

Washington State's Reentry Community Services Program: *Background and Study Outline*

In 1999, Washington State established the Reentry Community Services Program (RCSP) for qualified persons leaving confinement in a Department of Corrections (DOC) facility. The RCSP provides support services including medical care and housing assistance for individuals with complex mental illnesses who pose a danger to themselves or others. Administered by the Health Care Authority (HCA), the RCSP has served over a thousand individuals over the last three decades.

In 2021, the Washington State Legislature established a workgroup to review the RCSP and discuss potential options for program expansion. In addition, the Legislature directed the Washington State Institute for Public Policy (WSIPP) to update its evaluation of the RCSP, to examine the potential expansion of the program, and to investigate additional therapeutic components to further support individuals' reentry to the community.¹

This preliminary report provides an overview of the RCSP and an outline of WSIPP's plan for evaluating the program. [Section I](#) describes the history of the RCSP, including a discussion about program eligibility and program components. [Sections II](#) and [III](#) review prior research on the effectiveness of the RCSP and prior benefit-cost evaluations. [Section IV](#) outlines our research plan for the updated evaluation and further study of the RCSPA final report which will be published in November 2023.

¹ [Engrossed Second Substitute Senate Bill 5304, Chapter 243, Laws of 2021.](#)

Summary

For the last 20 years, Washington State has provided unique reentry services for individuals who are high-risk for recidivism and who have a mental illness. The Reentry Community Services Program (RCSP) provides eligible individuals with coordinated pre- and post-release services to assist with reentry. Individuals are eligible to receive 60 months of mental health services and housing assistance. Additional services are provided on an individual basis depending on their need and the availability of resources.

Prior research shows that RCSP participants are more likely to access mental health services in the community, more likely to access social welfare services during reentry, less likely to require inpatient hospitalization after release, and less likely to recidivate. In addition, research finds that the program achieves these outcomes in a cost-beneficial way.

In 2021, the Washington State Legislature directed WSIPP to update its evaluation of the RCSP, to examine the potential expansion of the program, and to investigate additional therapeutic components to further support individuals' reentry to the community.

This preliminary report reviews prior research on the RCSP and provides an outline of the approach WSIPP intends to take for its final report to be published in November 2023.

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I. Reentry Community Services Program

In 1999, the Washington State Legislature passed legislation establishing the “Dangerous Mentally Ill Offender” (DMIO) program.² This program is intended to provide intensive services for individuals being released from the Department of Corrections who have a mental illness and pose a threat to public safety or themselves. The DMIO directed DOC, the Regional Support Networks, and the Department of Social and Health Services to work together to do the following:

- establish a prerelease plan for eligible individuals and
- provide continued assistance for individuals up to five years after release.

Over the years, the legislature made changes to the program name and the agencies in charge of providing services.³

Currently known as the Reentry Community Services Program (RCSP), the general framework for the program itself has remained largely unchanged. Identification of program participants and initiation of services begins while individuals are still incarcerated. Intensive services are provided following release and participants are eligible for up to 60 months of benefits that may be accessed within eight years following release from incarceration.

This section briefly describes the eligibility for the RCSP, the associated services before and immediately after release, the general benefits included for program participants, and the program’s funding. A visual overview of the pre- and post-release RCSP processes is available in [Exhibit 1](#).

[RCSP Eligibility](#)

The RCSP provides intensive services to assist individuals during the reentry process. These services are intended for a population of individuals who are high risk and high need in particular areas. Statutorily, the RCSP is to be used for individuals who a) pose a danger to themselves or others if released to the community without additional supportive services and b) have a mental health disorder.⁴ In addition to risk level and mental health status, a review of potential RCSP candidates can include consideration of behaviors while incarcerated and a history of substance use disorders. A joint committee of DOC and HCA staff ultimately reviews the case files of potential candidates to determine who should enter the RCSP. Between 2000 and 2021, 1,365 individuals were designated for the RCS program.⁵

² [Substitute Senate Bill 5011, Chapter 214, Laws of 1999](#). Also referred to as the Community Integration Assistance Program.

³ [Substitute House Bill 1201, Chapter 319, Laws of 2009](#); [Second Substitute Senate bill 6312, Chapter 225, Laws of](#)

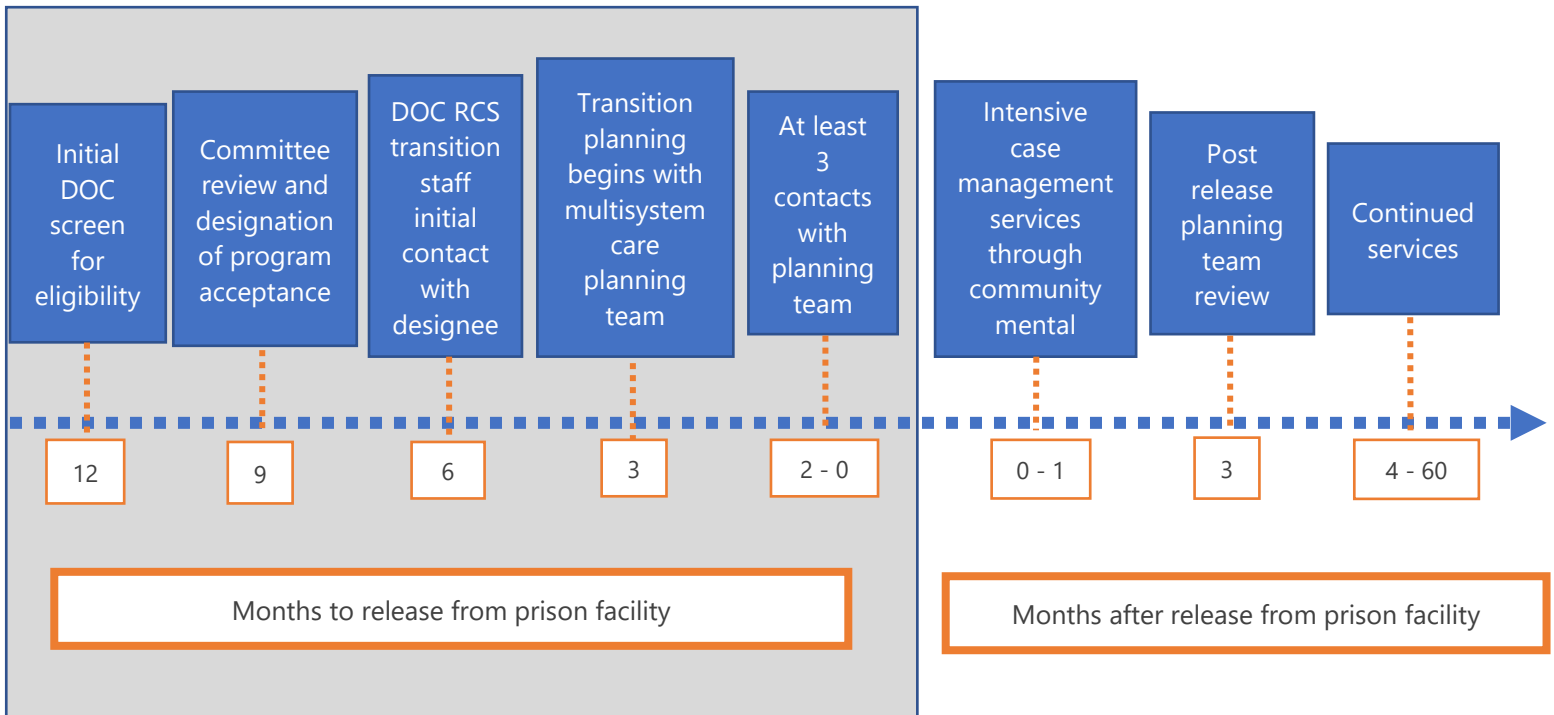
[2014; Engrossed Second Substitute Senate Bill 5432, Chapter 325, Laws of 2019](#).

