UNLOCKING POTENTIAL:

THE ROLE OF COMMUNITY-BASED ALTERNATIVES IN STRENGTHENING PUBLIC SAFETY

NY **ATI** **REENTRY** COALITION

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TABLE OF CONTENTS

Introduction

In 2023, Governor Kathy Hochul announced new investments in criminal justice reform, including $17.6 million in increases for Alternatives to Incarceration (ATIs) and a $7.6 million increase for reentry services, doubling and tripling allocations for these services respectively. As the first major increase to non-carceral alternatives in decades, these investments serve as a recognition that New York can achieve its public safety goals by advancing services and programs that prioritize rehabilitation over punishment.

Decades of research clearly demonstrates that ATIs are more effective than incarceration at improving public safety outcomes,[1] decreasing the chance of future convictions[2], improving employment rates,[3] and generating significant savings for taxpayers.[4] Across New York, ATI and reentry programs yield reductions in homelessness and psychiatric hospitalizations as well as increases in health-seeking behavior and relational connections, and overall desistance

> **Studies estimate that for every $1 spent on community-based ATIs, between $3.46-$5.54 in benefits are generated.**

from crime.[5] ATIs and reentry programs also save the state over $100 million annually.[6] In fact, studies estimate that for every $1 spent on community-based ATIs, between $3.46-$5.54 in benefits are generated.[7] Despite these proven benefits, ATIs and back-end reentry services continue to be under-resourced.

Across the state, ATI and reentry providers and program participants routinely report a lack of practices, and a dearth of basic services that could help meet the needs of justice-involved New Yorkers. These common barriers to service provision are exacerbated in upstate and rural counties where growing incarceration is concentrated.

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[1]Mendel, R. (2023, June 28). _Effective alternatives to youth incarceration._ The Sentencing Project.
[2]Baber, L., Wolff, K., Muller, J., Dozier, C. & Cordeiro, R. (2021, December). Expanding the Analysis: Alternatives to Incarceration across 13 Federal Districts. _Federal Probation, 85(3)._
[3]Johnson, A., Ali-Smith, M., & McCann, S. (2022, April 28). _Diversion programs are a smart, sustainable investment in public..._ Vera Institute of Justice.
[4]Cloud, D., & Davis, C. (2013, February). _Treatment alternatives to incarceration for people with ..._ Vera Institute of Justice.
[5]New York City ATI/Reentry Coalition. (2023, June 28) _Letter to Mayor Eric Adams._ National Academies of Sciences, Engineering, and Medicine. 2022. _The Limits of Recidivism: Measuring Success After Prison._ Washington, DC: The National Academies Press. https://doi.org/10.17226/26459.
[6]Brinson, C., Gardener, T.M., Keegan, A., Klapholz, G. & Nikolic, S. (2022, January). _Transforming Criminal Legal System Outcomes in New York City: A Blueprint for NYC's Next Generation of Political Leaders._ Legal Action Center.
[7]Brinson et al (2022).

Despite overall reductions in the number of people incarcerated in New York,[8] decarceration has been uneven. For decades, the vast majority of people coming home from incarceration returned to New York City, concentrated in just seven neighborhoods across the five boroughs.[9] Increasingly, New York's prison and jail populations originate from upstate and Western New York. Between 1991 and 2018, the incarceration rate in New York City decreased by 60 percent while the rate in rural upstate New York increased by 66 percent.[10] A recent study by the Prison Policy Initiative revealed that the highest rates of incarceration are now found in Monroe, Schenectady, Albany, and Onondaga counties.[11] These communities have increasingly chosen to rely on incarceration in response to the mental health and overdose crisis.

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There are unique challenges to service provision in many Western and upstate counties, including limited public transportation, which poses an issue for service delivery in counties that straddle urban and rural communities, and insufficient workforce capacity, particularly in behavioral health. These challenges are further exacerbated by systemic issues facing the entire state, including, but not limited to, the growing affordable housing shortage.[12]

Even as the geographic landscape of incarceration has shifted across the state, posing new issues for service delivery, Black and Latine New Yorkers continue to face disproportionately higher incarceration rates than white New Yorkers (8.5 and 2.8 times, respectively).[13] In fact, in some upstate communities, these disparities are even more stark with Black residents nearly 20 times more likely to be convicted of a felony than their white counterparts.[14] It is not a coincidence that Black and brown New Yorkers in Western and upstate regions often reside in communities that have been systematically under-resourced and over-policed. All too frequently the access to carceral alternatives and programming in these communities is similarly scarce.[15]

The New York State Alternatives to Incarceration and Reentry Coalition recognizes that scaling non-carceral programs and services that provide a human-centered approach to public safety

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[8] In state prisons, the population of incarcerated New Yorkers was reduced from 71,000 in 2000 to 32,736 in February of 2024https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-new-york.pdf; See also https://doccs.ny.gov/system/files/documents/2024/02/doccs-fact-sheet-february-2024.pdf.

[9] Ellis, Eddie, and Prisoner's Alliance with Community. "Non-Traditional Approach to Criminal and Social Justice." 1997.

[10] https://www.vera.org/in-our-backyards-stories/no-one-is-watching-jail-in-upstate-new-york

[11]"Under Custody Report: Profile of Under Custody Population As of January 1, 2021." *Department of Corrections and Community Supervision*, https://doccs.ny.gov/system/files/documents/2022/04/under-custody-report-for-2021.pdf

[12] Rent has increased across upstate New York by 40 percent recently making most housing unaffordable. Harris, B., Gallant, K., & Mariani, A. (2023, January). *The State of Rural New York Report.* NORC at the University of Chicago; Conlin, S. (2023, December 1). *High rent costs driving up homelessness in upstate New York.* Spectrum Local News.

[13]Johnson, L. (2023). *Trends in the New York state prison population.* Data Collaborative for Justice.

[14]McCormack, Simon, and Jesse Barber. "A Racial Disparity Across New York that is Truly Jarring." *NYCLU*, 29 November 2022, https://www.nyclu.org/commentary/racial-disparity-across-new-york-truly-jarring.

[15] Hinton, Elizabeth, et al. "An Unjust Burden: The Disparate Treatment of Black Americans in the Criminal Justice System." *Vera Institute*, https://www.vera.org/downloads/publications/for-the-record-unjust-burden-racial-disparities.pdf.

requires all of us to address this changing landscape of incarceration head-on. To do so, we must apply insights from providers and program participants across those areas of the state that demonstrate the most need.

This white paper seeks to illuminate specific service gaps and barriers to ATI and reentry provision in upstate and Western New York based on data collected from a statewide survey and five county-level roundtables, and offers recommendations to alleviate those challenges and successfully scale programs. Through a concerted and coordinated effort, we can expand evidenced-based practices for decarceration and strengthen our communities statewide. In doing so, we can collectively help individuals rebuild their lives and enhance overall public safety.

Methodology

Utilizing data collected by the Prison Policy Institute, we identified statewide patterns in incarceration and corresponding county-level datasets for specific trends, including, but not limited to, rates of poverty, unemployment, mental health, and substance use disorders. We then analyzed those trends alongside race and gender disparities in incarceration. We used a standardized matrix of these criminal justice- and health-related indicators to identify regions, and then specific counties with significant need, as well as areas where service providers were seeking to scale the infrastructure of their existing programs.

