



INDIANA UNIVERSITY

PUBLIC POLICY INSTITUTE

Center for Research on Inclusion & Social Policy

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INNOVATIVE REENTRY INITIATIVE IN INDIANAPOLIS (2024) Summary of findings

BACKGROUND

In October 2019, the U.S. Department of Justice Bureau of Justice Assistance awarded the City of Indianapolis Office of Public Health and Safety a Second Chance Act Innovative Reentry Initiative (IRI) grant. The grant sought to initiate a coordinated case-management program providing services to reentrants in and departing the Duvall Residential Center (DRC), which ran from April 2021 through December 2023. The DRC is a male-only work-release facility where residents are generally only permitted to leave for work, school, or medical attention. Clients in this program included those between the ages of 18 and 35 classified as moderate-to-high risk of returning to the justice system (as assessed by the Indiana Risk Assessment System [IRAS] tool).

Stakeholders designed the program to provide coordinated case management to clients with access to literacy, high school equivalency, education, employment training, and employment certification programs. They also wanted to connect clients to wraparound support services to remove barriers that get in the way of successful reentry. Overall, the program sought to build program capacity and partnerships among justice-involved service providers in the city, deliver services, prevent recidivism, and improve public safety in Indianapolis and Marion County.

STUDY DESIGN

Researchers used a mixed-methods evaluation design to examine the implementation of the IRI program model and assess its impact on recidivism and employment outcomes. In other words, they utilized a blend of qualitative and quantitative data collection activities throughout the grant period in their evaluation to determine if the IRI program implementation operated as designed. Mid-program process evaluations also documented challenges and

KEY FINDINGS

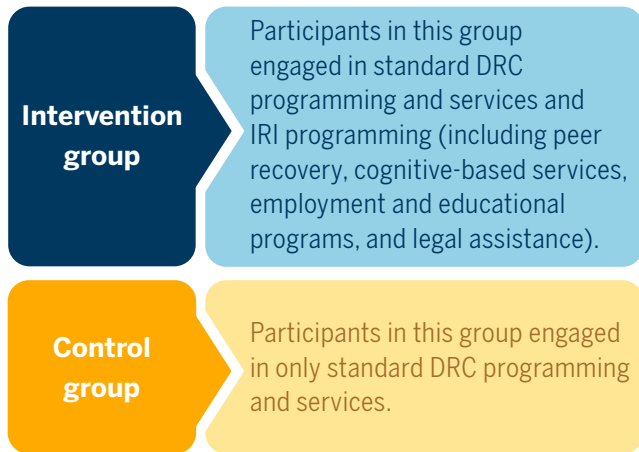
- IRI provided Marion County reentrants with access to peer coaching/learning opportunities, programming/services for employment, education, and legal support.
- A total of 244 individuals participated in a 33-month study evaluating the program.
- Overall, the program saw no change in recidivism compared to standard procedures.
- Engaged participants were more likely to secure a job within six months than participants who were not as engaged.
- Actively engaged participants were less likely to receive a technical violation after one year.

proposed solutions associated with the launch of new partnership-based programming.

RANDOMIZED CONTROL TRIAL

PPI researchers created a randomized controlled trial (RCT) for the outcome evaluation. They assigned clients randomly to participate in either the IRI program (the intervention group) or receive standard DRC services (the control group) based on the last digit of their gallery number (a unique ID number) (Figure 1). This random assignment ensured that both groups were similar in terms of their background and criminal history, making the comparison between them fair.

FIGURE 1. RCT participant groups



SCREENING AND ENROLLMENT

Researchers included clients if they were between the ages of 18 to 35, classified as moderate-to-high risk on the IRAS, ordered to serve at least 180 days of Marion County Community Corrections (MCCC) time, and did not have education beyond a high school diploma (Table 1).

TABLE 1. RCT inclusion criteria

CRITERIA	PARTICIPANTS
Included	<ul style="list-style-type: none"> • 18–35 years old • Classified as moderate-to-high risk per IRAS • Ordered to serve at least 180 days of Marion County Community Corrections time • Did not have a degree higher than a high school diploma/HSE or does not have a high school diploma/HSE
Excluded	<ul style="list-style-type: none"> • Ordered to serve IDOC work release or Community Transition Program (CTP) time • Qualified for SSI or Disability • Had pending charge(s) or detainer or was pretrial • Resided outside of Marion County • Had more than a high school diploma

Beyond the overall backgrounds of eligible participants, researchers found that the random assignment procedures used in the RCT produced two equitable groups of similar age, educational attainment, amount of time ordered at Marion County Community Corrections, length of time at-risk, prior justice system contact, and risk for future justice system contact.