⁴ [RCW 72.09.370](#).

⁵ Health Care Authority. [Offender Reentry Community Safety Program \(ORCSP\) Overview](#).

Exhibit 1

Reentry Community Services Program Overview



Identification of Program Participants

The Department of Corrections conducts frequent reviews of administrative data to identify potential candidates for the RCSP. DOC staff review potential candidates to determine which individuals are likely to meet the eligibility criteria. In addition to these screenings, incarcerated persons may be referred to the RCS screening committee by third parties including family members or health providers.

After an initial review of an individual's mental health records while incarcerated (inpatient hospitalizations, symptom severity, etc.) and indicators of risk (risk level classification, in-facility behaviors, etc.), persons are referred to a committee for

review and program designation. The selection committee comprises mental health professionals, DOC staff, and HCA staff.

DOC's RCS transition staff makes initial contact with designees in the facility around six months prior to the individual's release. As the RCS is an opt-in program, designated individuals may refuse services. If this occurs, RCS staff make continued contact until release in case individuals change their minds and would like to enroll in the program prior to release.

Pre-Release Services

RCS designees are assigned a multisystem care planning team (hereafter the “planning team”) that oversees the pre-release coordination of services. The planning team meets periodically with designees during the last three months of incarceration to develop a holistic transition plan for each participant. Part of this plan includes individual information such as emergency contacts, treatment plan goals, and medication information.

The second part of the plan includes identification of post-release housing, state/federal benefit information, coordination of release day transportation, and, when possible, connection with the provider who will oversee the individual’s mental health services upon release. In addition, while formerly incarcerated individuals must normally wait 90 days after their release date to apply for Medicaid eligibility, program participants have this requirement waived. Enrolling for these services begins with the planning team prior to release.

Post-Release Services

When the RCS designee is released, their assigned DOC transitional correctional mental health counselor (hereafter transitional counselor) assists with the release process to ensure there is a warm hand-off for case management services through a community mental health provider.⁶ As most individuals are released with a period of community supervision, the transitional counselor and

community mental health provider also coordinate with community corrections officers to assist with the reentry process.

During the first month following release, individuals undergo a 30-day intensive service period. During this period, the transitional counselor and contracted RCS community provider help the individual establish housing, connect with their community mental health provider and mental health agency, develop a mental health treatment plan, complete a medication evaluation, connect with family/social supports, connect to state and federal resources such as Medicaid and social security, and purchase basic necessities.

Participants can access ongoing services for a total of 60 months over eight years. The primary services include mental health services (including medication), specialized case management, and housing support. Program funds may also be used to pay for basic necessities, transportation assistance, specialized programming (e.g., educational or vocational training, employment services, parenting education, anger management services), non-Medicaid funded medical expenses, and other specific requests on an ad-hoc basis.

Following release, the assigned planning team continues to meet during the first few months to review the individual’s progress with their transition plan. In addition to these meetings, communication continues between DOC officials (e.g., community corrections officers and the assigned transitional counselor), the contracted community provider, and the designee.

⁶ In instances where a contracted mental health provider is not available, DOC’s Transition Corrections Mental Health Counselor (TCMHC) maintains case management post-

release and funds are allocated directly through HCA or a third-party provider.

If an individual's term of community supervision ends prior to completion of the RCSP, a planning team review is conducted 90 days prior to supervision completion. After an individual is released from community supervision, they can continue receiving RCSP benefits administered through HCA and community mental health providers (until they reach 60 months of services), but DOC staff are no longer involved in the review of their progress and access to services.

Core Program Components

Most individuals incarcerated in prison facilities will eventually be released to the community. Successful reintegration is critical to reducing the likelihood of recidivism and an individual's return to incarceration in state prisons.⁷ The reentry process is complex. Individuals leaving prison facilities must reestablish their lives in the communities and often have limited resources or social networks to assist with this process.

Research indicates that many individuals released from incarceration struggle with access to basic needs (e.g., housing, clothing, food) and struggle to establish connections with community providers for services such as mental health treatment and medication, physical health care, and substance use disorder treatment. Individuals with co-occurring disorders such as complex mental illness and substance use disorders are often at the greatest disadvantage upon reentry to the community.

At the most basic level, Washington's Reentry Community Services Program targets two key factors: housing instability and mental health treatment. These factors are key drivers of recidivism for high-risk individuals diagnosed with a mental illness.

Housing Stability

Individuals leaving incarceration and individuals suffering from severe mental health disorders have an increased risk of experiencing homelessness.⁸ Restrictions on housing for individuals with a criminal record make it difficult for those reentering the community from finding quality housing. In addition, the costs of housing are often prohibitive for individuals leaving incarceration with few financial resources and no immediate employment opportunities. Research finds that the risk of homelessness for individuals leaving prison is highest immediately after release and declines over time.⁹

Securing and maintaining employment may also be more difficult for individuals experiencing complex mental health needs, further limiting access to stable housing.

Mental Health Treatment

Individuals incarcerated in prison facilities may receive mental health treatment including medication. As individuals reenter their community, they must establish a connection with community providers while also seeking access to public or private insurance to cover the cost of these services.

⁷ Petersilia, J. *When prisoners come home: Parole and prisoner reentry*. Oxford University Press, 2003.

⁸ Geller, A., & Marah A.C. (2011). A sort of homecoming: Incarceration and the housing security of urban men. *Social Science Research*, 40,1196–1213.

⁹ Remster, B. 2019. A life course analysis of homeless shelter use among the formerly incarcerated. *Justice Quarterly*, 36, 437–65.

Research suggests that individuals leaving incarceration face difficulties establishing continuing care in the community.¹⁰ Left untreated, complex mental health disorders may result in hospitalization or behaviors that return individuals to the prison system.