We then used these data profiles to narrow in on five cities in Western and upstate New York experiencing increases in incarceration: Albany, Buffalo, Hudson, Rochester, and Syracuse. The data profiles of these cities, as well as extensive research into their provider ecosystems, informed the development of a 63-question survey. The survey, designed with input from the NYS Division of Criminal Justice Services, was also animated in part by interviews conducted by the Legal Action Center with 24 different service providers across New York State in the summer of 2023. Survey questions were developed to elicit baseline data on program budgets, efficacy, and client profiles as well as feedback on barriers to providing services, structural impediments faced by clients, and potential mechanisms for program expansion.

The survey was sent to 112 providers across the state with an 82 percent completion rate. Initial data was collected prior to roundtable discussions and key findings were presented to inform the conversations. In total, the roundtables were attended by 192 participants, composed overwhelmingly of providers, but also representatives of state agencies and other stakeholders. Many of these participants are also formerly incarcerated. More than 87 unique provider organizations were represented in addition to upstate and Western New York reentry task forces. Staff from local sheriff offices, district attorneys, jail administrators, and Department of Corrections and Community Supervision (DOCCS) officials participated as did representatives from the Department of Health, Division of Criminal Justice Services, Office of Addiction Services and Supports, and local Departments of Social Services.

The survey and roundtables were designed to capture the unique experiences and expertise of provider organizations. We also conducted focus groups of individuals with lived experience and systems involvement to capture detailed, qualitative data on the experiences of people who have interacted with ATI and reentry services. This includes government-operated services, such as those provided by probation and parole, and community-based programs, including diversion and ATI initiatives. Participants were selected to ensure diverse representation of experiences across geography and demographics. By engaging system-impacted individuals in these focus groups, we aimed to ensure that the voices of those closest to incarceration, diversion, and reentry are heard and considered in the shaping of more effective, equitable criminal justice services in New York State.

Following the roundtables and focus groups, staff used theme anchor charts to analyze the qualitative roundtable information alongside the focus group results and survey data.

Findings

A Need for Basic Resources

Housing

It is well-documented that housing is critical to successful community reintegration. Research has demonstrated that individuals in reentry who secure housing experience considerable reductions in re-incarceration when compared to those who did not obtain housing.[16] Meanwhile, New York is facing an affordable housing crisis that is exponentially more dire for people with conviction histories seeking shelter.[17] Homelessness and housing precarity can increase likelihood of rearrest or relapse while making it harder to fulfill the requirements of an ATI or reentry program.[18]

There is a clear link between the current crisis of homelessness and incarceration.[19] Approximately half of all New Yorkers experiencing homelessness have spent at least five nights in a local jail.[20] Across the state, 23 percent of individuals leaving state prison turned to emergency shelter while another 8 percent were listed by DOCCS as un-domiciled.[21] And while any time spent unhoused exacerbates risk factors that lead to re-incarceration, systemic and

[16] Listwan, S. J., Hartman, J. L., LaCourse, A. (2018). Impact of the MeckFUSE Pilot Project: Recidivism among the chronically homeless. *Justice Evaluation Journal, 1,* 1, 96-108.
[17] "Why Housing Matters for Successful Reentry and Public Safety | HUD USER." *HUD User*, 19 April 2022, https://www.huduser.gov/portal/pdredge/pdr-edge-frm-asst-sec-041922.html.
[18] Harding, A. & Harding, J. (2006). "Inclusion and exclusion in the re-housing of former prisoners." Probation Journal: The Journal of Community and Criminal Justice. Vol. 53(2), 137-153; Rodriguez, N. & Brown, B. (2003). "Preventing Homelessness Among People Leaving Prison." New York City: Vera Institute of Justice Publication.
[19] Couloute, Lucius. "Nowhere to Go: Homelessness among formerly incarcerated people." *Prison Policy Initiative*, https://www.prisonpolicy.org/reports/housing.html
[20] The Cost of Incarceration in New York State:." *Vera Institute*, 1 January 2021, https://www.vera.org/downloads/publications/the-cost-of-incarceration-in-new-york-state.pdf.
[21] Lennon, John J. "How Do People Released From Prison Find Housing? (Published 2023)." *The New York Times*, 31 March 2023, https://www.nytimes.com/2023/03/20/realestate/prison-parole-housing-shelters.html.

structural racism intensifies these barriers for Black, Latine, and Indigenous New Yorkers leading to their overrepresentation in both incarceration and homelessness.[22]

Across survey results and roundtable discussions, providers identified housing as the primary service gap. This includes transitional housing for people leaving both prisons and jails, supportive housing for people diagnosed with serious mental illness and/or substance use disorder, and emergency shelter housing for people who are coming home from incarceration without a permanent address.
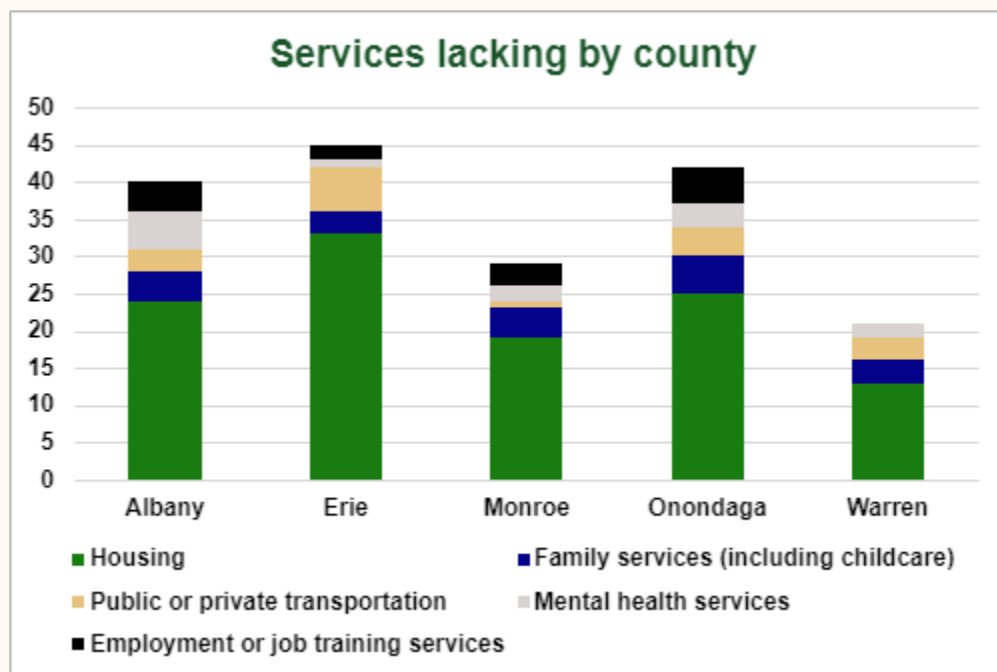
Figure 1. Services lacking by county. Providers report a lack of housing (supportive housing, transitional housing, emergency shelter, and rental assistance) as the top issue by far in each county.

Providers lamented the dire lack of affordable housing, and the instability for clients that stems from constantly seeking temporary shelter. Limited vacancies and ever-growing need has meant that even when an individual is able to retain a housing voucher to help with affordability, vouchers are often too low to secure stable housing. Individuals and their families become stuck in a cycle of revolving short-term shelters. Providers also acknowledged that even when housing programs exist, there are often restrictions that bar people with certain types of convictions from applying. Prohibitions often exist for individuals with violent felony convictions or sex offenses, resulting in more time living unhoused on the streets or in emergency shelters.

