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Innovating Reentry Reform: Incarcerated People and Inclusive Innovation

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**INNOVATING REENTRY REFORM: INCARCERATED PEOPLE
AND INCLUSIVE INNOVATION**

by
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A THESIS
Submitted in Partial Fulfillment of the
Requirements for the Degree of
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(in Interdisciplinary Studies)

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December 2016

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Thesis Advisor: Dr. Margaret Lukens

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The purpose of this case study was to explore the opportunities and barriers for Innovation Engineering (IE) practices within the State of Maine's only men's reentry center. The center trains its residents in restorative justice (RJ) processes as part of its evidence based practices (EBP) curriculum. The uncommon use of RJ in reentry offers the rationale for considering the center as innovative or "meaningfully unique" within community corrections. Reasoning followed that an innovative program might be open to directly engaging its most successful residents in inclusive idea creation and implementation for the benefit of the center. Innovation theorists hold that the most successful innovations come from including all levels of stakeholders in developing and solving problems, rather than implementing top-down solutions. The study sought to understand the influence of inclusive restorative practices as they affected residents' optimism for collaborating. When viewing Innovation Engineering as a vehicle for social innovation, the basic restorative value of empathy crosses over into the interaction. Initially, the case study requested voluntary resident participation in an IE Create

Session. The session might determine if there was resident interest and motivation to engage in innovation, given the opportunity. Perhaps people who have used creative skills for antisocial purposes might also be willing and capable in using the same creativity for prosocial innovations. Opportunities included interest by residents in using problem solving skills for prosocial ends, staff willingness to engage in some exploration of resident ideas and their invitation to the researcher to try process coaching with residents. IE exercises were implemented when possible. Barriers included the bureaucracy and hierarchy of corrections and the reentry center's relative position within the Maine Department of Corrections. Policies and procedures discouraged innovation; and efforts required extreme flexibility and creative interpretation of IE practices, to accommodate the center's constraints of time and availability of staff. Another hurdle was the center's need for restraint in making hurried decisions that may affect community relations. Barriers involving residents included difficulty in contacting them from the outside, their scheduled classes and work release, and Maine's three-week scheduling approval process for residents who need or desire non-mandatory interactions with community. This study finds that inclusive innovation within restorative reentry environments may be possible with agreement on investing in equal participation from every level of stakeholders and overcoming hierarchical constraints.

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CHAPTER 1

RATIONALE FOR THIS CASE STUDY

“The [person] who removes a mountain begins by carrying away small stones”
(Story, October 2010).

I am a master’s student in Interdisciplinary Studies with a concentration in Peace and Reconciliation Studies, complemented with a graduate certificate in Innovation Engineering (IE). The purpose of this case study is to examine the intersection between the interdisciplinary fields of restorative justice and innovation and to understand opportunities or barriers to implementing these practices, with residents at Maine Coastal Regional Reentry Center.

Before entering graduate school, several factors converged to influence my choice of studies. First, my introduction and volunteer experiences with the Restorative Justice Project of the Midcoast gave me great hope for seeing future changes in the criminal justice system. Second, it was my privilege to serve in a Maine public school district as an AmeriCorps VISTA, a national service program that seeks to eradicate the sources of poverty. In my role, I focused on improving students’ post-secondary aspirations. Although my service inspired me, I began to notice a social justice challenge that some students faced: Children surviving in poverty (especially generational poverty) live at the highest risk for social problems that funnel them into a school-to-prison pipeline. This large social justice issue influenced me to try to understand a bigger picture. Third, while in AmeriCorps, I coordinated introductions to Innovation Engineering for two different cohorts at the middle school. The possibilities of opening

minds to new ways to make meaningful change fascinated me. Fourth, someone close to me, who had suffered from substance abuse and mental health issues, who had been incarcerated and released from prison, died while driving his car and “under the influence.”

Readers may wonder why I present so much information before describing the actual case study. I base my discussion of my research on the complex interactions of several disciplines and my hope for its appeal to readers. If you, the reader, only want to know what I *did*, please skip directly to Chapter 3, which details the case study chronology. If, however, you wish to learn with me, please enjoy the next few sections – the context of this case within the general corrections environment, the exploration of restorative justice and its applications to reentry, and innovation practices applied within a specific, non-traditional setting. An interdisciplinary study offers flexibility to explore new combinations of disciplines and encouragement to discover areas of overlap between them. The theories behind restorative justice and innovation practices intersect more than I originally believed and altered my perspective on their combined use.

My constellation of personal and social justice experiences led me to choose peace & reconciliation studies, itself an interdisciplinary field. The discipline ranges in several directions, some of which include changing paradigms of social justice, mastering sustainable and inclusive communication, and restoration of connections, between people and people, and humanity and Earth. I focused on issues of restorative and peaceful community building. I found that understanding the problems wasn't

enough for me; I wanted to find ways to fix them, too. I enrolled in the graduate certificate program in Innovation Engineering at the University of Maine Foster Center for Student Innovation. In my mind, “social justice innovation” was a natural outcome of combining these two fields of study.