Recent research has highlighted the importance of mental and physical health in facilitating the desistance process.¹¹ Specifically, the health-based model of desistance evaluates the pathways by which mental and physical health are related to critical aspects of the life-course including employment, family stability, and economic stability. In the absence of sufficient mental healthcare, individuals are more likely to recidivate and be reincarcerated in state prisons.¹²

Program Funding

The state pays behavioral health organizations¹³ and other providers who contract with the Health Care Authority (HCA) to provide case management and additional support services for program participants. The program provides \$1,000 per participant per month, for a maximum of five years.¹⁴ Additional funds are provided for pre-release services when possible.

Program Expenditures

A prior WSIPP evaluation¹⁵ provided an in-depth review of how program funds were spent during the first two years of program implementation. During this time, the majority of program expenditures went towards mental health services (e.g., individual treatment and medication management) and housing assistance (e.g., rent payments).

WSIPP also found that program expenses peaked during the first six months after prison release, but then declined in each successive six-month period. This pattern suggests that program participants require the most extensive assistance during the period immediately after they leave prison, but then become less reliant on program services as they acclimate to life in the community. As a result of these findings, researchers concluded that “funds are being spent according to the original design of the program.”¹⁶ However, a more recent report published by the task force established through 2021 legislation suggests that the level of funding is no longer sufficient under the current economic climate.¹⁷

¹⁰ Lovell, D., Gagliardi, G.J., & Peterson, P.D. (2002). Recidivism and use of services among persons with mental illness after release from prison. *Psychiatric Services*, 53, 1290-1296.

¹¹ The desistance process refers to the process by which individuals cease involvement in criminal activities. For more information, see National Institute of Justice (2021). *Desistance from crime: Implications for research, policy, and practice*. Washington DC: US Department of Justice.

¹² Link, N.W., Ward, J.T., & Stansfield, R. (2019). Consequences of mental and physical health for reentry and recidivism: Toward a health-based model of desistance. *Criminology*, 57(3), 544-573.

¹³ Prior to 2014, contracts were with Regional Support Networks.

¹⁴ The reentry program provides funds for five years of service, which can be used intermittently within eight years of leaving prison.

¹⁵ Lovell, D., & Mayfield, J. (2007). *Washington's Dangerous Mentally Ill Offender law: Program costs and developments* (Doc. No. 07-03-1901). Olympia: Washington State Institute for Public Policy.

¹⁶ Ibid.

¹⁷ E2SSB 5304. Care Authority. Re-Entry Services Work Group. (2022, July). *Progress Report*. Olympia, WA.

II. Previous Outcome Evaluations

WSIPP has conducted several studies evaluating the effectiveness of the reentry program¹⁸ in improving outcomes for participants as they leave prison and rejoin the community. These studies compared program participants (i.e., the treatment group) with a similar group of formerly incarcerated people who did not participate in the program (i.e., the comparison group) across four reentry outcomes: access to mental health services, use of social welfare programs, experience with inpatient hospitalizations, and the likelihood of recidivism. In this section, we review the findings from these early evaluations of the reentry program and discuss the limitations of WSIPP's prior research.

Past WSIPP studies have used different methods to evaluate these outcomes during the initial months and years immediately following release from prison. The main difference among past WSIPP evaluations of the reentry program concerns how the researchers selected the comparison group.

Between 2002 and 2007, WSIPP conducted five evaluations of the reentry program using a sample of individuals from the Community Transition Study (CTS) to serve as a comparison group.

In 2008 and 2009, WSIPP conducted two evaluations that focused specifically on recidivism and used matching procedures to generate a comparison group from a larger pool of formerly incarcerated adults.

[Previous Evaluations of the Reentry Program](#)

The first five WSIPP evaluations of the reentry program compared program participants with a similar group of individuals who were enrolled in CTS. The CTS gathered data on a sample of adults who were incarcerated in Washington State, classified by DOC as having a serious mental illness, and released to the community between 1996 and 1997. Because the CTS collected information on the reentry experiences of formerly incarcerated adults with mental illness, it offered a reasonable comparison group for WSIPP's initial evaluations of the reentry program.

Subsequent evaluations of the reentry program (in 2008 and 2009) used matching techniques to generate a comparison group from a larger pool of formerly incarcerated adults with mental illness.¹⁹ These techniques ensured that individuals in the comparison group are highly similar to individuals who participated in the reentry program, thereby increasing confidence that differences in outcomes between the groups can be attributed to the reentry program.

¹⁸ The name of the Reentry Community Services Program has changed several times. Previously known as the Dangerous Mentally Ill Offender program and Offender Community Reentry Services, we refer to the program as the "reentry program" for simplicity.

¹⁹ Mayfield, J., & Lovell, D. (2008). *The Dangerous Mentally Ill Offender Program: Three-year felony recidivism and cost*

effectiveness (Doc. No. 08-02-1901). Olympia: Washington State Institute for Public Policy and Mayfield, J. (2009). *The Dangerous Mentally Ill Offender Program: Four-year felony recidivism and cost effectiveness* (Doc. No. 09-02-1901). Olympia: Washington State Institute for Public Policy.

However, these later studies focused on recidivism only, rather than the broader scope of outcomes investigated in the earlier studies. We summarize findings from all previous evaluations here and provide more details in the [Appendix](#).

[Mental Health Services](#)

There is compelling evidence that the reentry program was initially successful at increasing access to mental health services during community reentry. Compared to the CTS sample, individuals in the reentry program were more likely to participate in mental health services and to receive a higher intensity of treatment before and after leaving prison. Furthermore, participants in the reentry program were less likely to experience interruptions in mental health care after leaving prison.

[Subsistence Programs](#)

There is also strong evidence that the reentry program was initially successful at increasing access to social welfare services during community reentry. Compared to the CTS sample, a substantially higher proportion of participants in the reentry program received benefits from two subsistence programs (i.e., General Assistance – Unemployable (GAU)²⁰ and food stamps) after leaving prison. On average, program participants were also enrolled much more quickly in these programs.

[Inpatient Hospitalization](#)

There was no evidence that the reentry program had an impact on inpatient hospitalization. During the first 18 months after prison release, participants in the reentry program were just as likely as those in the CTS sample to receive inpatient care and spent similar amounts of time in inpatient care.

[Recidivism](#)

Initial evaluations found that participation in the reentry program was associated with a lower risk of recidivism during the first few years after leaving prison. Compared to CTS subjects, program participants were significantly less likely to be convicted of misdemeanors or non-violent felonies. The same basic pattern emerged when researchers measured recidivism within 18 months of prison release and within 2.5 years of prison release.