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[22]Rovner, Joshua. "Report to the United Nations on Racial Disparities in the U.S. Criminal Justice System – The Sentencing Project." *The Sentencing Project*, 19 April 2018, https://www.sentencingproject.org/reports/report-to-the-united-nations-on-racial-disparities-in-the-u-s-criminal-justice-system/.

Providers also noted general unwillingness of local and county governments to site supportive and transitional housing despite burgeoning evidence that supportive and transitional housing reduces the risk of rearrest, promotes positive access to physical and behavioral health, assists in family reunification, and bolsters community safety.[23] Even as local and state administrators express support for specialized housing, they are reluctant to commit to new construction in areas where community opposition has been loud. "Not in My Backyard" or NIMBYism has led to a series of siting conflicts across the state that undermine state investment in supportive housing models.[24]

> " When I got out, they set me up with a shelter. But I needed a real place to live, not just a bed for a few nights. It's hard to rebuild your life when you don't even have a stable roof over your head.

These providers reported that, in many cases, clients had to resort to sleeping on the street or in local parks. In some cases, individuals' sentences were being extended as they struggled to secure housing or a treatment bed, which can be a requirement for release. This has resulted in individuals remaining incarcerated far beyond their release dates simply because housing was unavailable.

These shortages in affordable housing, supportive housing, and residential programs not only undermine the potential impact of ATI and reentry programs, but in some cases can be life threatening.[25] The mortality rate for homeless individuals is 3.5 times higher than those who are housed.[26] Indeed, at every turn, providers felt that the lack of housing options was creating an increasingly challenging environment to deliver services. A provider in Syracuse said with frustration: "We're using budget surplus to build aquariums, or finance the Bills stadium, but we're not talking about people who don't have housing."

This sentiment was echoed by focus group participants. They described the difficulty in finding stable, affordable housing after their release, particularly because of the stigma associated with their conviction histories and a lack of robust legal protections against such discrimination. Participants noted that reentry service providers often could not connect them with long-term housing supports, and the subsequent triaging was more harmful than helpful: "When I got out, they set me up with a shelter. But I needed a real place to live, not just a bed for a few nights. It's hard to rebuild your life when you don't even have a stable roof over your head." Participants also highlighted the barriers in accessing public housing due to criminal record restrictions, making it even more challenging to reintegrate into society: "I tried getting into housing, but once

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[23] Black, K. & Cho, R. (2004). "New Beginnings: The Need for Supportive Housing for Previously Incarcerated People." New York City: Common Ground Community and Corporation for Supportive Housing Publication.
[24] Gay, Mara. "Opinion | In New York, NIMBYism Finally Outstays Its Welcome (Published 2022)." *The New York Times*, 28 September 2022, https://www.nytimes.com/2022/09/28/opinion/new-york-housing-crisis.html; "Supportive Housing: A Community Solution." *Supportive Housing: A Community Solution*, https://www.csh.org/wp-content/uploads/2012/07/BeyondNIMBYpdf.pdf.
[25] Perera PS, Miller VE, Fitch KV, et al. Medicaid Expansion and Mortality Among Persons Who Were Formerly Incarcerated. *JAMA Netw Open.* 2024;7(9):e2429454. doi:10.1001/jamanetworkopen.2024.29454
[26] https://www.nber.org/digest/202402/estimating-mortality-rates-us-homeless-population

they saw my record, it was over. No one wants to take a chance on someone who's been locked up."

Transportation

> **Research reveals that more than one-third of people coming home from prison have difficulty accessing and/or affording transportation for everyday activities like going to work or doctor appointments.**

The paucity of public and affordable transportation for people in programs was another critical barrier to service provision. Research reveals that more than one-third of people coming home from prison have difficulty accessing and/or affording transportation for everyday activities like going to work or doctor appointments.[27] The lack of transportation, particularly in counties that straddle an urban-rural landscape where services are provided in cities but clients reside countywide, hampers the efficacy of service provision.

Providers repeatedly noted that barriers to client transportation undermined their ability to provide robust services. For clients with mental or substance use disorders, transportation barriers often led to extreme outcomes; one client used ambulatory services for general transport to and from programs while other individuals were deemed as violating their community supervision for missing appointments because of insufficient access to transportation. Research affirms this issue: in one study, more than 17 percent of recently released individuals did not engage in substance use treatment solely because of lack of access to transportation.[28]

Employment

For focus group participants, another significant barrier to their successful reentry was access to employment. Like housing, stable employment is essential to community reintegration and program completion. Regular employment reduces recidivism, promotes public safety, and

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[27]Tonry, Michael, and Joan Petersilia. "Understanding the Challenges of Prisoner Reentry: Research Findings from the Urban Institute's Prisoner Reentry Portfolio." *Urban Institute*, https://www.urban.org/sites/default/files/publication/42981/411289-Understanding-the-Challenges-of-Prisoner-Reentry.PDF.

[28] Sung, H.-E., Mahoney, A. M., & Mellow, J. (2011). Substance Abuse Treatment Gap Among Adult Parolees: Prevalence, Correlates, and Barriers. Criminal Justice Review, 36(1), 40-57. https://doi.org/10.1177/0734016810389808

strengthens community ties.[29] Yet an estimated 60 percent of formerly incarcerated New Yorkers are still unemployed a year after release.[30] Participants shared that despite completing reentry programs or required job training courses as part of diversion, they were still barred from employment opportunities because of their conviction record. This not only impacted their financial stability but also left participants feeling discouraged about their ability to reintegrate: "I went through job training, learned some skills, but the minute they run that background check, they stop calling. It's like no matter how hard you try, they hold your past against you."

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Participants emphasized the need for employers to utilize fair hiring practices and for reentry programs to provide direct links to employment opportunities that don't discriminate based on past convictions: "If employers partnered with reentry programs, maybe more of us could get a shot at something real. Otherwise, it's like they set you up to fail."

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These structural barriers – not just to housing, transportation, and employment, but also food insecurity, difficulty finding childcare, and poverty – impede even the best service delivery. Providers stressed that without the capacity to meet these basic needs, it remains challenging to ensure that people are getting comprehensive, holistic treatment and/or completing the programs necessary to ensure desistance from the criminal legal system. As one provider in Buffalo exclaimed: "We can't service our way out of what are inherently structural inequalities."[31] These roadblocks remain impenetrable even as providers seek to work through other challenges facing service delivery.

Expansion of ATIs and reentry services in New York must go hand in hand with improvements to basic infrastructure to meaningfully address these systemic barriers and the lack of resources that keep justice-involved individuals from thriving in their communities.