Using innovation processes and tools to uncover possibilities for peaceful and healthy community building multiplies our human and financial capital and capacity. I anticipated that the socially innovative use of restorative justice in reentry would offer a fertile and open environment for Innovation Engineering. Innovation practices emphasize “fail fast, fail cheap,” discouraging the use of resources for elaborate trials until a prototype proves worthy of continued resources. Within the non-profit and grassroots arenas from which social innovations emerge, the advantages of “fail fast, fail cheap” make sense. Non-profit organizations (NPOs), especially at the community level, frequently don’t have capital to offer, or they may struggle to implement, innovative solutions. I observed that some Western countries (particularly in Europe) fund social innovation significantly. Our many intractable social issues raise the question: Why do we block, or under develop, social innovation in the U.S.? That question ventures outside of the limits of this case study, but intrigues me.

For six years, I have lived and worked in Belfast, Maine, and I admire the city’s many progressive, tolerant, accepting citizens. A number of innovative social organizations make their homes here; one example is Belfast Cohousing and Ecovillage (www.mainecohousing.org), designed as an affordable, ecologically sustainable, small neighborhood setting in rural Maine. The village is close to Belfast and reserves open,

shared, multi-use land for farming, community recreation, and enjoyment. Another wonderful organization is The Game Loft (www.facebook.com/TheGameLoft/?fref=ts), which “provides a safe, supervised location for local youth to play [non-electronic] games with friends, engage with the community, and eat a healthy meal.” Social justice work by Convergence Institute (www.convergenceinstitute.net) educates the community on the symptoms and the effects of systemic bias based on race, gender, class, sexuality, and disability.

Belfast based Restorative Justice Project of Midcoast or “RJP” (www.rjpmidcoast.org) leads Maine in restorative justice and restorative educational practices. The organization serves school districts switching from punitive to restorative practices, juveniles eligible for court diversion through reparative agreements with victims and community, and the Maine Coastal Regional Reentry Center (MCRRC), through its mentorship program. Supported by the Belfast Police Department, Waldo County Sheriff and Commissioner Departments, Waldo County District Court, and many other school districts and county governments around Maine, RJP’s work has benefitted thousands of local and state citizens. Through my volunteer experience with RJP, I learned about MCRRC.

This case study explores the opportunities and barriers for innovation practices at a single reentry center known for its focus on restorative justice. Research at MCRRC appealed to me for several reasons. Close to the center of town, its presence evidenced an interest and acceptance - by town leaders, law enforcement, and community - in positive reentry for MCRRC residents. The reentry center enjoys a good reputation in

the town and receives support for its work at Waldo County Sheriff and Commissioner's departments. MCRRC is the only Maine Department of Corrections reentry center for men in Maine and the only reentry center of its type, perhaps in New England.

"Programs like MCRRC are a **cost effective**, proactive approach to **reducing jail populations**, and provide solid, responsible, **long term solutions** to overall public safety while **strengthening communities**" (State Board of Corrections, 2014). [Emphasis in original.]

Secondly, RJP works closely with MCRRC residents to help them experience paradigm shifts - in their views of their victims and their offenses - through the eyes of the communities to which they will return. RJP also provides mentor matches for each resident with a trained community volunteer. This application of restorative practices to incarcerated individuals preparing for release is called restorative reentry, a little used – but potentially powerful – tool for community corrections. MCRRC ("the center") programming introduces elements of "restorative reentry," and I hoped the environment would be open to further innovation.

Third, now in its seventh year, MCRRC staff works hard through its programming to reshape resident thinking and self-perceptions for prosocial success after release. Their successes include lower recidivism and reincarceration rates than both Maine state and national averages, and the statistics are suggestive of the many benefits the center and residents can provide for themselves and the surrounding communities.

Fourth, I hoped the center might find value in the notion of inclusive innovation to create changes in these men's lives. As I began to look at the program from the

perspective of innovation, I noticed differences between innovations implemented in general community and incarcerated community. While innovation for social movements, for example, would most likely emerge from grass roots activity, innovation within the correctional environments was almost exclusively top-down. That is, innovative changes in an incarcerated person's life and environment would be imposed *upon* them, exactly the opposite of what social innovation theory recommends. In fact, innovation theorists would predict less success for top-down implementation even of the most creative and well-meaning programming. Innovation Engineering presumes that the customer of the innovation is a key component in creating what will be meaningful to them. The ineffectiveness of top-down innovation within the corrections environment concerned me greatly and I was looking for an indication that changes to that paradigm would positively influence residents' successes at MCRRC.

Outside of incarceration, we assume we may choose our actions and most often our preferences. If we choose, we can take the opportunity to collaboratively explore or risk implementing our groundbreaking ideas. Within incarceration environments, choices are virtually removed from prisoners, potentially creating an inability or unwillingness to utilize creative problem solving for prosocial benefit. The result? People are released from incarceration into general society without improved knowledge or skill in proactively improving their lives through their creativity. People come out worse than they go in, so the conventional wisdom says. Often, in spite of efforts to live differently than before, people are oppressed by the stigma of their past and return to

what they know. The variables involved in inclusive innovation for those in restorative reentry are layered and complex.