Researchers noted some small differences between the intervention group and the control group on conviction offenses. For example, clients assigned to the intervention group were more likely to be convicted of a Level 1 felony offense,^A or to have their conviction originating from Marion Superior Court 28 (one of 36 superior courts in Indianapolis capable of finding criminal convictions). Clients assigned to the intervention group were also less likely to have been convicted of a Level 4 felony offense,^A or to have a conviction from the year 2016. Given the use of the random assignment protocol, researchers attribute these minor differences to chance.

LIMITATIONS

Researchers identified a few limitations during study design and analysis. Given the program’s timeline, the COVID-19 pandemic severely impacted program recruitment in the first two years of the grant period. Limitations on court orders to DRC, passes out of DRC, and virtual service referrals all caused major changes to program implementation.

The remaining limitations mostly related to the availability and access to information identified as outputs or outcomes of the proposed program for either the IRI program participants or those assigned to the control group.

For example, researchers could not gather information referrals or enrollments in literacy and high school equivalency programming or services. This includes completion of literacy programming/services, receipt of high school equivalency (HSE) degrees, or improvements in educational attainment. Additionally, researchers could not collect complete information on referrals for some other services, including housing, food, healthcare, mental health, substance use treatment, and transportation needs.

^A The Indiana Code categorizes felony offenses from Level 6 (least severe) to Level 1 (most severe), with penalties based on offense level.

Regarding employment, researchers could not isolate specific IRI-program employment placements from the standard DRC-employment placements. Wage information for employed participants was available for most, but not all, employment placements in administrative records. Researchers limited the analysis of employment outcomes to a six-month follow-up period after DRC intake. Given that the IRI program invests in educational and employment programming/services for clients soon after intake, its full effect on employment outcomes may not be realized until after 12 months.

FINDINGS

Between April 2021 and December 2023, 244 DRC-screened clients were eligible to participate in the IRI program (118 intervention and 126 control). The average eligible participant was a 28-year-old, Black, non-Hispanic or Latino male ordered to nearly two years of MCCC supervision and assessed as high risk for recidivism. Half of the eligible participants did not possess a high school diploma or high school equivalency (HSE) degree, while the other half did. Before DRC intake, eligible participants averaged nine prior Marion County Jail bookings, six filed criminal cases, and four convictions.

Most of the participants had been convicted of moderate-to-low-level felony offenses (in other words, between Levels 3 to 5).⁹ Indiana Code advisory sentences for these offenses range from three to nine years in prison. Most participants' convictions occurred for offenses filed between 2019 and 2021. Over half of the participants had been ordered to Duvall Residential Center as a sanction for a technical violation of community supervision, which occurs when individuals fail to meet a condition as part of their probation agreement.

Researchers measured the effectiveness of the IRI program by comparing participants who took part in the IRI program to those who did not.

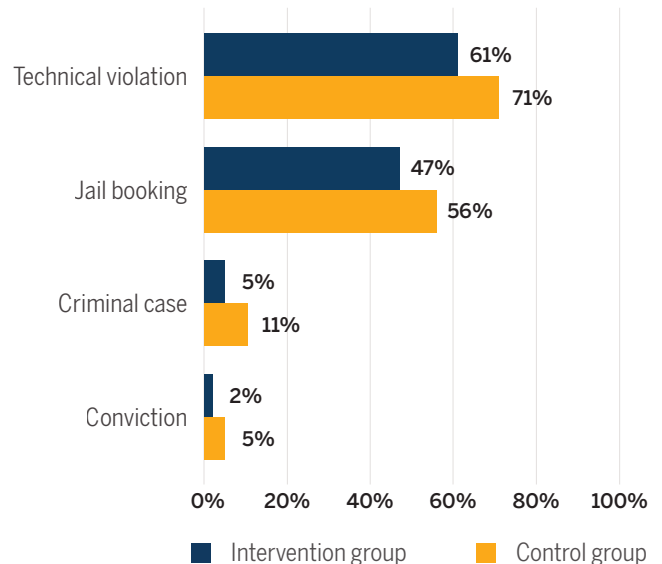
RECIDIVISM OUTCOMES FOR PARTICIPANTS

Overall, no statistically dependable differences existed between the intervention group and control group participants in terms of six-month and twelve-month recidivism outcomes. In other words, researchers would not expect to observe consistent and reliable differences between the groups if this study were repeated. Even with some variation across recidivism indicators—technical violations, jail bookings, new criminal case filings, and new criminal convictions—rates were approximately equal across both groups. These findings indicate that the IRI program did not meaningfully reduce or increase recidivism for DRC clients.