Mental Health and Substance Use

Jails have become the de facto institution to address substance use and mental health disorders. More than two-thirds of the state's jail population have a diagnosable substance use

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[29] "Does Stable Employment Post-Release Reduce Recidivism?" *Council on Criminal Justice*, https://counciloncj.org/does-stable-employment-post-release-reduce-recidivism/.
[30] Smith, Joseph. "Ex-Prisoners Face Headwinds as Job Seekers, Even as Openings Abound (Published 2023)." *The New York Times*, 6 July 2023, https://www.nytimes.com/2023/07/06/business/economy/jobs-hiring-after-prison.html.
[31] Comment from provider at Buffalo ATI and Reentry Roundtable, September 9, 2024, hosted by Legal Action Center and the Community Foundation for Greater Buffalo.

disorder.[32] While many people get treatment while incarcerated, many more are merely warehoused. Critically, New Yorkers are 120 times more likely to die from an overdose in the two weeks after leaving prison when compared to the general population as a consequence of gaps in treatment.[33]

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People with serious mental illness are overrepresented in prisons and jails as well. In fact, nationwide, more than 70 percent of people in jails and prisons have a diagnosed mental illness or substance use disorder, or both.[34] Despite this reality, research has proven again and again that jails and prisons are not effective places to treat individuals with mental illness or substance use disorders.[35] Incarceration often exacerbates existing health issues: more than four in five New Yorkers with mental illness do not receive adequate treatment while incarcerated, and multiple studies show that mental and behavioral health problems worsen during incarceration.[36]

Providers noted that to adequately serve people with additional risk factors stemming from mental health and/or substance use disorders, especially with the prevalence of co-occurring disorders, they need to provide wraparound services that offer pathways to treatment alongside more traditional ATI/reentry programming. However, numerous agencies reported shortages of addiction recovery and mental health services, such as outpatient counseling, residential programs, and MOUD (medication for opioid use disorder) clinics, with long waiting lists.

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[32]"The Cost of Incarceration in New York State:." *Vera Institute*, 1 January 2021, https://www.vera.org/downloads/publications/the-cost-of-incarceration-in-new-york-state.pdf. Accessed 6 October 2024.
[33]"Overdose Deaths and Jail Incarceration - National trends and racial…." *Vera Institute*, https://www.vera.org/publications/overdose-deaths-and-jail-incarceration/national-trends-and-racial-disparities. Accessed 6 October 2024.
[34]Warth, Patricia. "Unjust Punishment: The Impact of Incarceration on Mental Health." *New York State Bar Association*, 5 December 2022, https://nysba.org/unjust-punishment-the-impact-of-incarceration-on-mental-health/. Accessed 6 October 2024.
[35] "PREVENTION OVER PUNISHMENT." *Treatment Advocacy Center*, https://www.tac.org/wp-content/uploads/2024/01/Prevention-Over-Punishment-Full-Report.pdf.
[36] Lauren Jones, Sandra van den Heuvel, and Amanda Lawson, "The Cost of Incarceration in New York State: How Counties Outside New York City Can Reduce Jail Spending and Invest in Communities," Vera Institute of Justice, Jan. 2021, available at https://www.vera.org/downloads/publications/the-cost-of-incarceration-in-new-york-state.pdf.

The lack of services for justice-involved people with mental health and substance use disorders identified by providers reflects the broader treatment desert across the state. Approximately 90 percent of the 2.8 million New Yorkers struggling with addiction are currently not receiving treatment, with service shortages even more acute for rural, poor, and non-white populations.[37]

In fact, between 2011 and 2017, New Yorkers saw the total spending for human services, mental health, and public health decrease by 46 percent downstate and 32 percent upstate - and these funding decreases have yet to be restored. Before the disruptions of the pandemic, 75 percent of New York counties needed more heroin- and opioid-related treatment programs and services, and 84 percent did not have enough housing for people with behavioral health issues who required supportive services.[38]

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The aforementioned housing barriers for people with justice involvement are also exacerbated for people who need treatment. The shortage of supportive housing with dedicated mental health and addiction recovery services require providers to resort to housing individuals at different stages of treatment together. While providers acknowledge that this may be safer than living on the street where the risk of assault and victimization is much greater, it can nonetheless be destabilizing and, even in a supportive environment, lead to relapse.

These concerns were echoed in the focus groups: participants explained that untreated trauma and mental disorders that they experienced prior to and during incarceration made reentry even more difficult. Participants found that, upon release, comprehensive mental health services were frequently not offered as a part of programming, and when they were, they were too limited to prove useful (e.g. one participant was offered just six sessions) or not readily accessible for people complying with the restrictions of community supervision. Participants described not qualifying for mental health services because their diagnosis was not severe enough, which left them struggling to participate in programming as they coped with trauma without professional support. In other cases, participants noted that maintaining stable employment and housing, which providers prioritized, made it difficult to find and access treatment. For one participant with co-occurring mental and substance use disorders, this lack of access to services meant he was routinely destabilized while he waited for admittance to a recovery center.

Where access to addiction and mental health care and socioemotional supports did exist, participants felt more able to rebuild their lives: "It wasn't just about checking a box. They helped me get back on my feet, not just with work but with my mental health, too."

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[37] "What Drives Staffing Levels for Substance-Use Disorder (SUD) Services in New York State?" Rockefeller Institute of Government, https://rockinst.org/wp-content/uploads/2021/11/NYS-SUD-Workforce-2021.pdf. Accessed 6 October 2024. See also from OASAS: https://oasas.ny.gov/system/files/documents/2023/09/addiction_data_bulletin.pdf

[38] "The Cost of Incarceration in New York State:." *Vera Institute*, 1 January 2021, https://www.vera.org/downloads/publications/the-cost-of-incarceration-in-new-york-state.pdf. Accessed 6 October 2024.

Coordinating Services

Providers talked at length about what they perceived as the fragmentation of services and its impact on service provision. Even in counties where efforts to coordinate the delivery of services were underway, providers noted that collaboration between and among community-based providers was often an afterthought in the actual day-to-day management of their work. Providers felt that they lacked capacity and infrastructure to dedicate the time necessary for intentional collaboration. Multiple representatives from the same county admitted they did not know precisely what other agencies in their communities were offering by way of services or how to initiate collaboration. In a catch-22, organizations felt like they could not invest in this kind of systems mapping while trying to keep up with the myriad and emergent needs of clients. Ultimately, the lack of collaboration within the current ecosystem often led to a duplication in services or, in some cases, an inability of providers to provide holistic care. With resources being scarce, service duplication is particularly unhelpful for both providers and the overall pool of program participants.

> " **The biggest disconnect is that services on the outside aren't in full partnership with DOCCS. There's no follow-through from prison to reentry.**

Moreover, for virtually every program, clients were referred through direct relationships with judges, district attorneys, prosecutors, police officers, and correctional staff. Many community-based providers experience barriers to initiating and maintaining consistent access to these government entities and reported not receiving unsolicited referrals from criminal justice agencies. Even when county criminal justice stakeholders expressed an interest in developing pathways to programs, and/or creating cohesion between programs to ensure clients were receiving appropriate, non-duplicative services, a lack of coordination by court personnel, correctional staff, or law enforcement can grind delivery to a halt. A provider shared that, "The biggest disconnect is that services on the outside aren't in full partnership with DOCCS. There's no follow-through from prison to reentry."

