



# Reducing Barriers to Re-entry

Assessing the Implementation and Impact of a Pilot Dental Repair Program for Parolees

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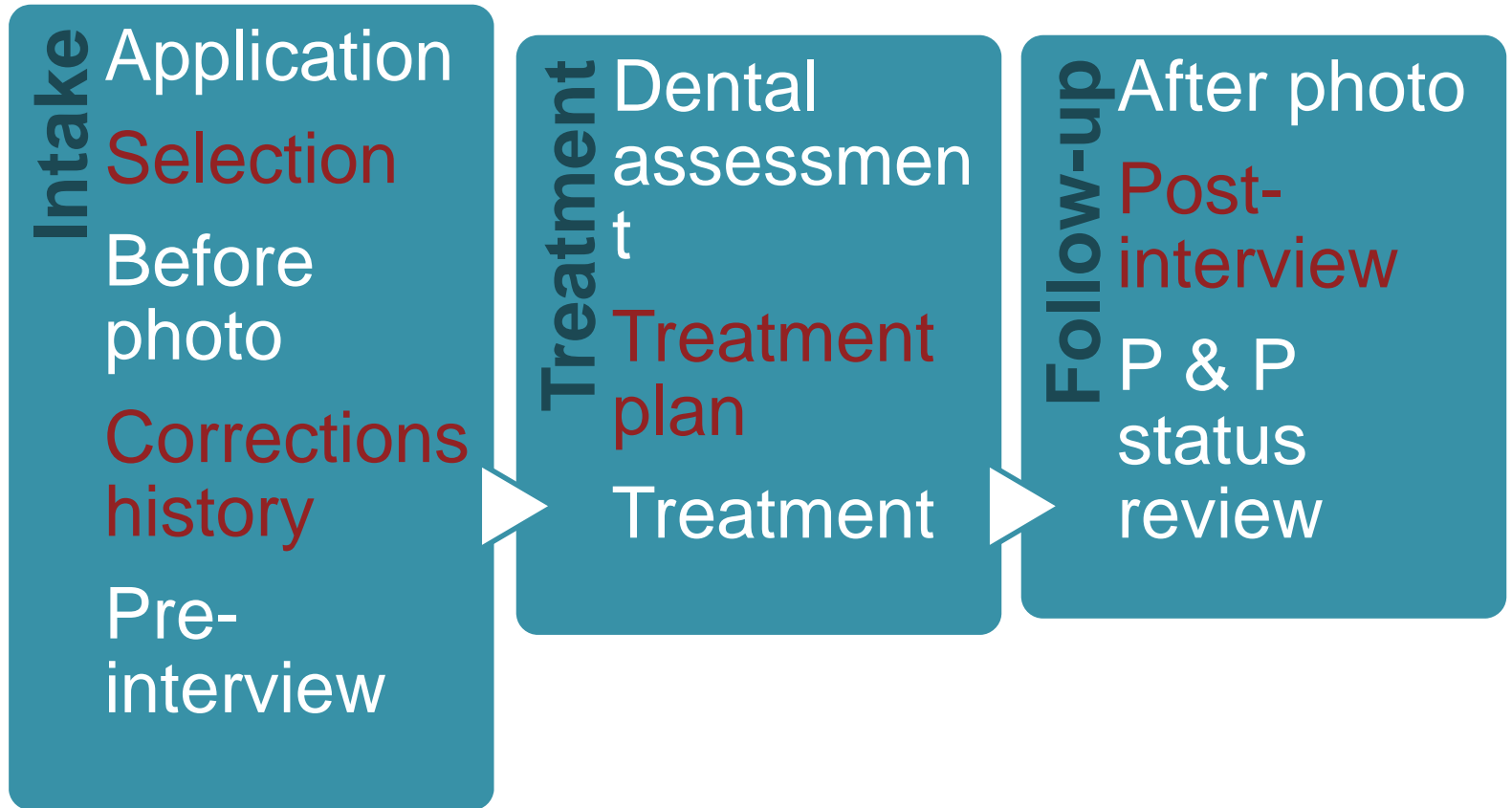
# Program Goal

