CARE Tallahassee
A Program Evaluation

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Outline

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- Previous Research

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- Outcomes

- Summary

Purpose of Evaluation

Evaluate the effectiveness of the CARE

program that assists ex-offenders with

re-integrating back into society

Prior Research

▶ What we know about prison re-entry:

▶ "More than 650,000 ex-offenders are released from prison every year. (DOJ.gov)

▶ 95 percent of individuals currently in the system will be released. (Bureau of Justice and Statistics 2012)

▶ 2/3 will violate parole / probation & commit a crime within < 3 years of release (Langan and Levin, 2002)

Sex Offender Barriers

▶ Sex offender stigmatization

▶ Residence restrictions

▶ Employment restrictions

▶ Internet restrictions

▶ Notification laws

▶ Registration requirements (SORA's)

▶ Family and Community interactions

Methodology

▶ Observe residents in their daily routines

▶ Interview staff and residents

▶ Research DOC data with previous resident information.

    ▶ CARE resident information (300 residents)

    ▶ Florida Department of Corrections Offender Search Database

Program Findings

▶ Inputs:

- Staff: Bob Rumbley & George Schwender

▶ Activities and Services:

- Founded in 2005. A Faith Based Program thats helps individuals transition back into society
- CARE currently houses 24 residents (with a max capacity of 34)
- ~70% of the current residents are registered sex offenders

Program Findings

▶ Budgets:

- Lawn service contracts

- Donations

- Program fees they recieve from residents

- Resident disability

- Funding from private groups

  - Provide CARE up to $500 per month. They also provide a clothing stipend, and a bike.

Program Findings

▶ Activities and Services (contd.):

- Spiritual services on Sunday's

- Community Town Hall on Monday's

- Full service on Tuesday's

- Prayer service on Wednesday's

- Bible study on Thursday's

- Free time is allocated for Friday - Saturday's

Program Findings

▶ Activities and Services (contd.):

- New residents go through orientation

  - Orientation requires the individual to make a list of goals (short, mid, long-term) they want to acheive while at CARE.

- 30 Day probation period

  - Cannot leave the property alone and no cell phones.

- Assist residents with residency registrations, probation, employment, transportation, food stamps, medical, and opening a checking account

Program Findings

▶ Activities and Services (contd.):

   ▶ Employment

- CARE has their own landscaping service " Cut With Care"
- CARE has a good relationship with MARPAN and sends residents over if requested.

   ▶ Medical

- Works with the Bond Clinic to register residents.
- If the resident cannot afford medication, CARE has established a benevolence fund to pay for it.

Program Findings

▶ Activities and Services (contd.):

    ▶ Relationships

- Upon arriving at CARE, the relationships with family members and friends are handled on an indvidual basis.
- If CARE believes communication will aid the resident they will foster a channel of communication.
- If CARE finds that communication could be detrimental, they will restrict access.

Barrier Findings

▶ Inputs: Staff and Residents

 ▶ Findings

- Difficulty achieving goals
- Relationships
- Stigmatization
- Substance abuse
- Employment
- Probation
- Residency

Barrier Findings

▶ Difficulty transitioning:

- Residents arrive with unrealistic goals
- They often struggle with the reality that they are not returning to "the way things were"

▶ Relationships:

- The program focuses on building a relationship with God
- Residents struggle to mend past relationships as well as form new ones

Barrier Findings

▶ Stigmatization:

- They begin to feel "different" and " inferior" to others
- They often have no one to turn to other than those that reside at CARE

▶ Substance abuse:

- Drugs are often easily accessible (Cirlce K on Lake Bradford)
- Residents turn to substance abuse to cope with reentry struggles

Barrier Findings

▶ Employment:

- Residents typically find jobs that envokes strenous labor, in poor conditions, for low wages

- Individual had several certifications he recieved in prison, but employers only see "sex offender" - stuck doing asphalt

▶ Education:

- Sex offenders are prohibited from using the internet, GED programs are internet based, or require visiting a campus offenders are prohibited from visiting

Barrier Findings

▶ Probation:

- CARE has a good relationship w / Probation office, but monitoring usually makes finding employment difficult for residents

- Difficulty accepting residents outside of Leon

▶ Residency:

- CARE provides housing for residents unable to find employment elsewhere

- Prior tp leaving the program, residents are often communicating with past residents and strike deals to move in with them at their new place.

Outcomes

▶ Offender Information:

- 300 Residents

- 61% were registered sex offenders

- Average time spent at CARE: 155 days

Outcomes

▶ Out of 300 residents, DOC data shows 84 recidivated after leaving CARE (~28%):

- 43 of those were registered sex offenders (51%)

- 14 were charged w / other crimes (e.g. Burglary, Grand Theft)

- 24 were charged with "Failure to Report" or " Failure to Comply" (~56%)

- 5 individuals were charged with serious sex crimes

Limitations

▶ No comparison group

▶ Matching DOC records w / our data was often difficult

▶ Charges listed may not be accurate - some were not even listed despite showing the individual was incarcerated

▶ Some past residents were detained by Federal agencies - their transgressions are unknown

Policy Questions

▶ Are SOR's effective? Do they do more harm than good?

- Several studies have found that SOR's do not show a significant impact on sexual reoffending (Sandler, Freeman, & Socia, 2008; Vasquez, Madden, & Walker, 2008; Adkins, Huff, and Stageberg, 2000)

- Levenson ct. al (2009) found that FTR convictions "did not have a significant effect on sexual recidivism" rather they "increased the risk of general recidivism

- Registration noncompliance does not elevate the risk of sexual reoffending (Duwe & Donnay)

Other questions moving forward...

▶ How can we conclude that a reentry program does work?

▶ Does the data really tell us anything?

▶ How can CARE improve their services with the resources available?