Providers also shared that the disconnect between their programs and criminal justice agencies often made it hard for them to anticipate the needs of an individual upon release. Despite the oft-repeated dictum "reentry starts on the first day of your sentence," providers acknowledged that in most cases they know very little about participants prior to release. Providers shared that there was little pre-release coordination with community-based organizations that would help facilitate positive reentry for clients leaving state DOCCS facilities and local jails,

When reentry planning did happen prior to release, providers noted the profound mistrust created by a "labyrinth-like set of requirements" from community supervision and county agencies for people to meet when they come home. Providers discussed watching clients attempt to go back and forth to the local Department of Social Services (DSS) for housing, to the Department of Health for Medicaid, to Social Security and different agencies for disability benefits, to probation, then to different service providers to fulfill their community supervision requirements. One provider in Syracuse noted, "If we, as providers, can't rattle off what all the services are and what they look like and how to access them, how can we expect people just being released to understand the service landscape?" Providers described how navigating this labyrinth can cause burnout and trauma among participants, what one provider called 'civic trauma,' preventing individuals from feeling comfortable seeking any services at all. Many organizations said that better education and coordination between and among providers and with criminal justice agencies would help.

> **"If we, as providers, can't rattle off what all the services are and what they look like and how to access them, how can we expect people just being released to understand the service landscape?**

> **"I had to go from one office to another just to get basic stuff, and no one could help. It was like they didn't know what I needed.**

The challenges created by the lack of coordination were also raised by program participants in the focus groups. One participant described their experience, saying, "I had to go from one office to another just to get basic stuff, and no one could help. It was like they didn't know what I needed." Another participant noted, "When I was released, all I got was a list of addresses. I didn't know who was doing what or how to connect with anyone."

Participants also described the difficulty in balancing restrictions imposed by court-mandated ATIs, probation, and parole with basic life needs such as finding work, housing, and childcare. They noted that a lack of programmatic coordination often meant that those restrictions imposed roadblocks to progress in other areas, contradicted other mandates, or prevented their overall success in programming.

For parents, particularly mothers, balancing these requirements with caregiving duties was especially overwhelming. More than 48 percent of surveyed provider organizations said they did not have the capacity to provide services specific to the needs of women and girls.[39] For clients, this created daily paradoxes for how to navigate compliance with diversion or reentry programming. One participant shared, "They'd tell me to be at probation in the middle of the day, but I was also trying to get a job or pick up my kid from school." In general, participants felt like providers did not always understand how the lack of streamlined directives and services impeded community reintegration.

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[39] See crosstabs in data appendix.

Staffing Shortages and Turnover

Another enormous barrier to effective service provision and thus individuals' successful reentry and/or program completion is the reality that throughout the state, ATI and reentry programs remain understaffed and continually struggle to recruit and retain qualified workers. ATI and reentry providers spoke of two main themes: the shortage of qualified workers, particularly in upstate and Western New York, and the inability to hire and/or retain qualified staff due to budget constraints.
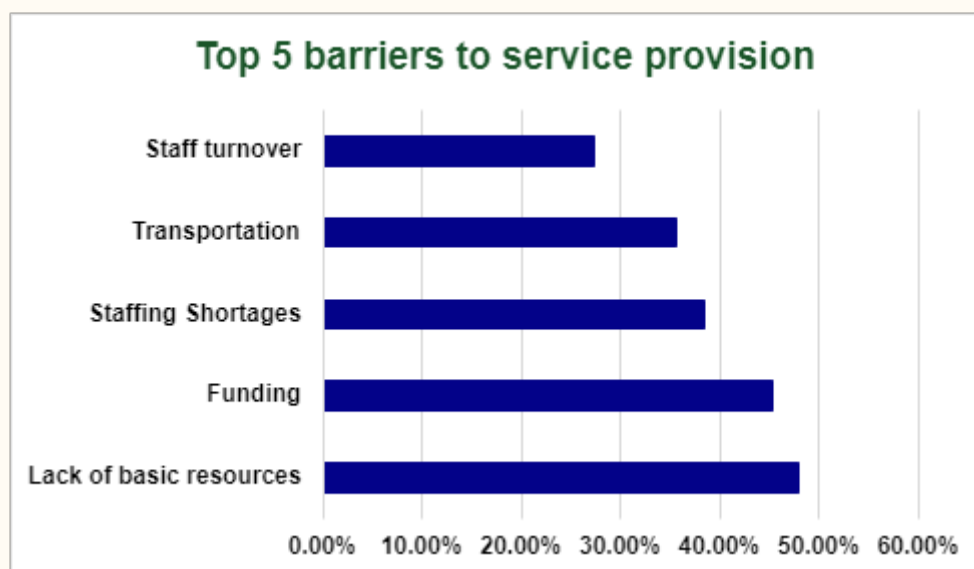

Figure 3. Top five barriers to service provision. Staff turnover (48 percent) and staffing shortages (38 percent) represent two of the top five barriers to service provision.

Staffing shortages routinely inhibit service delivery. For county agencies overseeing reentry, staffing shortages undermine efforts to ensure that individuals are connected to a continuum of care when released.[40] Providers reported that shortages were even more acute for staff that handle medication management services, psychiatrists, and case managers with trauma training. For programs that serve people with serious mental illness, some providers have reported having to operate programs with a staffing vacancy of nearly 40 percent.[41] This crisis is worsening: recent reports anticipate a statewide shortage of over 2,000 psychiatrists by 2030 – potentially pushing people into crisis when they are unable to access preventative mental health care.[42]

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[40] Hartung DM, McCracken CM, Nguyen T, Kempany K, Waddell EN. Fatal and nonfatal opioid overdose risk following release from prison: A retrospective cohort study using linked administrative data. J Subst Use Addict Treat. 2023 Apr;147:208971. doi: 10.1016/j.josat.2023.208971. Epub 2023 Feb 10. PMID: 36821990; PMCID: PMC10795482.

[41] "40 percent of mental health jobs at city's Health Department are vacant, records show." *Crain's New York Business*, 4 December 2023, https://www.crainsnewyork.com/health-care/40-percent-mental-health-jobs-nyc-health-department-are-vacant-records-show. Accessed 6 October 2024.

[42] Weiner, Stacy. "A growing psychiatrist shortage and an enormous demand for mental health services." *AAMC*, 9 August 2022, https://www.aamc.org/news/growing-psychiatrist-shortage-enormous-demand-mental-health-services. Accessed 6 October 2024.
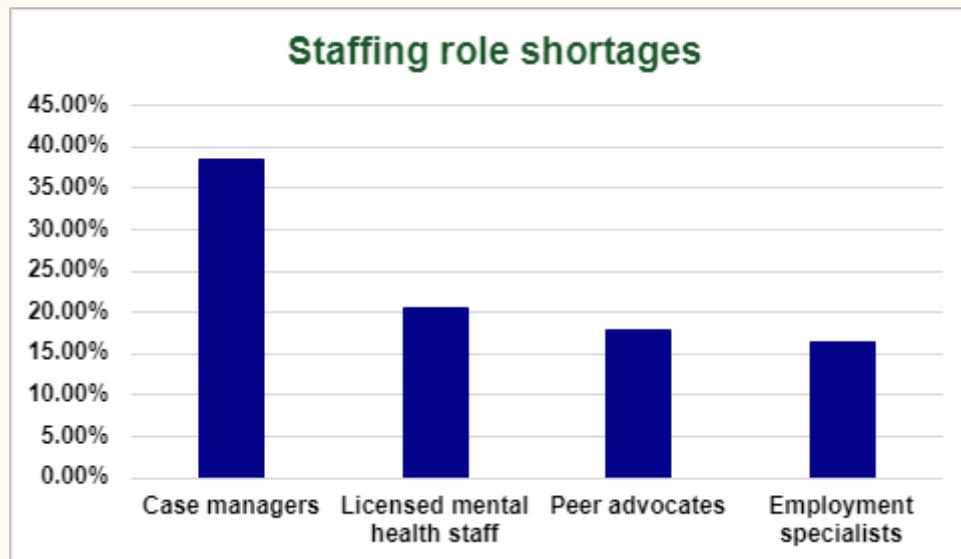
Figure 4. Staffing needs among providers. Providers report they are consistently lacking qualified case managers.