I wondered how inclusive innovation practices might work in this difficult social environment needing meaningful change. I looked at the seeming openness to innovation at MCRRC and I began to wonder if the residents, themselves, would have interest and willingness to innovate. Do the innovation tools that are effective in business and technical enterprises perform as effectively in the non-profit, community based, or social justice settings? What barriers does IE bring or create and what barriers would IE efforts encounter, in these difficult environments? How does a restorative approach to reentry contribute to or constrain innovation for resident successes? It was definitely a challenging project, especially because I did not find similar research in criminal justice or innovation fields.

Innovation Engineering theory and practice seemed appropriate for study at the center for two reasons. IE theory tells us that fear is perhaps the greatest inhibitor of innovation. Moving past fear empowers us to think more creatively. Would incarcerated people be willing and able to innovate or would they be affected by their incarceration and fearful or shut down? Secondly, if residents can access the creativity that allowed survival inside and outside of incarceration, maybe they would use it to innovate for prosocial solutions, too? Would I find an advantage for prosocial living that would result from exposure to IE while incarcerated? I knew I would not answer all of my questions, but they framed my thinking as I did my research.

In this research, I looked for insight into using innovation skills to empower incarcerated people to create for themselves. My own experiences suggested that learning idea-making processes *and* restorative practices could benefit a person seeking to make changes in life. In the hierarchical corrections environment, it seemed humanizing to offer a chance to collaborate or contribute.

I wondered if I could make any correlation between restorative justice, innovation opportunities, and reentry. I wanted to explore the importance of restorative justice (RJ) as a success factor for the reentry center, overall. Following evidence-based practices, the center uses programming that is *risk-based* (understanding factors that increase risk of criminogenic behavior), *needs based* (job search, employment related education, housing), and *strengths-based* (restorative justice, communication and other “soft” skills that promote healing and growth). The many positive factors combined in the MCRRC program offered a rich context for the case study. RJ promotes empathy between all individuals involved where healing is needed. It highlights the voices of those involved and encourages personal empowerment through participation in respectful decision-making. RJ not only invites repairing harm, but also building relationships, building community, and finding ways to move forward that are healthy and positive. If prosocial innovation is likely, it will be for people who are actively healing past relationships, and shaping their current ones with honest and restorative interactions.

In my perfect scenario, I would have a “group of guys” enthusiastic about creating change that could make their reentry or pre-release experience better. I would

need to inspire them to engage with innovation processes that would further their own goals. Would residents take the risks of encountering inevitable barriers to engage in prosocial innovation for their own and their peers' benefit? Was there enough room in the hierarchical correctional machine to allow for prisoner idea development and implementation? Would I discover that the innovative use of restorative practices in reentry gave meaning or opportunity for engaging in innovative practices? As I spent time at the center, I re-focused my scope of discovery several times. I stumbled upon opportunity and insight, because the residents opened the way. I was fortunate to have encouragement for my ideas by faculty, RJP staff, and liaisons with the reentry center. Here is our story.

CHAPTER 2

CASE STUDY CONTEXT

Corrections

Context for this case study begins with the history of corrections in the U.S., and some current criminal justice system challenges. This chapter provides statistics on U.S. and state of Maine corrections populations and motivators for the reentry reform movement and the creation of residential reentry centers (RRC). Understanding MCRRC background, resident demographics, and the center's uses of evidence-based practices (EBP) brings the reentry programming into focus. Examination of the definitions, processes, and practices of restorative justice and Innovation Engineering connects them to the case study. The chapter concludes with observations about where connections between social innovations and restorative practices might support each other.

Corrections History

Our nation and our correctional institutions now grapple with the impact of over-incarcerating and failing to rehabilitate those millions of people currently involved in the U.S. penal system. Not unlike the prisons in early America, our system allows or fosters over-crowding, over-punishing and dehumanizing those it purports to serve. Problems with the conditions and the purpose of U.S. prisons have existed since the concept of imprisonment as punishment was introduced in the late 18th century. Pennsylvania Quakers believed in hard prison labor as a rehabilitative alternative to

corporal or capital punishment for convicted criminals (Barnes, 1921). Before that, jails typically housed those awaiting trial, debtors, and political and religious activists (Al-Khatib, 2015). In the 1820s prison architects and authorities began experimenting with separating people into individual cells and with solitary confinement (Barnes, 1921). Since then, intentions for rehabilitation or for dehumanization have wavered:

Resource constraints led to overcrowding, which in [turn] led to ineffective and often cruel prison policy, a cycle that would repeat itself throughout U.S. history. Ramshackle facilities, deplorable hygiene, and rampant corruption plagued early prisons. Again led by the Quakers, early reformers pushed for improved ... prisoner conditions that guaranteed a healthy and reasonably dignified incarceration (Al-Khatib, 2015).

