc.).	<input type="checkbox"/>				
I participate in social activities with family, friends, and/or community acquaintances as is necessary and desirable to me.	<input type="checkbox"/>				
I am comfortable with my personal relationships.	<input type="checkbox"/>				
I can interact in healthy and productive ways with people with whom I am uncomfortable.	<input type="checkbox"/>				
I am comfortable with myself when I am out in the community.	<input type="checkbox"/>				
People perceive me for who I am and not for where I have been when I interact in the community.	<input type="checkbox"/>				
I can use a computer to read and write email.	<input type="checkbox"/>				
I can use a cell phone to make and receive calls, text messages, and voicemail.	<input type="checkbox"/>				
I always follow house rules.	<input type="checkbox"/>				
Others always follow house rules.	<input type="checkbox"/>				
My current activities support my future goals.	<input type="checkbox"/>				
My current level of education will support my future financial goals.	<input type="checkbox"/>				
My current skills will support my future financial goals.	<input type="checkbox"/>				
I am comfortable discussing my past with others in the community.	<input type="checkbox"/>				
I know when it is appropriate to share information about my past.	<input type="checkbox"/>				
I have a sense of inner peace.	<input type="checkbox"/>				
I have the tools to deal with periods of emptiness or loneliness.	<input type="checkbox"/>				
I am clear about the purpose and meaning of my life.	<input type="checkbox"/>				
I have a sense of fulfillment.	<input type="checkbox"/>				
I have hope about the future.	<input type="checkbox"/>				
I am satisfied with my spiritual practices.	<input type="checkbox"/>				

Taking everything into account, I would say that I have a high quality of life.	<input type="checkbox"/>				
I am satisfied with life at the moment.	<input type="checkbox"/>				
If I could do it all over again, I would still choose to live at Francisco Homes.	<input type="checkbox"/>				
Participation in Francisco Homes has been valuable to me.	<input type="checkbox"/>				

How old are you? _____ years What is your race/ethnicity? _____

When were you released from prison? Month: _____ Year: _____

How long did you spend in prison for this sentence? _____ years _____ months

Did you reside in Los Angeles County prior to your incarceration? *Please check one:* Yes No

→ *If no:* where did you reside? _____

Are you a military veteran? *Please check one:* Yes No

Do you currently have any contact with family members? *Please check one:* Yes No

→ *If yes:* please list the family members with whom you are in contact (e.g., mother, son, daughter). *Please list their relationship to you, not their name.*

Do you currently have any medical conditions? *Please check one:* Yes No

→ *If yes:* please list (e.g., diabetes, depression, heart disease).

Have you ever been diagnosed with a learning disability (e.g., dyslexia, ADHD)? *Please check one:* Yes No

Thank you for your participation!

Appendix E: Resident Interview Protocol

Introductory Questions

1. How long have you lived at Francisco Homes?
2. Tell me about your house.
 - d. How many roommates do you have?
 - e. What is the house like? {Probe if necessary: rooms/space/amenities}
 - f. What is the neighborhood like?
3. How did you choose Francisco Homes as the place you wanted to live when you were paroled?

Transition Questions

1. You mentioned having been at Francisco Homes for ___ years/months. What have you liked best about living here? What has been tough about living here?
2. Do you interact much with other residents? {Probe: How/When}
3. Do you interact much with the staff? {Probe: Who/How/When}
4. Do you have family in the area? Friends? How often do you see them?
5. Are you working? {Probe: Ask about job/Ask about looking for job/Ask about disability or other benefits}
6. What is a typical day like for you? {Probe as necessary}

Key Questions

1. What surprised you when you were released? What is different about the world from before you went in? {Probe as necessary}
2. What has been hard about readjusting to the outside? {Probe: How/Why}
3. What has been easy about readjusting to the outside? {Probe: How/Why}
4. Has being at Francisco Homes helped you to readjust? Do you have requirements that you feel hinder your progress? {Probe: How}
5. Are there programs you think would help people like you to readjust? {Probe: Examples}

Closing Questions

1. What do you hope to be doing a year from now? Five years from now? {Probe as necessary}
2. Is there anything about Francisco Homes that we didn't talk about but you think we should know?

Appendix F: Frequency of Survey Responses

Statement	SD	D	N	A	SA
I feel that I can deal with life events as they happen.	1%	-	10%	35%	54%
My basic needs are met with the money I receive each month.	15%	18%	22%	36%	9%
I am able to save money for future goals and unexpected needs.	25%	23%	27%	16%	9%
I can get around the community as I feel necessary.	4%	9%	6%	51%	29%
I can manage my healthcare needs.	3%	5%	24%	35%	33%
I can manage my self-care needs.	1%	1%	6%	35%	56%
I can meet my nutritional needs.	3%	4%	12%	33%	49%
I spend most of my days in activity that is necessary or important to me.	1%	5%	17%	44%	33%
I am able to participate in recreational activities.	9%	4%	19%	18%	50%
I participate in social activities with family, friends, and acquaintances as is necessary and desirable to me.	3%	5%	23%	27%	42%
I am comfortable with my personal relationships.	-	5%	10%	49%	36%
I can interact in healthy and productive ways with people with whom I am uncomfortable.	3%	1%	31%	51%	14%
I am comfortable with myself when I am out in the community.	4%	8%	9%	28%	51%
People perceive me for who I am and not for where I have been when I interact in the community.	5%	13%	49%	10%	23%
I can use a computer to read and write email.	19%	5%	10%	29%	36%
I can use a cell phone to make and receive calls, text messages, and voicemail.	3%	6%	3%	19%	69%
I always follow house rules.	-	-	10%	27%	63%
Others always follow house rules.	3%	13%	28%	33%	23%
My current activities support my future goals.	-	1%	29%	32%	37%
My current level of education will support my future financial goals.	15%	13%	19%	39%	15%
My current skills will support my future financial goals.	14%	13%	23%	35%	15%
I am comfortable discussing my past with others in the community.	9%	24%	15%	41%	10%
I know when it is appropriate to share information about my past.	-	1%	15%	33%	50%
I have a sense of inner peace.	-	4%	29%	41%	26%
I have the tools to deal with periods of emptiness or loneliness.	8%	3%	14%	28%	47%

I am clear about the purpose and meaning of my life.	1%	3%	10%	33%	53%
I have a sense of fulfillment.	-	3%	19%	40%	38%
I have hope about the future.	3%	1%	19%	28%	49%
I am satisfied with my spiritual practices.	-	1%	31%	21%	47%
Taking everything into account, I would say that I have a high quality of life.	6%	10%	27%	33%	23%
I am satisfied with life at the moment.	-	4%	36%	27%	33%
If I could do it all over again, I would still choose to live at Francisco Homes.	1%	-	21%	28%	50%
Participation in Francisco Homes has been valuable to me.	-	-	14%	35%	51%