In moments of systemic staffing shortages, organizations are often unable to provide living wages, let alone expand their capacity, despite the now well-documented need. Wages across human services fields are so low that 60 percent of human services personnel in New York State are eligible for public assistance.[43] Even in New York City, where ATIs receive more stable funding than programs in Western New York and upstate, the average wage for a Peer Recovery Specialist is $39,000 a year[44] - less than half the standardized living wage in Manhattan.[45] Providers reported struggling to secure funding for workforce expansions, even for just one additional staff member. Even county-level, county-funded programs struggle to retain staff; programs led by counties across Western New York reported difficulty filling clinical positions because of low wages and demanding roles. Without the ability to offer competitive salaries to staff working in these demanding roles, provider organizations suffer high turnover rates that undermine service delivery and ultimately client outcomes.[46]

Providers also discussed the need to hire credible messengers to better serve communities who have traditionally lacked positive experiences with state and local systems. Providers and focus group participants alike noted improved outcomes when providers employed peers to help clients navigate services and provide other supports. However, state law and regulations can make it challenging to create pathways to employment for otherwise-qualified individuals with conviction histories. Individuals with prior systems involvement are often barred from working with other people with felony convictions, from going into correctional facilities, and from

[43]Jones, L., van den Heuvel, S., & Lawson, A. (2021, January). *The cost of incarceration in New York State.* Vera Institute of Justice.

[44]*Peer recovery coach salary in New York.* ZipRecruiter. (2024).

[45]Dean, J. (2023, January 9). *Fewer than 40 percent of New Yorkers earn a living wage.* Cornell Chronicle.

[46] Lent, Melissa, and Karen Yi. "Solving the Staffing Crisis Facing NYC's Human Services Organizations." *Center for an Urban Future*, 30 May 2024, https://nycfuture.org/research/solving-the-staffing-crisis-facing-human-services-organizations-in-nyc.

obtaining the professional licensure necessary to work in critical service positions. For example, one individual who was working as a peer outreach counselor was unable to move into a role as a licensed case manager because even though he obtained a Master's degree while incarcerated, he could not get licensed by the state due to his record. In sharing this anecdote, he stressed that the provider organization he works for currently operates with a deficit of licensed case managers - an issue that his licensing could have alleviated. Other providers reiterated this cruel irony: former clients would be a boon to the field if they were able to become service providers themselves, and yet licensing and other barriers persist.

> "Having someone who'd been through it was huge. They didn't judge me; they got where I was coming from.

This sentiment was also echoed by program participants. In focus groups, participants discussed how peer mentoring and access to credible messengers at ATI and reentry programs were critical to both initial engagement with programming as well as their overall experience with provider organizations. Participants appreciated programs that paired them with mentors or other people with lived experience, as these relationships helped build trust and confidence: "Having someone who'd been through it was huge. They didn't judge me; they got where I was coming from."

Funding

Despite growing recognition of their benefits, ATIs and community-based reentry programs have long-operated without sufficient resources or support. Most programs started as small pilots, not designed to meet today's extensive needs, and have struggled to scale up.[47] More than half of surveyed organizations reported not having adequate funding for their programs.[48] And yet, these organizations still try to fill service delivery gaps in areas experiencing increasing need.

When ATI and reentry organizations are able to access grant funding, there is often institutional red tape preventing them from optimally utilizing it, such as limits on prescribed uses and unreasonable time constraints.[49] Likewise, state funding often has cumbersome data reporting, programmatic oversight, and fiscal reimbursement processes that unnecessarily place the burden of upfront costs on providers. Providers explained that many grants only offer funding for case managers because they are most closely tied to measurable outcomes. This leaves agencies struggling to fill in the funding gaps for overall maintenance of the organization, to staff other positions like street outreach workers or Medicaid specialists, or to cover rent. Inflexibility in funding means that organizations face consistent unfilled gaps across staffing, organizational infrastructure, and supports for participants.

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[47] See Division of Criminal Justice Services, "Alternative to Incarceration (ATI) Programs - NY DCJS." *Division of Criminal Justice Services*, https://www.criminaljustice.ny.gov/opca/ati_description.htm.
[48] See attached data appendix.
[49]Zimmerman, M., Forbes, S., Dean, B., & Culbertson, D. (2022, March). *Increasing Federal Funding to Community-Based Organizations.* Enterprise Community Partners.

ATI and reentry organizations interviewed also reported that much of the government grant funding they receive is short-term, and often regulated by single-year grant cycles with onerous processes for renewing funding. In 2022, DCJS made available $15.3 million in competitive grants to ATI providers, Employment Focused Services, and Jail Based Cognitive Behavioral Interventions across the state, all limited to a single calendar year.[50] Grantees had four optional one-year renewals, but renewals were not guaranteed - grantees compete all over again with new projects by filling out the entire application process from scratch.[51] This burden is particularly noteworthy given the documented, important role that ATI and reentry service providers can play, when properly resourced, in enhancing public safety in a cost-effective manner.

Providers further expressed that applying for grants is a long and involved process and often requires pulling program staff away from providing direct services. It is harder to justify this when funding is granted in such short cycles and/or constrained by strict parameters. In all roundtable discussions, providers discussed "leaving funding on the table" as a result of lengthy applications for state request for applications (RFAs), onerous reporting restrictions that take up too much staff time and capacity, frequent and excessive data reporting that requires staff to learn new skills, and insufficient lead time to ensure grants don't expire prior to the approval of new funding allocations. Many agencies feel the time and resources required to complete complex applications in very short timeframes are prohibitive - especially when grant funds are limited to very specific areas of agency operations that do not match the needs that are clear to providers. Stable general operating funding would allow organizations to fill critical gaps and hire proper staff without fear of layoffs or the inability to meet client needs.

Consistent and expanded funding would also provide the capacity for programs to scale more comprehensive services to a broader population. Over 88 percent of surveyed provider organizations felt they could expand services with access to increased funding streams.[52] There was likewise strong consensus among focus group participants that more funding should be allocated to expand the availability and accessibility of ATI, alternatives to detention (ATDs), and reentry services. These programs provided essential support, but their availability was often limited and services were not comprehensive enough to meet the needs of every participant: "If we had more funding for these programs, more (people) could get the help

> **If we had more funding for these programs, more (people) could get the help they need before things get too bad. It's about giving everyone a fair chance to change.**

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[50] New York Division of Criminal Justice Services - *NY DCJS*. (2022). *Request for Proposals: Alternatives to Incarceration, Employment Focused Services and Jail Based Cognitive Behavioral Interventions Programs.* https://www.criminaljustice.ny.gov/ofpa/pdfdocs/ATI%20Employment%20JBI%20Extension%20RFP.pdf
[51] New York Division of Criminal Justice Services - *NY DCJS*. (2022). *Alternatives to Incarceration, Employment Focused Services and Jail Based Cognitive Behavioral Interventions Programs Request for Proposals (RFP) Questions and Answers*. https://www.criminaljustice.ny.gov/ofpa/pdfdocs/ATI-EFS-Jail%20Questions%20and%20Answers-FINAL%205%2031%202022.pdf.
[52] See attached data appendix.

they need before things get too bad. It's about giving everyone a fair chance to change," said one focus group member. Participants noted that increased funding for these programs could focus on long-term supports, including better access to mental health care and housing, that would more effectively address the challenges facing individuals at every stage of systems involvement.