- Provide dental treatment for parolees in order to eliminate visible barriers to employment and thereby increase his or her chances for successful reentry
- Key Outcome:
  - Successful employment at re-entry

# Why Dental Treatment as a Route to Reentry Success?

- Physical appearance is correlated with perceived criminality.
- Dental health and appearance are associated with self-esteem
  - Self-esteem promotes self-efficacy and sense of control, all of which are implicated in desistance
- Dental and facial appearance are strongly correlated with employer evaluations of attractiveness and professionalism, which are related to assessments of employability

# Program Design



# Evaluation Data Sources

Data Source	Collected By	Types of Information
Corrections History	DOC	Demographics, current offense, most recent corrections history including program participation
Pre-Interview	NMSAC	Offending and corrections history, demographic and family background, education and employment history, dental problems, future goals, and parolee's perception of self.
Dental Treatment Data	UNM Dental	Types and cost of treatment provided, appointment history, treatment completion
Post-Interview	NMSAC	Dental treatment experience, update on questions from the pre-interview
Probation & Parole Performance	DOC	Violations for current supervision term (prior to, during, and following program participation)

# Evaluation Goals

- To evaluate participant success
  - Outcomes: treatment completion, program completion, reentry success
- To evaluate changes to participant self-perceptions
- To evaluate program implementation
  - Including: program design, execution, and fidelity to design, goals and objectives

# Participant Success Outcomes

- Treatment Completion
  - Participant completed all procedures in the treatment plan provided by dental staff
- Program Completion
  - Participant completed both the treatment plan and the post-treatment interview
- Reentry Success
  - Employment Outcomes could not be assessed (population characteristics and insufficient time for monitoring changes)
  - Instead, we evaluate probation and parole performance using data on supervision violations

# Participants

Intake (N = 33)

- 61% female
- 58% Hispanic, 39% White, non-Hispanic
- 67% have minor children
- Mean age is 40 years
- 73% completed High School/GED
- 39% employed, 18% unemployed, and 42% not actively seeking employment
- Most common offenses leading to supervision: Drug (39%) and non-violent property (36%)
- 52% were on probation only, 21% were on parole only, and 27% were on both probation and parole

# Participant Dental Problems

- Dental Problems
  - 76% missing teeth
  - 39% pain/sensitivity
  - 33% broken/cracked teeth
  - Other problems: rotting teeth, gum deterioration, cavities, bad breath, broken dental work, discoloration, enamel loss, wisdom teeth
- Length of Problem
  - 59% report problems originating 10 or more years prior to intake
- Sources of Dental Problems
  - 52% lack of care
  - 48% substance abuse
  - 30% accident

# Outcome: Program Completion

- 85% made at least one visit to the dentist (N = 28)
- 73% of enrollees completed dental treatment (N = 24)
- 61% of enrollees completed post-interview (N = 20)
  - 19 of these also completed the dental treatment

# Outcome: Program Completion

Participant Characteristics at Intake	Related to Treatment Completion	Related to Program Completion
Sex		
Race/Ethnicity		
Marital Status		
Minor Children	*	*
Transitional Housing	*	*
Education	*	*
Employment Status		
Offending/Corrections History		
DOC & Other Programming	*	*
Corrections Supervision	*	*
Phase of Enrollment	*	

# Outcome: Reentry Success

- Employment (N = 33)
  - 39% employed
  - 18% looking for employment
  - 42% unemployed and not actively seeking employment
- Supervision violations (N = 33)
  - 12% (N=4) had at least one program violation within 3 months of program end

# Perceptions of Self Outcomes

- Life Areas Impacted by Dental Treatment
  - Employment
  - Education
  - Relationships
- Mechanisms Connecting Treatment to Changes in Life Areas
  - Self-perceptions of physical appearance
  - Self-confidence/self-esteem
  - Interactions with others
  - Reduced pain/improved functioning

# Outcome: Perceptions of Self (N = 19)

Effects of Dental Treatment	% Anticipating Change (pre)	% Reporting Change (post)	% Anticipating but not Reporting	% Reporting but not Anticipating
Improve appearance	53	95	0	42
Improve confidence/self-esteem	74	84	5	16
Improve interactions/expressions	84	84	11	11
Improve function/reduced pain	26	58	11	26

# Outcome: Perceptions of Self on Education/Employment

- “On the job” or “in the classroom” experiences
  - Increased confidence/self-esteem improved interactions with bosses, co-workers, clients/customers, and classmates
- Unemployed speculated that treatment improved prospects for employment
  - Increased credibility due to improved appearance and interactions

“I was always working...hiding myself” and since receiving the treatment, “I’m always on front. I’m even at the register.”