Advocates for prisons believed that “deviants” could change their behaviors and that a prison stay could have a positive effect. A paradigm shift in early 19th century society encouraged the idea that the public, not individuals, should bear “responsibility for criminal activity and had the duty to treat neglected children and rehabilitate alcoholics” (Independence Hall Association, 2014).

Prison reformers ranged from those like Quaker Louis Dwight, who sought increased discipline and added salvation and Sabbath School to further penitence, to idealists like Dorothea Dix and former prisoner Francis Lieber, whose goals were prison libraries, basic literacy (for Bible reading), reduction of whipping and beating, commutation of sentences, and separation of women, children and the sick (Independence Hall Association, 2014). Even with some efforts at prison reform, there

was no such thing as health or dignity for African-Americans released from slavery. Laws abolishing slavery gave way to laws that permitted “convict leasing,” a profitable, deadly enterprise at the expense of African-Americans, often imprisoned for petty offenses (Alexander, 2012).

Corrections in 2016

Today, many of the same attitudes and policies inform the corrections system and contribute to its challenges. Policy makers and society are beginning to recognize the failure of a series of efforts stiffening consequences within the criminal justice system. “Tough on crime,” mandatory minimum sentences and “three strikes” laws have led to “a 500% increase [in residency in prisons and jails] over the last 40 years” (The Sentencing Project, 2015). The “war on drugs” that began in the 1980’s has raised incarceration for drug related offenses from 41,000 in 1980 to more than 488,000 people in 2014 (Gelb and Gramlich, 2016). Corollary contributors to the problem include targeted mass incarceration of African Americans¹, leading to a disproportionate number of people of color being put behind bars, with African Americans representing 40 percent of the total prison population, even though they are 13 percent of the U.S. population (Al-Khatib, 2015). People with substance abuse disorders and/or those with mental illnesses, especially the homeless, are imprisoned at a 20% higher rate (National Reentry Resource Center, 2015). In 2014, *one in every 36 adults* was behind bars, on parole or on probation. According to the BJS in 2014, approximately 6,900,000 people

¹ Regretfully, a complete treatment of the disproportionate incarceration of African-Americans, especially male, is beyond the scope of this study. For a full discussion of the travesty of and devastation caused by the mass incarceration of people of color, particularly African-Americans, see Michelle Alexander’s thoughtful and exhaustive analysis in “The New Jim Crow: Mass Incarceration in the Age of Colorblindness” (2012) published by The New Press.

over 18 in the US were involved in the penal system, either residing in a federal, state, or local corrections facility or engaged in community corrections, including probation and parole (Kaeble et al, 2016). The total corrections population is down from almost 7.1 million in 2010² (Guerino et al., 2012).

While crime rates decreased by 15% from 2009-2014, imprisonment rates decreased only 7% over the same period (Public Safety Performance Project, 2015). “Similarly, state expenditures on corrections have increased from \$6.7 billion spent in 1985 to \$51.9 billion in 2013” (The Sentencing Project, 2015).

Shifted priorities have occurred as a combination of overcrowding, large numbers of releasees and a large number of those returning to the system captured attention at all levels of society. Roughly, 95% of those who go into corrections facilities will be released in the future (Hughes and Wilson, 2002). Citizens, human rights organizations, government departments and conservative and liberal political coalitions continue to call for reform of the criminal justice system. Many have focused on where, and how we treat our fellow humans living in corrections facilities and as they return to society. President Barack Obama, the first sitting president to visit a federal prison, reflected the bi-partisan interest as he talked about the need for criminal justice reform (Zezima and Eilperin, July 16, 2015):

In recent years, the eyes of more Americans have been opened...[p]artly because of cameras, partly because of tragedy, partly because the statistics cannot be

² The National Reentry Resource Center (NRRC) documented that in 2010, 708,677 people were released from prisons, an increase of 20% from year 2000. The NRRC also approximated that 9 million individuals are released from jails each year. (The Council of State Governments Justice Center, n.d.)

ignored ... good people of all political persuasions are starting to think that we need to do something about this.

... In far too many cases, the punishment simply does not fit the crime. If you are a low-level drug dealer or you violate your parole, you owe some debt to society ... But you don't owe 20 years ... Some criminals still deserve to go to jail ...[and w]hile the people in our prisons have made some mistakes, and sometimes big mistakes, they are also Americans. And we have to make sure that as they ... pay back their debt to society that we are increasing the possibility that they can turn their lives around... We should not tolerate conditions in prison that have no place in any civilized country. ... Let's invest in innovative new approaches to link former prisoners with employers, help them stay on track. ... We should invest in alternatives to prison, like drug courts and treatment and probation programs ...

[A]round one million fathers are behind bars. Around one in nine African-American kids have a parent in prison ... Our nation is being robbed of men and women who could be workers and taxpayers, who could be more actively involved in their children's lives, could be role models, could be community leaders, and right now they are locked up for a nonviolent offense (Cohen, 2015).