WSIPP's later evaluations indicate that participants had a lower risk of recidivism for felony offenses measured three years and four years after prison release. However, the evidence regarding recidivism for violent felonies was mixed. One study found that program participants were just as likely as non-participants to be convicted of a violent felony within three years of prison release, while a subsequent study found that program participants were significantly less likely to be convicted of a violent felony within four years of prison release.

²⁰ GAU provides cash and medical assistance to adults who are temporarily unable to work as a result of a physical or mental incapacity.

Limitations of Prior WSIPP Evaluations

In the earlier studies, WSIPP was careful to acknowledge that individuals in the CTS sample were not directly comparable to program participants. Individuals in the reentry program were selected because they were classified as having a mental illness and were believed to pose significant risks to public safety, while CTS subjects were selected solely based on mental illness. The CTS sample exhibited several significant differences from the group of program participants. In particular, participants in the reentry program contained a substantially higher proportion of males and individuals convicted of serious violent crimes than in the CTS sample.

WSIPP's initial evaluations used statistical techniques (i.e., multivariate regression) to partially account for the differences between the CTS sample and program participants. However, these methods cannot ensure that the two groups are directly comparable, and the results of past evaluations could be biased if these comparisons are not valid. As a result of these concerns, more recent evaluations of the reentry program did not use the CTS sample as a comparison group.

WSIPP's later evaluations of the reentry program improved upon the original comparison technique but still had limitations due to: 1) small sample sizes and short follow-up periods; 2) differences in the time period for release cohorts; and 3) selection bias. We briefly review each limitation below; these are limitations we plan to address in the updated evaluation.

Sample Size and Follow-up Period

Under ideal circumstances, WSIPP would examine reentry outcomes for a large sample (i.e., several hundred individuals) followed for at least five years after leaving prison.²¹ The initial evaluation studies were conducted shortly after the reentry program began, and relatively few individuals were accepted into the program during the first few years (e.g., an average of four per month).²² As a result, early evaluations of the reentry program were limited by small sample sizes and relatively short follow-up periods.²³

Differences in Time Period for Release Cohorts

Reentry program participants were first released during the early 2000s. However, individuals in the CTS sample were released from prison in 1996-1997, and individuals in the matched comparison group were released from prison between 1996 and 2000.

²¹ The reentry program provides funds for five years of service, which can be used intermittently within eight years of leaving prison.

²² Phipps, P., & Gagliardi, G.J. (2002). *Implementation of Washington's Dangerous Mentally Ill Offender law: Preliminary findings* (Doc. No. 02-03-1901). Olympia: Washington State Institute for Public Policy.

²³ Phipps & Gagliardi's (2002) evaluation was based on 36 program participants with a three-month follow-up period after release. Phipps & Gagliardi's (2003) evaluation focused on 67 program participants over a 12-month follow-up

period. Lovell, D., Gagliardi, G.J., & Phipps, P. (2005). *Washington's Dangerous Mentally Ill Offender law: Was community safety increased?* (Doc. No. 05-03-1901). Olympia, Washington State Institute for Public Policy, examined the experiences of 100 program participants over an 18-month follow-up period. Mayfield (2007) examined recidivism outcomes for 100 program participants over 2.5 years after leaving prison. Mayfield & Lovell (2008) and Mayfield (2009) examined recidivism outcomes for 172 matched pairs followed three years and four years after prison release, respectively.

Because individuals in both comparison groups left prison during an earlier time period, they may have experienced reentry in a different social/legal context than reentry program participants. Ideally, future evaluations would compare participants and non-participants who experienced reentry during the same time period.

Selection Bias

Given the unique selection criteria for incarcerated individuals to participate in the reentry program, it is likely that individuals in the CTS sample and the matched comparison group differed from program participants in ways that were not measured in the available data. While WSIPP used statistical techniques to adjust for pre-existing differences between the groups, these techniques can only account for differences that are observed or known to the researchers. Since WSIPP could not adjust for unobserved or unknown differences between the groups, it is unclear how well reentry program participants truly compared to individuals in the CTS sample or the matched comparison group. If there were important unobserved differences between program participants and non-participants, the estimated benefits of participating in the reentry program may be inflated.²⁴

²⁴ Social scientists refer to this problem as “selection bias.” For example, if incarcerated individuals who volunteer to participate in the reentry program are simply more motivated to succeed than individuals in the comparison group, then these pre-existing differences in motivation may partially explain why program participants experience better reentry outcomes. However, because WSIPP researchers do not have measures of each individual’s “motivation to succeed,” they cannot adjust their analyses to account for the greater motivation of the reentry program participants.

Summary of Prior Outcome Evaluations

The results of WSIPP’s prior evaluations suggest two basic conclusions about the reentry program. First, the reentry program was effective at improving access to mental health services and subsistence programs during community reentry.²⁵ The majority of program participants received mental health services before and after leaving prison. In addition, the majority of participants began receiving financial assistance the same day that they left prison.

Previous studies attributed these patterns to two factors: 1) pre-release coordination and 2) Medicaid eligibility.²⁶ Because of the coordination between DOC and HCA as well as the waiver for Medicaid enrollment, individuals in the reentry program were able to apply for subsistence programs while incarcerated and receive services immediately after leaving prison.

Second, there is suggestive evidence that the reentry program was effective at reducing recidivism. Across four separate evaluations, WSIPP found that program participants were significantly less likely to be convicted of a felony offense after release from incarceration. However, because the research design cannot fully account for selection bias, past analyses may have overestimated the size of this effect.

As a result of this selection bias, analyses will tend to overestimate the benefits of participation in the reentry program.

²⁵ The evidence is limited to the first few years of program implementation. The last time that WSIPP evaluated these outcomes was in Lovell et al. (2005).

III. Previous Benefit-Cost Findings

In this section, we discuss the results of four prior WSIPP benefit-cost analyses of the reentry program. We then describe the limitations of these prior analyses and summarize the current state of knowledge regarding whether the reentry program is cost-effective.

Results from Prior Benefit-Cost Analyses

WSIPP has developed methods of economic analysis to evaluate whether the benefits of a program outweigh the costs of administering that program.²⁷ If the reentry program reduces recidivism, this generates two types of benefits: 1) reduced expenditures by the criminal justice system and 2) fewer crime victims.

To calculate these benefits, WSIPP uses findings from its outcome evaluations analyzing the program's effect on recidivism to estimate the lifetime distribution of criminal offenses avoided for program participants compared to persons who were released from prison without participating in the program. This process enables WSIPP to place a dollar value on the reductions in recidivism attributable to the reentry program, which can be expressed in terms of monetary benefits per program participant. WSIPP then compares these long-term benefits against the average cost of program implementation to estimate the program's overall return on investment.

²⁷ Washington State Institute for Public Policy. (December 2019). *Benefit-cost technical documentation*. Olympia, WA: Author.