Metrics for Success

Although ATIs and reentry programming have existed for decades, there has been little effort to understand the success of these programs beyond the wholly inadequate metric of recidivism. Recidivism is often the only metric used to evaluate the efficacy of programs, and yet, there is no commonly applied definition across or between agencies. Recidivism can refer to any interaction with law enforcement, subsequent felony convictions, or technical violations of community supervision, among other indicators. The lack of consistency within the definition makes the use of this metric even more unreliable at accurately gauging program success.

Moreover, even when taken as a universal metric, recidivism tells practitioners very little about the quality of programs nor does it fully illustrate the impact on a participant's life. There are myriad collateral consequences of incarceration, including a loss of housing, employment, healthcare, transportation, and community support, that can destabilize reintegration and increase risk of recidivism.[53] When program participants do not have access to these basic necessities, success, as defined by recidivism metrics, rings hollow.

In roundtable discussions, providers shared that sometimes tracking time between re-arrest or relapse was a better indicator of progress than just reporting on the incident of "recidivism" without context. For example, the Substance Abuse and Mental Health Services Administration (SAMHSA) has documented statistically significant relationships between reentry case management, peer navigation, and medication for opioid use disorder (MOUD) by looking at other metrics and identifying positive outcomes, including: longer periods of time before returning to carceral custody; shorter periods of re-incarceration; reduced non-fatal overdose rates; higher rates of substance use and mental health treatment initiation and maintenance; higher MOUD retention rates; greater numbers of employment and education services received; and decreased hospitalization rates.[54]

Furthermore, the emphasis on recidivism reifies systemic bias across the criminal legal system by ignoring the differences in access and outcomes for low-income, Black, and brown people during arrest, charging, sentencing, parole and probation, and reentry. Particularly in hyper-policed, resource-marginalized communities, measures of recidivism based on rearrest alone can make provider organizations there appear as though they are the ones failing to provide

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[53]Bowman & Travis (2012).
[54]Substance Abuse and Mental Health Services Administration (SAMHSA) (2023). *Best Practices for Successful Reentry From Criminal Justice Settings for People Living With Mental Health Conditions and/or Substance Use Disorders.* SAMHSA.

adequate programming. The reality is there are many long-entrenched inequities and deficiencies that no one organization can be expected to address.[55]

There is a pronounced need to incorporate empirically tested, standardized, and comprehensive definitions of success for ATI and reentry providers and participants. It is clear that what works long-term is not a "one-size-fits-all" model. For instance, one person may struggle to find a job yet successfully engage in mending family relationships to secure long-term support. Another person may quickly find employment yet suffer a drug relapse due to new job stressors.[56] Recent studies have called for more holistic metrics and measures to better contextualize structural barriers, particularly for historically marginalized populations, and that account for an individual's overall wellbeing, health, changes in substance use, connections to familial supports, and civic engagement, among other outcomes.[57]

Reframing how we measure success requires a consideration of what actually works for New Yorkers who are being served through alternatives to incarceration or detention and reentry programming. Focus group participants reported better experiences - and better outcomes, including improved relationships with family and the support needed to navigate county agencies upon release - when able to access community-based programs rather than just parole or probation services. These programs offered a sense of dignity, respect, and practical support, particularly in areas like job training and counseling: "The reentry program didn't treat me like a criminal. They treated me like someone who could actually turn their life around."

> "The reentry program didn't treat me like a criminal. They treated me like someone who could actually turn their life around.

Conclusion

In analyzing the data collected through our survey, provider roundtables, and focus groups with program participants, it is clear there is consensus among providers and program participants on what works and what must be established to ensure effective carceral alternatives and reentry supports and scale them statewide. Currently, there are large areas of the state in upstate and Western New York where service providers are struggling to meet the basic needs of people with criminal legal system involvement. Where programs do exist, they are often underfunded and understaffed. Not only do these providers contend with multiple structural deficiencies that make service delivery more challenging (for example, a lack of affordable housing and public transportation), but they also have to navigate inadequate infrastructure that makes it difficult for them to address both service and resource gaps. Community-based

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[55]Bowman, S. W., & Travis, R., Jr. (2012). Prisoner reentry and recidivism according to the formerly incarcerated and reentry service providers: A verbal behavior approach. *The Behavior Analyst Today, 13*(3-4), 9–19. https://doi.org/10.1037/h0100726

[56] Andersen, T.S., Scott, D.A.I., Boehme, H.M., King, S., and Mikell, T. (2020). What matters to formerly incarcerated men? Looking beyond recidivism as a measure of successful reintegration. The Prison Journal 100, 4, 488–509.

[57] National Academies of Sciences, Engineering, and Medicine. 2022. The Limits of Recidivism: Measuring Success After Prison. Washington, DC: The National Academies Press. https://doi.org/10.17226/26459.

providers, and their government agency partners, must be well-resourced and effectively networked if the state is committed to scaling these programs.

Most critically, preventive strategies must be enhanced to reduce the need for interventions in the first place. Put simply, service providers will continue to be hampered and overwhelmed if the state fails to address structural inequalities in access to stable affordable housing, transportation, health care, as well as employment and educational opportunities. In the absence of such basic resources, low-income individuals and people with serious mental and/or substance use disorders regularly cycle in and out of the criminal legal system. Addressing such structural barriers is crucial to preventing this historic overreliance on incarceration. New York State must acknowledge and contend with the myriad ways that decades of community disinvestment and retrenchment of public services has brought us to this point. Simultaneously, the state can build out the capacity of community-based providers to marshal preventive strategies such as youth mentoring and community-based drop-in mental health centers.

As we move toward a future focused on prevention, we must also uplift and promote programs that actively encourage diversion from the criminal legal system by expanding the eligibility and reach of our ATI and ATD programs. Despite the success of carceral alternatives, ATD and ATI programs have been underutilized - both as a result of provider organizations' limited capacity and a reluctance by other system stakeholders to employ them for people facing more serious felony charges. Yet, we know that they work and that they yield far more effective public safety outcomes than jails and prisons.

Finally, it is essential to stress that successful reentry begins long before a person is released or completes their alternative program. Thus, we must ensure justice-involved individuals are connected to community-based supports on day one. While this is a well-known adage, it is not a reality in New York. To realize this goal, we must ensure that community-based providers have access to people inside jails and prisons at all stages of involvement, that robust reentry planning occurs at least six months prior to release, that there is a continuum of evidence-based health care established for people before they reenter the community, and that community-based providers are well-resourced enough to effectively implement that continuum of care.

Investing in carceral alternatives - including ATDs, ATIs, and reentry services - is an investment in the public safety and wellbeing of all New Yorkers. As we continue to experience new shifts in incarceration across the state, it is imperative that these services are brought to scale so we can continue to center the ultimate goal of creating healthy, thriving communities throughout the Empire State.