Six-month outcomes for RCT participants

At the end of the project, at least six months elapsed between DRC intake and recidivism data collection for all participants. A smaller portion of the IRI intervention group had new violations across all recidivism indicators within six months after intake to DRC (See Figure 2), but a difference of this size could be attributed to chance.

FIGURE 2. Six-month RCT recidivism outcomes

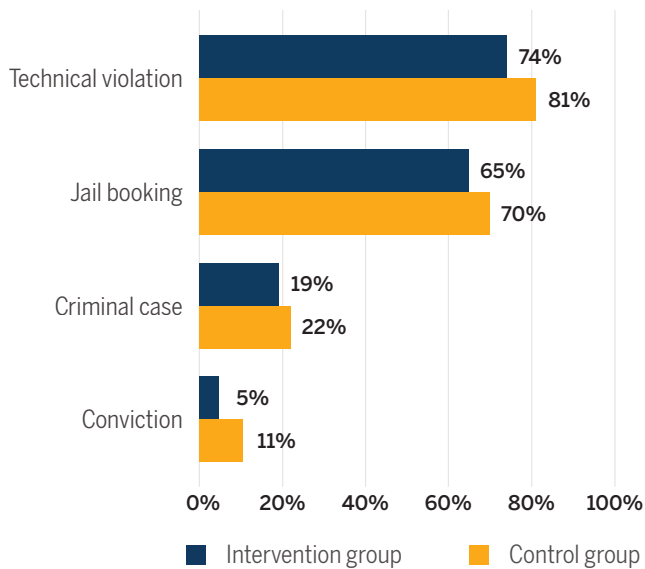


⁹ The Indiana Code categorizes felony offenses from Level 6 (least severe) to Level 1 (most severe), with penalties based on offense level.

Twelve-month outcomes for RCT participants

Twelve-month outcomes resembled six-month outcomes among eligible participants at risk for recidivism for at least one year. A smaller portion of intervention group members experienced recidivism events across each indicator compared to control group members (See Figure 3). The percentage point difference between the two groups narrowed for technical violation, jail booking, and new criminal case filing indicators. The percentage point differences between the two groups increased for new criminal case convictions. However, as with the six-month outcomes, these changes may be attributable to chance.

FIGURE 3. Twelve-month RCT recidivism



OTHER OUTCOMES FOR INTERVENTION GROUP PARTICIPANTS

In addition to recidivism outcomes, researchers also examined employment outcomes for participants who received IRI program services to better understand the relative effect of the program based on the extent to which participants engaged. These employment outcomes focused on whether participants obtained and sustained employment within six months of DRC intake, and their pay rate with this employment.

To measure these, researchers split the intervention group into three separate groups: allocated, passive engagement, and active engagement (Table 2).

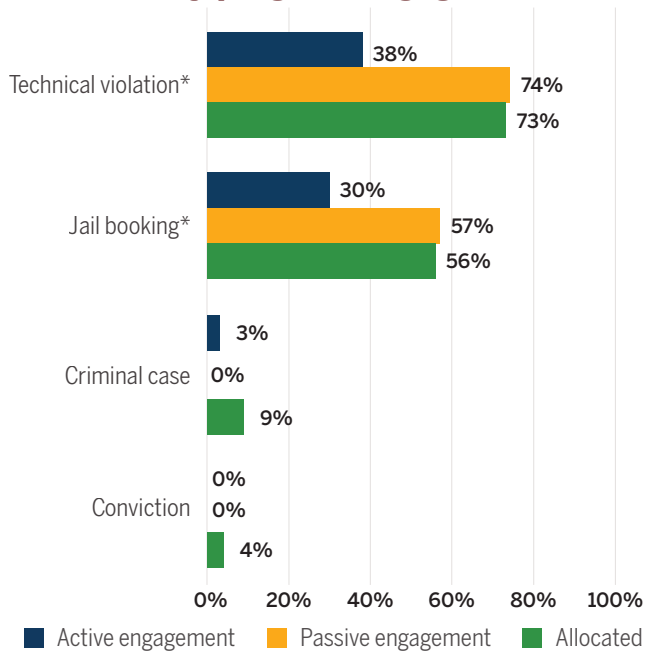
TABLE 2. Intervention group engagement levels