²⁸ Lovell et al. (2005: 38-39); Lovell & Mayfield (2007: 19)

WSIPP previously conducted four benefit-cost analyses of the reentry program. For more detailed information on these studies, see the [Appendix](#). Overall, the results suggest that the reentry program is cost-beneficial, but the net benefits only become apparent after program participants have spent at least three years in the community. For example, when the program was evaluated after 1.5 years, the results indicated that the program was not cost-beneficial, as it produced only \$0.74 in benefits for every dollar spent. After 2.5 years, the program "broke even," producing about \$1.03 in total benefits for every dollar spent. After three years, the program generated \$1.24 in benefits for every dollar spent. Finally, after four years, the program produced \$1.64 for every dollar spent.

Comparing Previous Benefit-Cost Analyses

Comparisons of results across prior WSIPP benefit-cost analyses of the reentry program are limited for three reasons. First, the data available for calculating program costs was limited in WSIPP's initial evaluations.²⁸ Consequently, estimates of program cost changed over time as a result of the information available rather than real changes in the cost of administering the program over time.

Second, the outcome evaluations conducted in 2005 and 2007 used a different comparison group than the analyses in 2008 and 2009 to estimate the association between recidivism and program participation.²⁹

²⁹ More specifically, the 2005 and 2007 studies estimated reductions in recidivism by comparing program participants with individuals in the CTS sample, while the 2008 and 2009

Because these comparisons serve as the basis for the reductions in recidivism used to estimate the financial benefits of program participation, differences in the benefit-cost outcomes could be related to differences in the effect sizes driven by the evaluation methods rather than real differences in the program effects over time.

Finally, previous benefit-cost analyses used slightly different methods for estimating the financial benefits of program participation. As discussed earlier, prior WSIPP research on the effectiveness of the reentry program for reducing recidivism was subject to selection bias and may overestimate reductions in recidivism.³⁰ To correct this uncertainty, WSIPP applied a “discount factor” to the estimated effect of the reentry program on recidivism before running the benefit-cost analysis. In the 2005, 2007, and 2009 analyses, WSIPP applied a 50% discount factor. However, in the 2008 analysis, WSIPP applied a 25% discount factor.

Summary of Previous Benefit-Cost Analyses

Based on the results of prior WSIPP benefit-cost analyses of the reentry program, the program appears to be cost-beneficial. However, the results highlight the importance of using research designs that follow participants for long periods (i.e., four or more years) after they are released.

Past research shows that the bulk of services are delivered during the first six months after prison release.³¹ The average annual cost of program participation is highest immediately after participants leave prison but then progressively declines as more time passes and individuals become more acclimated to life in the community. To properly evaluate whether an intervention reduces recidivism, researchers must allow sufficient time to pass to detect whether individuals have engaged in crime. This is especially true when evaluating recidivism for violent crime.³² Because violent crimes are especially harmful to victims and often result in lengthy prison sentences,³³ WSIPP estimates a much higher monetary value to reductions in violent recidivism than other forms of recidivism.

Overall, the results of previous WSIPP evaluations highlight the importance of using longer follow-up windows to accurately assess the benefits and costs of the reentry program. Future benefit-cost analyses should extend the follow-up window to at least five years after release. In addition, past studies focused only on the monetary benefits of reducing future crime and did not account for other outcomes that may be affected by the RCSP. Future benefit-cost analyses could consider broader impacts such as increases in employment and public health outcomes.

studies used matching procedures to compare participants with similar non-participants.

³⁰ See page 10 of this document for a review of selection bias.

³¹ Lovell & Mayfield (2007).

³² Because violent crimes represent the most serious offenses, they tend to be less common than other forms of

crime. As a result, while less serious forms of recidivism may be detectable within a relatively brief period following prison release, researchers generally require longer follow-up periods before it is possible to meaningfully assess the potential effects of an intervention on violent recidivism.

³³ Incarceration is a uniquely expensive form of punishment.

IV. Forthcoming Study Outline

The 2021 Legislature passed legislation directing WSIPP to conduct an updated evaluation of the Reentry Community Services Program (RCSP).³⁴ In addition, WSIPP was also directed to work with the workgroup established in the same bill to answer additional research questions about potential expansions of populations eligible for services and therapeutic components offered by the program.

This section briefly describes WSIPP's intended approach to address each of the legislative directives. A final report with the findings will be published in November 2023.

1). Updated Program Evaluation

In an ideal world, we would use a randomized control trial whereby eligible individuals were randomly assigned to participate or not participate in RCSP, and then we could compare outcomes for the two groups. By using a randomized experiment, we could be certain that any observed differences in outcomes could be attributable to the effects of the program instead of some other systematic difference between participants and non-participants.

Given that the RCSP has been in place for over 20 years and because it would be unethical to withhold supportive services from eligible and willing participants, we cannot use a true experimental design.

In addition, an experimental design would take at least seven years to 1) accrue enough participants (sample size) and 2) follow those participants for a long enough time to observe changes in outcomes such as recidivism.

Considering these limitations, WSIPP will use a quasi-experimental design and archival, administrative data to compare individuals who participated in RCSP to similar individuals who did not participate in the program. Quasi-experimental designs allow researchers to approximate causality when randomization is not possible. These methods seek to minimize or eliminate observed differences between program participants and the comparison group, such that observed differences in outcomes can be attributed to program participation.

To the extent possible, WSIPP will seek methods that can overcome limitations in previous evaluations. First, WSIPP plans to use contemporaneous treatment and comparison groups from 2012 – 2017. Second, WSIPP will track individuals in the treatment and comparison group for five years (60 months) following release from incarceration. Finally, WSIPP will attempt to identify a comparable group of non-participants for the comparison group using additional characteristics beyond the eight primary factors used in prior studies.

The exact method will be determined upon receipt and review of the available data for the evaluation. Further details will be included in the final report.

³⁴ E2SSB 5304.

Identification of the Study Sample

Individuals accepted into the RCSP receive pre-release services and are designated as program participants in the DOC Offender Management Information System (OMNI) data. Because the identification of eligible participants depends partially on the subjective judgment and referral of DOC health providers, there are individuals who may meet the objective eligibility criteria but do not receive a program referral. In addition, the RCSP is an opt-in program such that referred individuals must be willing to participate. OMNI data identify only the individuals who participate in the RCSP, not individuals who are eligible but not referred or those who refuse a referral.

Identification of the Comparison Group

To identify a comparison group for our evaluation, we plan to use information from OMNI identifying individuals who were classified as high-risk and who had serious mental health concerns. We hope to identify high-risk designations using records of the static risk assessment revised (SRA2) administered for individuals who enter DOC facilities. To identify individuals with a mental illness, we hope to examine characteristics such as mental illness diagnoses, time spent in residential mental health treatment while in prison, receipt of psychiatric medication, symptom severity (e.g., level of functional impairment due to a mental illness), history of self-harm, history of involuntary medication orders, substance use disorder diagnoses, and records of developmental disabilities. Since we will also receive these records for individuals placed into the RCSP, we will attempt to identify individuals who are highly similar across multiple indications of mental health to identify the most appropriate comparison group for our evaluation.