Treatment During Incarceration. Numbers of releasees are increasing as overcrowding, the high turnover in jails and the expense of incarceration factor into the way the system works (Koschmann and Peterson, 2013). These facilities are ineffectual

in treating the huge number of incarcerated people with addiction and mental health problems. Treatment during incarceration, where available, is very limited. A release from prison becomes a revolving door for those poorly equipped to return to full independence after incarceration.

Nationally, of the total people incarcerated who met the criteria in 2004 for drug dependence or abuse, only 40.3% of state and 48.6% of federal residents participated in treatment programs. In 2004, of those people identified as having addiction or substance abuse issues, the number of people receiving any form of professional treatment, including residential, professional counseling, detox or maintenance drugs was 14.8% for state and 17.4% for federal prison residents. Other participating residents received only self-help/peer support or education programming (Mumola and Karberg, 2007).³ The “treatment programs in Bangor [Maine] confirm treating addicted patients with methadone or Suboxone and counseling costs \$5,000-\$12,000 per year. Jail runs \$35,000-\$45,000 per year. Just ask your sheriff” (Brown, May 1, 2015).

Many of the same principles are effective for treating addiction both inside and outside of prison walls. Since the mid-1970s, research has shown that drug abuse treatment can help many drug-using offenders change, and develop

... specific cognitive skills to help the offender adjust attitudes and beliefs that lead to drug abuse and crime, such as feeling entitled to have things one’s own way or not understanding the consequences of one’s behavior... However, many offenders don’t have access to the types of services they need. ... Treatment planning should include tailored services within the correctional facility as well as transition to community-based treatment after release...Ongoing coordination between treatment providers and courts or parole and probation officers is

³ There is virtually no behavioral treatment in jail, although some offer detoxification services and medication maintenance.

important in addressing the complex needs of offenders re-entering society (National Institute on Drug Abuse, 2016).

Treatment data reflects a changed focus on providing treatment as a service within reentry transition, rather than in prison. It is obvious that treatment options within prisons are woefully lacking, but working with high risk, high need, and incarcerated people with high “responsivity”⁴ in reentry facilities saves taxpayers money and justifies research and program development to innovate for performing community corrections interventions.

Recidivism and Reentry Reform. In a 30 state study, almost 68% of the people released from correctional facilities return for new offenses or probation violations within three years (Durose, Cooper & Snyder, 2014). These numbers aren’t new. Of prisoners released in 1994, 67.5% were rearrested within three years, an increase from the 62.5% for those released in 1983. Among drug offenders, the rate of reconviction increased significantly, from 35.3% in 1983 to 47.0% in 1994 (Hughes and Wilson, 2002). Research and evaluations on different programs indicate evidence-based practices (EBP) such as the RNR model, within therapeutic communities (TC) address these problems more effectively than lockup (National Reentry Resource Center, 2016). Progressive, successful reentry centers address client needs for housing and work, as

⁴ Refers to Risks, Needs, and Responsivity (RNR) treatment model. In 1990, Andrews, Bonta and Hoge published an article that outlined three general principles for effective offender rehabilitation. Those three principles were the following: 1. Risk principle (match level of program intensity to offender risk level [for future criminogenic behavior]); intensive levels of treatment for higher risk offenders and minimal intervention for low-risk offenders); 2. Need principle (target criminogenic needs or those offender needs that are functionally related to criminal behavior); 3. Responsivity principle (match the style and mode of intervention to the offender’s learning style and abilities.) Responsivity may also be called “Strengths-Based.” Source: The Risk-Need-Responsivity (RNR) Model: Does Adding the Good Lives Model Contribute to Effective Crime Prevention? (Andrews et al., 2011)

well as addiction and mental health treatment *including* EBP cognitive and behavioral components. These interventions minimize risks of recidivism through changes in clients' self-perceptions. Programs that work seek to engage the whole person, to help them learn to live prosocial lives, rather than holding them and hoping they won't repeat the mistakes they have made. Partly through the success of efforts like these, attitudes are gradually changing from locking up "throwaway" prisoners to focusing on social innovations for effective humane reentry reforms (Jonson and Cullen, 2015).

In part, the staggering data required the Department of Justice to explore "what works in reentry." There is even a federal research data website by that name.⁵ Our society faces a serious need to repair our broken justice system and find innovative ways to restore our people to prosocial health. In April 2008, a bipartisan majority of Congress passed the Second Chance Act. The stated purposes of the SCA:

- (1) To break the cycle of criminal recidivism, ... and ... address the growing population of criminal offenders who return to their communities and commit new crimes;
- (2) To rebuild ties between offenders and their families... ;
- (3) To encourage the development and ... expand the availability of, evidence-based programs that enhance public safety and reduce recidivism, such as substance abuse treatment, alternatives to incarceration, and comprehensive reentry services;
- (4) To ... promote law-abiding conduct by providing necessary services to offenders, while the offenders are incarcerated and after reentry into the community;

⁵ See: <https://whatworks.csgjusticecenter.org>

- (5) To assist offenders reentering the community from incarceration to establish a self-sustaining and law-abiding life by providing sufficient transitional services; and
- (6) To provide offenders in prisons, jails, or juvenile facilities with educational, literacy, vocational, and job placement services to facilitate re-entry into the community (Congress).