ENGAGEMENT LEVEL	DESCRIPTION
Allocated	Participants completed an intake assessment with DRC and may have been referred to the IRI program. These participants did not receive referrals to other services or participate in case conferencing.
Passive engagement	Participants completed an intake assessment with DRC, were referred to services by a program partner, or participated in case conferencing. These participants engaged in some, but not most, IRI program services.
Active engagement	Participants experienced most of the IRI programming and services. These participants completed an intake assessment with DRC, were referred to services by a program partner, and participated in case conferencing.

Six-month outcomes for intervention group participants

Intervention group actively engaged participants had significantly lower rates of technical violations and jail bookings within six months after intake to DRC (Figure 4). They saw a 35 percentage-point reduction in technical violations—meaning their rates were almost cut in half (a 48% decrease). At six months, active participants also saw their jail booking rate reduced nearly by half (46% reduction), compared to other intervention group participants. There were too few new criminal cases and conviction outcomes at six-month follow ups to assess for reliable differences between groups.

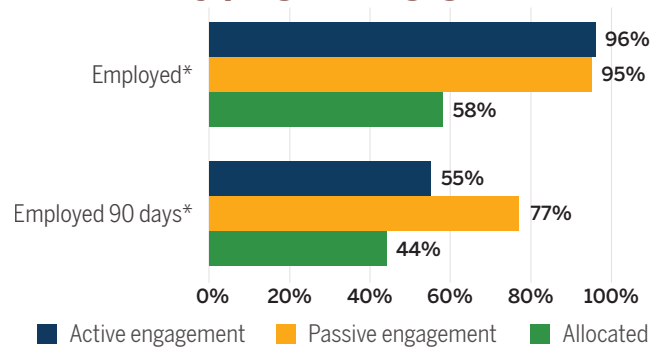
FIGURE 4. Six-month recidivism outcomes by program engagement



*Statistically dependable difference between groups ($p < 0.05$).

Additionally, participants who actively or passively engaged in the program became much more likely to secure at least one employment opportunity within six months after intake to DRC (Figure 5). Passively engaged IRI participants were significantly more likely to be employed for 90 days or more compared to those simply allocated to the IRI program. Although active participants appeared less likely than passive participants (55% and 77% respectively) to be employed for at least 90 days, the difference was small enough to be attributable to chance. Similarly, there were no reliable differences between actively engaged and allocated participants on sustaining employment for at least 90 days. All intervention group participants who obtained employment worked in positions that paid at least \$10.00 per hour or more.

FIGURE 5. Six-month employment outcomes by program engagement

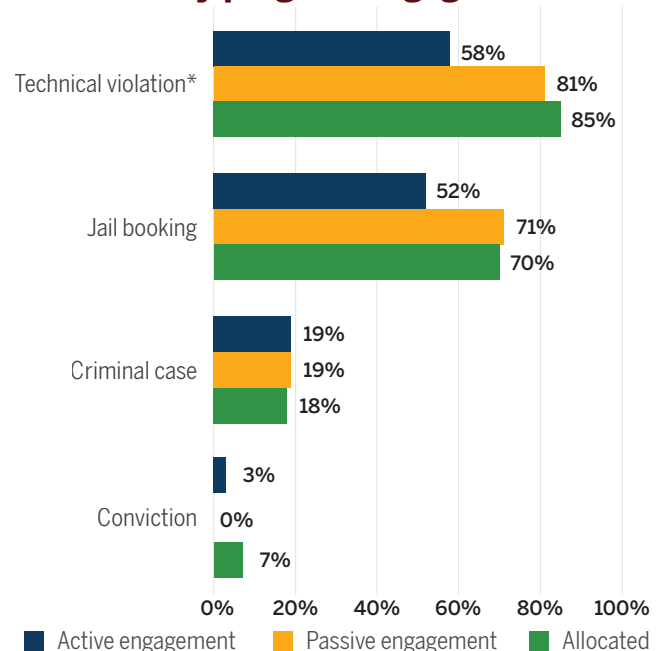


*Statistically dependable difference between groups ($p < 0.05$).