Due to the transition to a new data system in 2012, we are unable to obtain comparable DOC records prior to 2012. As a result, our evaluation will be limited to individuals who entered the RCSP in or after 2012.

Evaluation Outcomes

The legislature directed WSIPP to update its evaluation of the RCSP (assessing the impact on recidivism) but to also expand the benefit-cost analysis to consider impacts on the use of public services. In order to monetize the potential impacts on the use of public services, our outcome evaluation must examine whether participation in the RCSP affects the use of those services.

For recidivism, WSIPP will use data from the Criminal History Database (CHD) to track whether individuals are convicted for an offense committed after release from incarceration. Records from the CHD will allow WSIPP to examine whether individuals recidivate, and, for those who do recidivate, what types of offenses they commit as well as how quickly they re-offend after release.

To assess the program's impact on the use of public services, WSIPP will coordinate with the Department of Social and Health Services' (DSHS) Research and Data Analysis (RDA) to obtain data from the Integrated Client Database.³⁵ To the extent possible, WSIPP will examine outcomes related to mental health treatment (inpatient, outpatient, psychiatric hospitalization, and receipt of medication); substance abuse treatment (outpatient treatment and medication-assisted treatment); medical care (emergency room use and medical hospitalization); receipt of welfare services; homelessness; and labor force participation (employment and wages).

The RCSP is intended to connect individuals with community providers to ensure continuity of care for mental illness and/or substance use disorders. As such, we would expect to see an increase in the use of some public services (e.g., mental health treatment) if the program is effective. At the same time, we would expect that the continuity of care for chronic case management should reduce the need for acute services, resulting in a decreased use of some public services (e.g., emergency room use or psychiatric hospitalization).

2). Expanding to New Populations

The second portion of WSIPP's legislative directive seeks an evaluation of the potential costs, benefits, and risks of expanding the RCSP to additional populations. In the authorizing bill, the legislature specified the following populations:

- A larger population of persons incarcerated in DOC facilities;
- State hospital patients committed under criminal insanity laws;
- Involuntary treatment patients committed for behavioral health treatment;
- Persons committed to a juvenile rehabilitation facility; and
- Persons confined in local jails.³⁶

WSIPP's benefit-cost model allows for an examination of the expected benefits and costs of investing in a program in Washington State. While the program evaluation will allow us to measure the direct effects of the program on the outcomes for past program participants, we will rely on simulated benefit-cost models to estimate the potential return on investment if the legislature were to expand the RCSP to additional populations.

To complete this portion of the assignment, WSIPP will work with RDA to determine the baseline use of public services and the rate of offending for the aforementioned populations. These aggregate data will allow WSIPP to estimate the status quo cost of services for the average person in each population. Using the estimates of the program's effect on the use of different public services and the prevalence of offending behaviors from the outcome evaluation, WSIPP will examine the potential costs or savings that Washington State could expect to see if those persons participated in the RCSP.

³⁵ The Integrated Client Database includes individual-level records from HCA, DSHS, and the Department of Children, Youth, and Families. For this specific evaluation, records will primarily come from HCA,

³⁶ The legislation also included "other populations recommended by the work group." WSIPP consulted with the HCA administered work group and there were no additional populations identified for examination.

Notably, we cannot be sure that persons in these populations would experience the same changes in behavior or use of public services if they were to participate in the RCSP. That is, the RCSP could be uniquely beneficial for persons leaving incarceration in DOC facilities and be less effective for individuals who were not incarcerated in state prison. WSIPP will use varying adjustment procedures to account for uncertainty in whether the effect size identified in the outcome evaluation would be reasonably expected if the program was used for different populations. Ultimately, WSIPP cannot state with certainty what would happen if the program was expanded to these alternative populations. Thus, any legislative expansion of the program should include funding for an updated outcome evaluation to examine the RCSP's effectiveness for these new populations.

3). Examining Program Components

The third portion of WSIPP's legislative directive sought to examine what modifications to the RCSP may increase the program's effectiveness based on the current state of research knowledge. WSIPP maintains a large database of published research analyzing the effectiveness of various reentry programs as a part of its work with the Adult Corrections Inventory.³⁷ WSIPP plans to update this database to include more recent evaluations of reentry programs with a specific focus on programs designed for high-risk persons experiencing a mental illness.

Using the findings from studies analyzing the effectiveness of various reentry programs, WSIPP hopes to be able to examine the relative effects of different program components on reducing recidivism. The methods used for this portion of the report will be similar to the approach WSIPP takes for its meta-analytic program classifications. However, instead of evaluating the relative effects of different programs, this study will be looking at the relative impact of different program components. For example, WSIPP may be able to examine whether programs with a mentoring component are uniquely effective at reducing recidivism, or if programs with transportation assistance are especially effective at reducing recidivism. By using the information available for all different reentry programs that include a mentoring component or that provide transportation assistance, we hope to be able to identify what types of services or therapeutic approaches could potentially increase the effectiveness of the RCSP.

The current RCSP includes two consistent services: housing assistance and mental health care. While other programmatic components may be provided on an ad-hoc basis depending upon the availability of funds and resources, these analyses may be able to identify additional components that the legislature could consider implementing as a consistent, fundamental part of the RCSP services.

³⁷ Wanner, P. (2018). *Inventory of evidence-based, research-based, and promising programs for adult corrections* (Doc. No.

18-02-1901). Olympia: Washington State Institute for Public Policy.

V. Conclusion

The RCSP is a small but historically robust program in Washington State. Focusing on the unique needs faced by individuals who may be at the highest likelihood of recidivism, Washington has sought to provide intensive services to a small group of individuals leaving Washington State prisons. If effective, this program has the potential to reduce costly recidivism while also reducing the net use of public services.

WSIPP's current assignment seeks to provide the legislature with an updated examination of the effectiveness of the RCSP as well as the overall return on its investment.

Beyond the understanding of the program's current state, the study will provide estimates of the potential benefits and costs of expanding the program and an examination of services or therapeutic approaches that could be considered for incorporation into the RCSP.



Appendix

Washington State's Reentry Community Services Program: *Background and Study Outline*

Additional Review of Prior Reentry Evaluations

Prior evaluations of the reentry program varied significantly regarding the statistical methods used to examine the program's effectiveness. While the main body of this report focused on differences in the findings across evaluations, we also want to briefly discuss the implications of varying methodological choices throughout the prior studies as well as some additional findings from these previous reports.