The Justice Reinvestment Institute reports that between 2007-2015, 31 states (62%) implemented mainstream criminal justice reform laws⁶ (Pew Charitable Trusts, 2016). The state of Maine is not among them. In addition to reform, reinvestment redistributes critical funds from incarceration to making residential reentry centers (RRC) work. Voting rights for felons provides an excellent example of the effects of reform. In 13 states and the District of Columbia, people may vote once they leave prison. In four states, a person must wait between 2 - 5 years after the end of probation, to apply to vote. In eight more states, a person may be completely disenfranchised from voting after committing certain offenses (Chung, 2015). Only Vermont has reform laws on the books *and* gives people their right to vote *while in prison*.⁷ If a person in prison, on parole, or on probation cannot vote, they cannot offer their experiences to positively influence criminal justice policies that “serve” them. Their voices won’t be heard by

⁶ The Justice Reinvestment Initiative, a public-private partnership that includes the U.S. Justice Department’s Bureau of Justice Assistance, The Pew Charitable Trusts, and the Council of State Governments Justice Center, and other organizations, works with states on reforms. Although reforms vary from state to state, all aim to improve public safety and control taxpayer costs by prioritizing prison space for serious and repeat offenders and investing some of the savings in alternatives to incarceration for low-level offenders that are effective at reducing recidivism. Justice reinvestment policies generally fall into four categories: sentencing laws that instruct courts about how to sanction convicted defendants; release laws that determine the conditions for offenders’ departure from prison; supervision laws that guide how those on probation or parole are monitored; and oversight laws that track the progress of these changes.

⁷ Maine is the only other state that allows people to vote while in prison, but the state has made no changes or reforms in corrections laws since 2007. (Public Safety Performance Project, 2015)

those innovating or re-designing rehabilitation “for them.” Where is the motivation for disenfranchised people to make prosocial change over the long term, if they are not restored to the full rights of citizens, after “serving” their sentences?

The NRRC says that the RRC (sometimes called “halfway house”) is a transitional step between leaving prison (or jail) and returning to the community. The purpose of the RRC is to foster safety and stability during transition and lower recidivism after reentry. Access to reentry services is sorely lacking for incarcerated people.

“Fewer than one percent of people recently released from prison in the U.S. have access to these reentry facilities, however, because there are not many of them”

(National Reentry Resource Center, 2016). [Emphasis added.]

This is not a secret to corrections. Ten years ago, the situation was similar. According to Scott Story, in his Sheriff Department newsletter (2010b):

DID YOU KNOW: In 2006 the industry journal *Federal Probation: A Journal of Correctional Philosophy and Practice* (Vol. 70, No. 1) documented that only a small minority of the approximately 600,000 prisoners released from state facilities undergo a multi-session, formalized pre-release program. We are a part of something special and look forward to the programming we will provide in the future! Transition is eventual, transition with change is dynamic!

Researching RRCs is extremely difficult. Even the NRRC doesn’t know the data on how many centers exist, who sponsors each program, numbers of clients served, services provided, or how well they work. Different factors confuse the research, because they are all funded differently, because the focus on reentry is relatively new,

and valid research has only been conducted on a small percentage of the existing programs. There is little concrete evidence to show how effective RRCs are at reducing recidivism and achieving other prosocial reentry outcomes, such as employment and family reunification. Even at the federal level, it isn't clear that the Bureau of Prisons' own Statements of Work (contracts) are meeting the criteria to which they agreed (National Reentry Resource Center, 2016).

The data is sparse and inconclusive and we can't yet quantify what works, but RRCs use in community corrections will probably grow, if for no other reason than they are cost effective relative to prison and the prisons are filled to capacity. Research to date suggests a consensus that RRC success depends on program consistency, professional provision of key services, services directed toward the higher risk participants for an effective length of time and services continued after leaving the RRC (National Reentry Resource Center, 2016).

Innovation through Inclusion. From the beginnings of the U.S. prison system, major changes were made *for* prisoners by authorities and rarely, if ever, *by* prisoners. From corporal punishment to "penitentiaries" to "reformatories" to larger prisons or "Big Houses" to "correctional institutions," innovation, in the context of prison and reentry reform, is discussed within and characterized by the hierarchical practices that have always controlled corrections policy in the U.S. Therefore, evidence of true innovations by recipients of corrections services is difficult to find. It makes sense, unfortunately. The corrections system is a hierarchy, with established policies and culture that have historically been designed to subjugate, shame, and denigrate the

incarcerated. As captured in the U.S. Justice Department’s website, “What Works in Reentry Clearinghouse,”⁸ many studies have evaluated facilities and programs designed as top-down solutions for incarcerated residents. It is set up so that the programs – rehabilitative and retributive – are designed for the prisoners, not by them. Little evidence exists of research on the possibility that the incarcerated population can provide answers to what works for them. The possibilities within offender decision-making and inclusion in programmatic design and implementation inhabit an unexplored area with much potential. Loosely defining reform as unique, positive, and meaningful change to the system and if it is to be effective reform, *all of the stakeholders must sit at the table*. As the resident I will call Henry said, “If you want to know what works for prisoner rehabilitation, just ask us. But if you ask us, you need to be ready to hear our answer.”