Twelve-month outcomes for intervention group participants

Actively engaged intervention group participants maintained reliable technical violation reductions after 12 months. On average, active participants had a 23 percentage-point reduction in technical violations compared to those less involved, which indicated an overall decrease of 28% (Figure 6). Although gaps between actively engaged and other intervention group participants on jail bookings, criminal cases, and convictions remain, the differences between groups are small enough to be attributed to chance.

FIGURE 6. Twelve-month recidivism outcomes by program engagement



*Statistically dependable difference between groups ($p < 0.05$).

RECOMMENDATIONS

Based on the outcome evaluation findings and the lessons learned during the project, researchers offered the following recommendations to improve the IRI program model and continue to promote access to educational and employment programming or services and wraparound support for DRC clients.

Changes to DRC program model

Key lessons learned throughout the project related to DRC program model changes that could encourage greater engagement and reduce clients' financial burdens. Reconsidering the DRC program fee policy might be one example. Clients at the residential center contend with daily program fees totaling up to \$105 a week. Additionally, IRI program stipends could be increased to be competitive with hourly wages to encourage program participation. Other changes to the DRC model may include revising the pass policy, which requires clients to request passes 48 hours in advance. Researchers found this sometimes hindered the participants' ability to engage with IRI programming or attend important appointments. Finally, offering a more strategic workforce development pathway would allow clients to prioritize engaging in educational and training programs while ensuring they transition into employment.

Addressing IRI program participation barriers

Throughout the project, key barriers to IRI program participation were identified. Barriers to IRI participation included the IRI stipend amount and transportation issues and time constraints that hindered attendance at off-site programming. Future solutions could include partnerships with organizations that offer transportation services. Different types of participants—such as those with a higher number of previous jail bookings or those sentenced to longer-than-average periods of supervision—could then be more likely to benefit from the program. Specific program characteristics like these could be used to adjust existing screening criteria and better determine eligibility.

Strengthening program impact

Finally, recommendations related to future program implementation include engaging service providers early in program development to cultivate buy-in, establish roles and responsibilities, and more intentionally allocate resources to address staffing and resource concerns.

Then, the next step would be to reform the program model continuously. The program should focus on improving services for clients, aged 18 to 35, at high risk for future justice system contact and in need of educational services. The overall outcome should be to improve access to meaningful employment opportunities at a livable wage. These reforms should be paired with research to understand the factors that pose barriers to and facilitate change. This research should evaluate whether program reforms increase educational attainment and employment stability and wages while maintaining public safety.

CONCLUSIONS

Findings from this randomized control trial indicate that the IRI-defined coordinated case management approach—providing access to peer coaching, peer-to-peer learning opportunities, programming/services for employment, education, and legal needs, wraparound support, and stipends to incentivize progress—was no more or less effective in reducing recidivism than the standard case management procedures for the target population.

Researchers stress the learnings and implementation challenges during the first two years of IRI program operations, especially during the COVID pandemic. Despite these issues, the IRI program produced recidivism outcomes that were comparable to standard DRC policy and practice. Since the research-study version of the IRI model produced outcomes at least equitable to the traditional DRC model, there is potential for an expanded IRI model to produce stronger effects now that implementation is complete and the effects of the COVID-19 pandemic have receded.

These findings also demonstrated the IRI program participants who actively engaged in the program had lower technical violation and jail booking rates relative to their peers. This reinforces qualitative findings where participants described the perceived program's positive impact and benefits. The association between program engagement and recidivism also suggests that the program has the potential to reduce recidivism if brought up to scale to serve a larger portion of eligible participants.



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The Center for Research on Inclusion and Social Policy (CRISP) addresses complex social issues at the intersection of equity and policy through community-engaged research. CRISP analyzes and disseminates community-relevant research about social disparities and policy issues to help leaders and residents around Indiana make informed decisions. CRISP is housed within the IU Public Policy Institute, which also supports the Center for Health and Justice Research (CHJR) and the Manufacturing Policy Initiative (MPI).

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