Between 2002 and 2007, the Washington State Institute for Public Policy (WSIPP) conducted five evaluations of the reentry program using a sample of individuals from the Community Transition Study (CTS) to serve as a comparison group. In 2008 and 2009, WSIPP conducted two evaluations that focused specifically on recidivism and used matching procedures to generate a comparison group from a larger pool of formerly incarcerated adults. Due to these differences in the comparison group, we separately review evidence from each set of studies.

We begin by reviewing research findings from the initial collection of five WSIPP evaluations that used the CTS as a comparison group. Next, we review findings from two more recent evaluations of recidivism that used a matched comparison group. Finally, we discuss the limitations of WSIPP's prior research.

Initial Previous Evaluations of the Reentry Program (2002-2007)

The first three WSIPP evaluations of the reentry program compared program participants with a similar group of individuals who were enrolled in CTS. The CTS gathered data on a sample of adults who were incarcerated in Washington State, classified by DOC as having a serious mental illness, and released to the community between 1996 and 1997.

WSIPP's initial evaluations examined outcomes related to access to mental health services, use of social welfare programs, experience with inpatient hospitalizations, and the likelihood of recidivism. In the main body of this report, we briefly describe the findings for different outcomes. More detailed information for each study is available in [Exhibit A1](#).

Exhibit A1

Key Findings from Prior WSIPP Evaluations of the Reentry

Comparison group #1: Individuals in the Community Transition Study (CTS)

Mental health services

Study	Findings
Phipps and Gagliardi (2003)	<ul style="list-style-type: none"> During the six months prior to prison release, 81% of program participants received mental health services, compared to only 10% of the CTS sample. On average, program participants spent more than twice as much time in treatment each month. During the first three months after leaving prison, 87% of program participants received mental health services, compared to only 29% of the CTS sample. On average, program participants spent more than twice as much time in treatment each month.
Lovell, Phipps, and Gagliardi (2005)	<ul style="list-style-type: none"> During the first year after leaving prison, 76% of program participants were involved in mental health services for at least nine months, compared to only 15% of the CTS sample. On average, program participants spent nine hours in treatment each month, compared to 2.5 hours for CTS subjects. 59% of program participants received mental health services starting the same day that they left prison, compared to only 14% of the CTS sample.

Subsistence programs

Study	Findings
Lovell, Phipps, and Gagliardi (2005)	<ul style="list-style-type: none"> The day they were released from prison, 46% of program participants were enrolled in General Assistance – Unemployable GAU and 34% were enrolled in food stamps. Only 1% of the CTS sample was enrolled in GAU at the time of release, and none were enrolled in food stamps. Within three months of leaving prison, 69% of program participants were enrolled in GAU and 64% were enrolled in food stamps. Only 34% of CTS subjects were enrolled in GAU and 32% in food stamps.

Inpatient hospitalization

Study	Findings
Lovell, Phipps, and Gagliardi (2005)	<ul style="list-style-type: none"> During the first 18 months after leaving prison, 25% of CTS subjects and program participants were hospitalized for inpatient care. On average, CTS subjects spent 49 days in inpatient care, while program participants spent 42 days in inpatient care.

Recidivism

Study	Findings
Lovell, Phipps, and Gagliardi (2005)	<ul style="list-style-type: none"> Within 18 months of leaving prison, program participants were less likely than CTS subjects to recidivate for misdemeanors or non-violent felonies. Program participation resulted in about a 43% reduction in recidivism for both offense types. Among individuals who were convicted of a new crime during this time frame, program participants were also significantly slower to recidivate than members of the CTS sample. There were no differences between CTS subjects and program participants with respect to recidivism for violent felonies.
Mayfield (2007)	<ul style="list-style-type: none"> Within 2.5 years of leaving prison, program participants were less likely than CTS subjects to recidivate for misdemeanor or felony offenses. Using this longer follow-up window, program participation resulted in an estimated 63% reduction in recidivism for any crime (misdemeanors or felonies) and a 55% reduction in recidivism for felony offenses. There were no differences between CTS subjects and program participants in recidivism for violent felonies.

Limitations of CTS Comparison Group

WSIPP was careful to acknowledge that individuals in the CTS sample were not directly comparable to program participants. Individuals in the reentry program were selected because they were classified as having a mental illness and were believed to pose significant risks to public safety, while CTS subjects were selected solely based on mental illness. The CTS sample exhibited several significant differences from the group of program participants. In particular, participants in the reentry program contained a substantially higher proportion of males and individuals convicted of serious violent crimes than in the CTS sample.

WSIPP's initial evaluations used statistical techniques (i.e., multivariate regression) to partially account for the differences between the CTS sample and program participants. However, these methods cannot ensure that the two groups are directly comparable. Because WSIPP estimates the effectiveness of the reentry program based on how program participants compare to individuals in the CTS sample, the results of past evaluations could be biased if these comparisons are not valid. As a result of these concerns, more recent evaluations of the reentry program did not use the CTS sample as a comparison group.

Subsequent Evaluations of the Reentry Program (2008-2009)

Subsequent evaluations of the reentry program used matching techniques to generate a comparison group from a larger pool of formerly incarcerated adults with mental illness. To create this comparison group, WSIPP reviewed data on adults with mental illness who were released from prison between 1996 and 2000. WSIPP used matching techniques to create 172 matched pairs (one reentry program participant to one non-participant) that were virtually identical across eight observed characteristics.

While initial evaluations using the CTS sample as a comparison group applied back-end adjustments to partially account for pre-existing differences between CTS subjects and reentry program participants, later evaluations used matching techniques as a front-end adjustment to minimize (or eliminate) such differences prior to the analysis stage. This pre-processing approach ensures that individuals in the comparison group are highly similar to individuals who participated in the reentry program, thereby increasing confidence that differences in outcomes between the groups can be attributed to the reentry program.

WSIPP conducted two evaluations of the reentry program using the matched comparison group. Unlike earlier evaluations, these studies focused exclusively on recidivism. More detailed information about these studies is available in [Exhibit A2](#).

Recidivism

WSIPP's findings indicate that participation in the reentry program was associated with a lower risk of recidivism for felony offenses measured three years and four years after prison release. However, the evidence regarding recidivism for violent felonies was mixed. One study found that program participants were just as likely as non-participants to be convicted of a violent felony within three years of prison release, while a subsequent study found that program participants were significantly less likely to be convicted of a violent felony within four years of prison release.

Exhibit A2

Key Findings from Prior WSIPP Evaluations of the Reentry Community Services Program

Comparison group #2: Matched control subjects	
Recidivism	
Study	Findings
Mayfield and Lovell (2008)	<ul style="list-style-type: none"> • Within three years of leaving prison, program participants were less likely than matched control subjects to recidivate for felonies. • WSIPP estimated that program participation resulted in about a 37% reduction in recidivism for felonies. • The results revealed no differences between program participants and matched control subjects in recidivism for violent felonies, which were equally uncommon for members of both populations.
Mayfield (2009)	<ul style="list-style-type: none"> • Within four years of leaving prison, program participants were less likely than matched control subjects to recidivate for felonies (generally) or for violent felonies. • WSIPP estimated that program participation resulted in about a 42% reduction in recidivism for felonies and a 36% reduction in recidivism for violent felonies.