“The look on their [co-workers] faces is a lot different...and the way they act toward you is a lot different. The questions they seem to ask you are a lot different.”

“I’m able to look at the employer guy more...the guy that interviews you. I’m able to look at him better. I’m not keeping my head ducked or

# Outcome: Perceptions of Self on Personal Relationships

- **Romantic partners**
  - Changes in physical appearance and self-esteem improved closeness with current partners and was believed to increase potential for meeting a partner
- **Being a good example**
  - Improved appearance served as visible evidence of a life transformation
- **Meeting new people**
  - Removed markers of prior drug use and thereby increased comfort in interacting with new people, especially those without criminal and/or substance abuse histories

“...we were close, we were friends, but [the build up and bad breath was] just a turn off...[now] our relationship’s

“Hopefully I can pass it on to my kids, my grandkids, too...hopefully that’ll never happen to them, because it does make a difference in your life. I hate getting up and having to put this [prosthetic] on every morning, you know” [but]....my daughter...it makes her see me differently, shows that I’m trying to take care of myself, I’m...I try to look pretty, and I smile more, you know what I mean, than just not caring...”

“I look like one of them” and “now I look like somebody.”

# Participant Perceptions of Treatment Program

- Program Organization and Delivery
  - Selection for participation
  - Scheduling and transportation
  - Increased availability of “removing barriers” programs
- Dental Treatment
  - Dental office and staff
  - Pain management
  - Expectations/treatment satisfaction
  - Future dental care

# Program Experience and Reentry Success

- A positive program experience may have implications for reentry
- Program participation kept some focused on reentry goals
- Some were motivated by the perception that the DOC cared about their future

One participant reported that enrolling in the program gave him a “boost in confidence” and “kept [him] on the right track.” He also suggests that having received the treatment, “keeps [him] pushing forward with the confidence to

A participant with a history of DWI stated, “normally, I’d get out and start using, drinking and I forgot all about this.”

“I also think that it’s a really good incentive because people...people who are making an effort to do right, to be right, to better themselves, I think should be afforded help and help having come from the corrections department and from other people who cared enough to partner with them ...it means a lot...”

# Assessing Pilot Program Goal, Design, and Execution

- Program design and execution were successful in a number of ways:
  - Clearly stated goal
  - Assembly of appropriate agencies and staff
  - Clear instructions for participation
  - Monitoring interim progress
- Problem Areas
  - Participant selection
  - Monitoring outcomes

# Participant Selection

<b>Selection Criteria</b>	<b>Fidelity</b>	<b>Related to Participation Outcomes</b>
Parolees	52% were on probation only	Yes
Out of prison for at least 3 months	21% were on supervision for less than three months at intake	No
Participated in SOAR or education programs in prison	40% participated in some kind of education programming in prison	Yes
P&P Officer believes parolee will be successful on supervision	Could not be assessed	n/a
In compliance with terms of supervision	33% had one or more supervision violations prior to selection	No
Appearance of teeth presents visible barrier to employment	All participants had substantial dental problems	n/a

# Outcome Monitoring

- Key Outcome: successful employment at reentry
  - At intake 39% were already employed and 42% were not actively seeking employment
  - Employment status/plans should be considered at selection
- Long-term follow-up
  - Program length was insufficient for post-treatment outcome measures
  - Funding for long-term follow-up was not available

# Recommendations for Program Design & Future Research

- Planning a Dental Treatment Program
  - Participant selection
  - Needs assessment
  - Developing a logic model
- Provision of Dental Treatment in Probation/Parole Population
  - Planning for attrition
  - Pain maintenance and substance abuse issues
- Evaluation of a Dental Treatment Program
  - Selecting measurable outcomes
  - Focus on participant self-perceptions
  - Comparison group of non-program participants
  - Plan for long-term follow-up