Recommendations from Providers

In addition to being well-versed in the many needs and barriers their clients face, service providers also know what is required to bring programs to scale and what evidence-based best practices should be incorporated. The following are recommendations based on their feedback

for how to build successful, sustainable programs that meet the diverse needs of justice-involved individuals across New York.

Expand funding for ATIs and reentry to match upstate need. Reentry supports and ATIs have been concentrated downstate because, historically, the vast majority of incarcerated individuals were released to downstate communities. Now, for the first time in the era of mass incarceration in New York, more New Yorkers in prison are being released to upstate communities than to NYC. Moreover, small, rural counties have steadily increased their reliance on incarceration and now have the highest incarceration rates in the state.[58] State funding must increase exponentially to rapidly replicate upstate the structures that have developed over decades downstate. With that said, funding has still never been sufficient to meet need in the New York City area, and thus, scaled investment must continue in the five boroughs as well.

Funding must be flexible to ensure maximum impact. Funding should be provided with flexibility built in through general operating allocations. Without general operating funds, provider organizations are often unable to sustain their work, or hire managing staff, let alone perform mandated evaluations or reporting. Additionally, as noted above, the state must simplify its onerous application processes, cut down on reporting requirements, and offer resources to assist applicants.

Incentivize workforce expansions in fields related to ATIs, reentry, mental health, and addiction recovery services, including education, training, and licensure. NYS should focus on developing a highly-skilled, culturally-competent, well-paid workforce, including better training and education for case managers, social workers, and reentry specialists, along with increased staffing capacity and salaries to meet the demand for services. Colleges and universities should partner with ATI and reentry programs, offering internships and creating a pipeline of knowledgeable professionals.

Increase funding for peer training initiatives where individuals with lived experience guide those reentering society, creating trust and a sense of community. State systems should hire adequately compensated peers and foster connections early on between peers and individuals in ATI and reentry programs. Further, a pipeline for peers must be established to ensure all incarcerated individuals and ATI participants can be connected to peers pre-release/program completion. The state's "Jails to Jobs" initiative, for example, should be expanded to provide training to incarcerated individuals who want to enter the human services field and potentially work as peer navigators upon their release. New York should also work to alleviate the occupational licensing barriers facing New Yorkers with conviction histories. This would attract diverse candidates who can effectively serve varied populations and ultimately help address the current workforce shortage of credible, culturally competent providers.

Increase funding for reentry and transitional housing, which has been repeatedly proven to help stabilize individuals upon release and reduce homelessness and reincarceration. Without enough transitional and long-term affordable housing available, providers are frequently

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[58] https://www.vera.org/in-our-backyards-stories/no-one-is-watching-jail-in-upstate-new-york

hamstrung, and consequently, clients are left unhoused or incarcerated beyond their release date. The state should not only increase funding for housing projects, but also rally support to combat institutional barriers like government or community backlash to these projects. Lastly, these projects should be run by agencies in the communities where they are based, not probation or parole.

Increase units of supportive housing across rural and suburban areas, which allow people direct access to essential mental health and substance use disorder recovery supports. As of 2024, there are 62,299 units of supportive housing statewide, but more than two-thirds of these units are concentrated in New York City.[59] While the State recently announced $86 million in awards for the creation of supportive housing largely concentrated in upstate counties, little of that funding will go specifically to people with criminal legal system involvement. New York State must rapidly expand supportive housing for justice-involved individuals, first by creating new pathways for siting construction, particularly in rural and suburban communities. Other types of holistic, human-centered housing are also needed, particularly for people with sex offender charges, so they are not relegated to halfway houses and other precarious housing sites.

Provide state funding for ATI collaboration. Larger agencies with the capacity, experience, and proven successful program delivery can help develop and expand evidenced-based programs in underserved and under-resourced parts of the state if funded properly. Because many ATIs do not have the infrastructure necessary to successfully complete the state's onerous grant-funding process, nor to spend down large state grants, pass-through funding could provide microgrants to smaller organizations that don't have the capacity to apply on their own for state funding.

Recommendations from Participant Focus Groups

All too often, criminal legal system reform efforts ignore the lived experience of justice-involved individuals. Focus group findings highlight the success of carceral alternatives and areas for improvement, providing a nuanced understanding of diversion, ATI and reentry services in New York State. These outcomes are instrumental in guiding future policy decisions and funding priorities to better support those involved at earlier stages in the criminal legal system as well as individuals transitioning back into their communities.

Expand Access to Stable, Long-Term Housing: More funding should be allocated to create long-term, stable housing options for formerly incarcerated individuals. Also, transitional housing needs to be available beyond just a few weeks, with a focus on pathways to permanent housing: *"We need real housing programs that don't just put us in shelters for a few nights. We need places to live where we can rebuild our lives."*

Increase Employer Partnerships with Reentry Programs: Expanding partnerships between employers and reentry programs could provide participants with greater access to job

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[59] Barth, Rachel. "The State of Supportive Housing." *ArcGIS StoryMaps*, 4 April 2024, https://storymaps.arcgis.com/stories/d51aa52864324e99a673e09e7fb1a0ab.

opportunities that do not discriminate based on conviction histories. Offering incentives to employers willing to hire formerly incarcerated individuals could be part of this solution: *"If more companies worked with reentry programs, maybe we'd get a chance to show we've changed. We just need that opportunity."*

Strengthen Mental Health and Substance Use Services: Mental health services, particularly trauma-informed care, should be integrated into all stages of reentry programming. Providing easier access to counseling, addiction recovery, and peer support groups would also help reduce recidivism and improve reentry outcomes: *"A lot of us come out with trauma, and it doesn't just go away. If they had more mental health services, I think more of us would stay on track."*

Reform Parole and Probation Practices: Parole and probation requirements should be reexamined to create more flexibility, particularly for individuals balancing family responsibilities or trying to secure employment. Offering more practical support and reducing punitive restrictions could improve successful reintegration: *"They need to make parole work with real life, not against it. Help us stay out here, don't make it harder than it already is."*

Develop Gender-Specific Reentry Programs: Reentry services should include trauma-informed, gender-specific support, particularly for women who are balancing caregiving responsibilities. Programs should offer parenting support, access to family reunification services, and domestic violence counseling: *"If they had programs for moms, it would make a big difference. We need help to be there for our kids, not more hoops to jump through."*

Simplify Bureaucratic Processes: Participants highlighted the overwhelming challenges of navigating bureaucratic processes to access services like housing and health care after release, describing their experiences as time-consuming and stressful. To ease this burden, simplifying these processes through better coordination between and among agencies and providing case managers or navigators would help individuals more efficiently access the services they need for successful reentry. One participant noted, *"We spend so much time trying to figure out the system. By the time you get one thing done, you're already behind on the next."*

Foster Trust through Improved Collaboration and Shared Lived Experience: Both providers and focus group participants identified mistrust as a significant barrier in reentry, which can result in individuals not completing programs. Participants noted that trust issues stem from complicated bureaucratic processes, lack of follow-through from reentry services, and the disconnect between DOCCS and community-based programs. Additionally, many participants expressed mistrust toward providers who have not experienced the same challenges, feeling that they could not fully understand their struggles. Providers echoed these concerns, emphasizing the need for better collaboration and engagement. To address this, the state and reentry providers should focus on incorporating more peers and staff with lived experience, providing smoother transitions, and maintaining consistent support through program completion. *One participant illuminated the role a peer navigator could play in creating trust, "I've been there, I can walk through this with you."*