Prior Benefit-Cost Analyses

As a result of the differences in the methods for the outcome evaluations, there is a “mismatch” in timing for measuring the costs and benefits of the reentry program. Evaluations of the program that focus on the immediate period following prison release will be biased toward identifying unusually high program costs and limited reductions in recidivism (particularly for violent crime). For example, WSIPP’s 2005 evaluation focused on the first 1.5 years after prison release. This evaluation found that the program was associated with a significant reduction in recidivism for felonies (generally) but was not associated with recidivism for violent crime. Ultimately, WSIPP concluded that the reentry program was not cost-effective during the first 1.5 years after prison release.

In contrast, WSIPP’s 2009 evaluation focused on the first four years after prison release. This evaluation found that the program was associated with significant reductions in recidivism for felonies in general and specifically for violent felonies. The longer follow-up window also allowed WSIPP to account for the decline in program costs after the first six months of release. Overall, WSIPP concluded that the reentry program was cost-effective when evaluated with a four-year follow-up window. [Exhibit A4](#) compares the recidivism findings across each of WSIPP’s prior evaluations.

Exhibit A3

Findings from Previous WSIPP Benefit-Cost Analyses of the Reentry Program

Study	Sample size	Follow-up period after release	Estimated reduction in recidivism ^a	Discount factor for selection bias	Cost per participant	Benefits per participant	Return on investment
Lovell, Phipps, and Gagliardi (2005) ^b	Participants (n = 100)	1.5 years	<u>43%</u> reduction for felonies (generally)	50%	\$15,000	\$11,100 \$5,418 justice system \$5,682 crime victims	\$0.74 per dollar spent
	Comparison group (n = 287)		No difference for violent felonies				
Mayfield (2007) ^c	Participants (n = 100)	2.5 years	<u>55%</u> reduction for felonies (generally)	50%	\$24,280	\$25,100 \$11,450 justice system \$13,650 crime victims	\$1.03 per dollar spent
	Comparison group (n = 287)		No difference for violent felonies				
Mayfield and Lovell (2008) ^d	Participants (n = 172)	3 years	<u>37%</u> reduction for felonies (generally)	25%	\$26,982	\$33,548 \$15,247 justice system \$18,301 crime victims	\$1.24 per dollar spent
	Comparison group (n = 172)		No difference for violent felonies				
Mayfield (2009) ^d	Participants (n = 172)	4 years	<u>42%</u> reduction for felonies (generally)	50%	\$33,866	\$55,463 \$18,770 justice system \$36,693 crime victims	\$1.64 per dollar spent
	Comparison group (n = 172)		<u>36%</u> reduction for violent felonies				

Notes:

^a These estimates are from WSIPP analyses that adjust for pre-existing differences between participants and the comparison group.

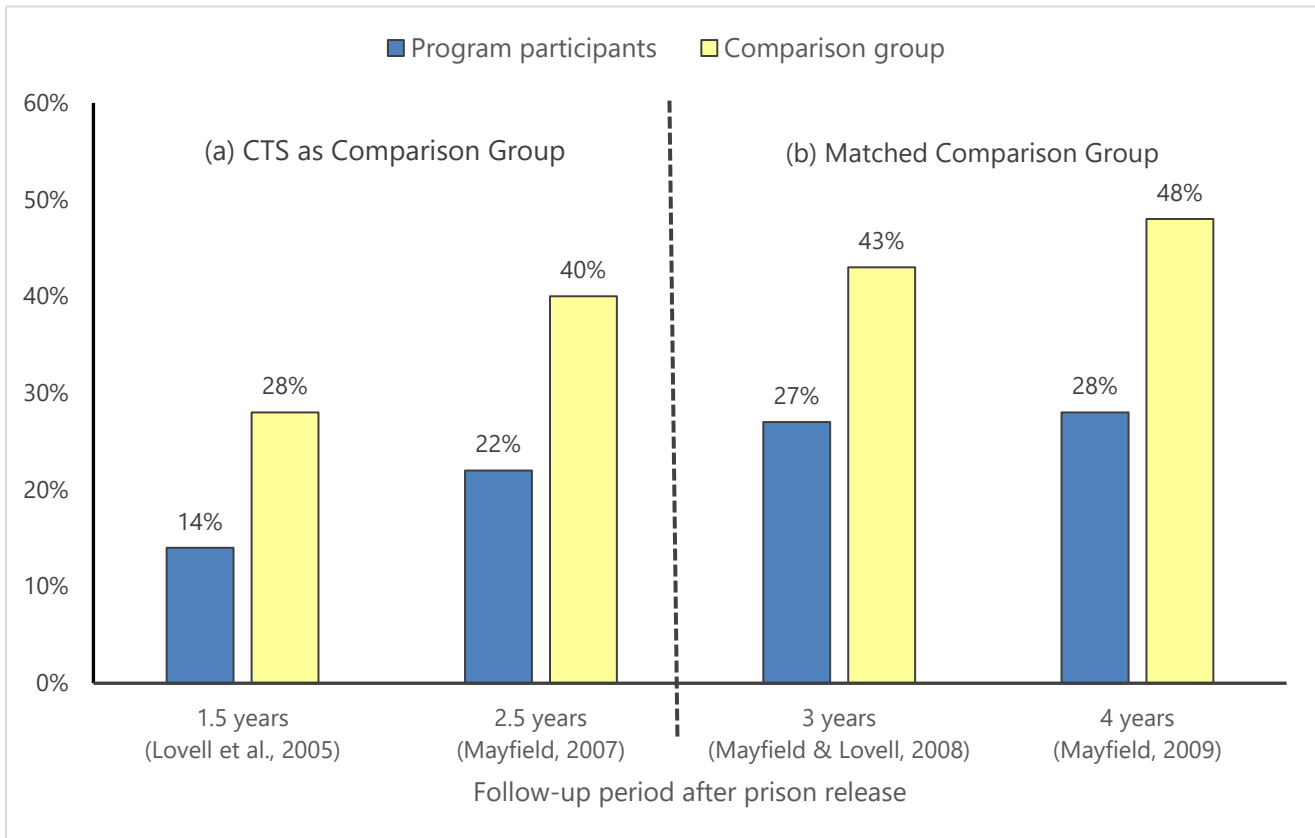
^b Values expressed in 2005 dollars.

^c Values expressed in 2006 dollars.

^d Values expressed in 2007 dollars.

Exhibit A4

Felony Recidivism Reentry Program Participants versus Comparison Group



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