I struggled to find examples of inclusive practices, where current or former offenders were meaningfully involved in creating programming that worked. In one study, several graduate students traveled to Chile to work on innovation with women in prison. Although the students brought all of the stakeholders to the table, they also brought their U.S. cultural biases; their influence on the process and on determining by the prison that the project should proceed, could be considered problematic (Marchant et al., 2015). The only research I discovered that referred to any role by “those supported by criminal justice services” existed within isolated fields as restorative justice, social innovation research, entrepreneurship, and progressive systems reforms

⁸ For more information, see: <https://whatworks.csgjusticecenter.org>

in Denmark and Norway. The research generally describes inclusive engagement of people served by the corrections systems, and may indicate the potential for participation of all stakeholders in criminal justice reform (Aakjær, 2009; Gavrielides, 2015; Sauers, 2010; Weaver and Lightowler, 2012; www.adpsr.org, 2016).

Corrections in Maine

What's different in Maine? As shown below in Table 2.1, Maine enjoys a significantly lower number of violent crimes than the average state in the Union, although property crime rates are closer to the national average (Uniform Crime Reporting Statistics, 2016). A Maine resident is half as likely to be involved in the justice system as the average US resident, and Maine's imprisonment rate is the lowest in the nation. In 2014, the seven Maine Department of Corrections (MDOC) prison facilities housed 2,242 people or 149 residents per 100,000 people.⁹ Data for recidivism in Maine was unreported by the BJS or the Maine DOC. What factors contribute to the "better" rates for Maine? Statistics show that the rate of crime decreases as age increases. Mainers, whose median is 43.6 years, take the place as the oldest population in the nation. Maine is also the "whitest" state in the nation, with nearly 97% of residents who consider their race to be non-Hispanic white. Where people of color are targeted disproportionately across the U.S., Maine would be hard pressed to overcrowd its prisons that way. Finally, at 43.1 residents per square mile, Maine has one of the lowest

⁹ This data does not include jails, which has a large turnover of residents each day.

population densities of any state, which may help account for Maine’s extremely low violent crime rate (U.S. Census Bureau, July 2015).¹⁰

	Crime rate per 100K people		People involved in CJ system within general population	Recidivism rate	Median age	Race reported as non-Hispanic white
	Violent	Property				
US	386.9	2859.2	1:36	68%	37.7	78.4%
MAINE	122.7 ^a	2509.9 ^b	1:68	– ^c	43.6	96.7%
^a Maine’s violent crime rate is the lowest of the 50 states and D.C. ^b Maine ranks 35th in property crime rates. ^c No data available for Maine.						

Table 2.1. Crime Rates in the U.S. and Maine (Uniform Crime Reporting Statistics, 2016; U.S. Census Bureau, 2012).

Belfast and Maine Coastal Regional Reentry Center (MCRRC)

To bring us closer to our case, this section briefly discusses the community of Belfast, and MCRRC, which is within walking distance to downtown Belfast. Once known for its busy port, and its prolific chicken processing and sardine factories, Belfast has seen an enormous change in environment in the past 35 years. A rebirth for the city began in the 1980s, marked by the flourishing arts and restoration of the stately houses and commercial buildings. In the early 1990s, *USA Today* named Belfast as one of America’s “culturally cool” communities. Today, Belfast is that rare combination of quiet small town with an active social and cultural life and thriving local businesses that is attractive to residents and visitors alike.

¹⁰ I will discuss the MCRRC program at length in the case study chronology, so the numbers here sketch some of the data from this residential reentry center. In a report prepared for the Waldo County Sheriff’s Department, the data showed that the recidivism rate for residents who successfully completed the program was 31% between 2010 and 2014. The racial composition during that time was approximately 93% white, non-Hispanic and the median age was 31 (Story and Gallant, 2015).

Like much of Maine, Belfast is a mostly white, older town. The seat of Waldo County, and located on the Midcoast, Belfast is a popular area to live and visit, with a population density more than four times that of Maine’s average. Compared to the state of Maine, Belfast has more residents with college degrees, but lower per capita income. Waldo County has one of the highest poverty levels in the state and Belfast High School’s graduation rate is slightly lower than Maine’s, overall. (See Table 2.2.)

A seat of cultural change, many Belfast residents embrace changes in areas like eco-housing, organic farming, restorative justice, peace and justice activism. It is, of course, a diverse community of residents holding a mix of views, including those welcoming and wary of a residential reentry/community corrections center. While many in the community supported the center, initially, nearby residents strongly resisted housing the reentry residents in their quiet neighborhood.

Demographic Category	Maine	Belfast
Residents	1,329,328	6,700
Race: non-Hispanic white	97%	96%
Median Age (years)	43.1	44.7
Population density -Capita per square mile	43	196
College degree	28.4%	40%
Per capita income	48,804	34,205
HS grad rate	91.3%	90.2%

Table 2.2. Demographics: State of Maine and Belfast, ME (U.S. Census Bureau, 2012)

MCRRC, “the reentry center,” or “the center” – and the only non-federal reentry facility for men in Maine – is housed in the former Waldo County Jail, which held the county’s inmates from 1976 to 2009. In late 2007, Governor Baldacci signed into law LD 2080, creating the Board of Corrections, to coordinate and reduce costs in corrections

(Story, 2009). The Board of Corrections decided that the Waldo County Jail would experience a mission change. The repurposed facility would share corrections staff and building space between a 72-hour jail holding area, and a new, 32-bed residential reentry center for adult males fitting specific criteria. The center would deliver evidence-based rehabilitative programming (EBP) that was designed to reduce recidivism and successfully integrate state and county inmates back into the communities to which they were returning. Volunteers of America - Northern New England (VOANNE) implemented the programming contract, supported by MCRRC sponsors: Waldo County Sheriff's Department; Waldo County Commissioners; Maine Department of Corrections; and Restorative Justice Project of the Midcoast. When holding was needed for more than 72 hours, Waldo County inmates would be transferred to Two Bridges Regional Jail (TBRJ) in Wiscasset, Maine (Story, 2009).

When one walks into the Maine Coastal Regional Reentry Center, he or she sees the words: "Our Mission is Your Future." In keeping with the stepping stone philosophy of residential reentry centers, the longer version of the center's mission says:

The Maine Coastal Regional Reentry Center (MCRRC) offers transitional services to men serving the remaining 6-18 months of their state and county sentences. The center is operated by the Waldo County Sheriff's Office in conjunction with Volunteers of America Northern New England (VOANNE). Volunteers of America is a faith-based, national, non-profit organization, which manages human service programs and provides opportunities for individual and community involvement. Recognition of the potential in every person, the desire to assist the less

fortunate, and continuously creating compassionate social programs are the foundation of the Volunteers of America. Our goal is to assist each resident in achieving his reentry goals and aspirations.¹¹

Research on Effectiveness of MCRRC Treatment

Doors to the reentry center officially opened in early 2010 and regular reports from Sheriff Scott Story gave glowing information about the good work at MCRRC. In Spring 2015, the Waldo County Sheriff's Office commissioned a treatment effectiveness study (Story and Gallant, 2015). At the time of the study, researchers reported statistics from the time period beginning with MCRRC's opening in early 2010 through 2014. Seventy-four percent of the residents came from Maine DOC state facilities, and 26% from Maine county jails; 93% of the residents declared their race as white; the mean age was 34, the median age 31 and almost 63% of the residents were between 18-35 when they entered the center. Seventy-six percent reported their marital status as single and many others were unreported. None reported being married. The average length of stay at the program (mean) was 7.2 months, with 35% living there less than six months, 38% living there between 6-9 months, and 27% staying for >9 months.

Overall, recidivism for all residents stood at an impressive 31%. Of those who reactivated, 66%¹² did so in the first year. Of those reactivating in the first year, 41% had resided in the center for <6 months. Of the total number of reoffenders (all years), 61%

¹¹ The VOANNE description of MCRRC may be found at: <https://www.voanne.org/maine-coastal-regional-reentry-center>

¹² Story and Gallant state: "If you put them [program participants] in a well-designed evidence-based program for *sufficient duration*, the failure rate is closer to 40%" (2015, p. 24). [Emphasis added.] This refers to the number of residents whose scheduled release date required them to leave before six months in the program.

were between 18 and 35. In other words, although MCRRC participants who complete the program reactivate at less than half of the national average, if a participant were to be arrested, they would be most likely to do so within the first year. Those rearrested tend to be of younger age, generally consistent with national data patterns.

The report concluded that MCRRC followed evidence-based practices and successfully identified candidates with the highest risks of reactivating. Researchers validated the center's choice of diagnostic tool for assessing areas of personal needs – Level of Service Inventory – Revised (LSI-R).¹³ The report praised the staff and programming at the reentry center for the positive reduction in risk factors. Ninety-four percent of residents left MCRRC with reduced LSI-R risks and 71% of residents with the highest risk levels left with risk levels at administrative or low. MCRRC was prescribing a good program of cognitive behavior therapy (CBT) and other evidence-based treatments. Researchers expressed some concern that some residents (typically those at the maximum risk of reoffending) might need more treatment than they were getting, meaning a longer stay at the center and/or more treatment hours. Finally, the researchers were not equipped to evaluate the qualitative mentoring data that RJP programming brought to the center, but saw volunteer community mentoring as a positive addition to support the residents' reentry programming. They suggested that

¹³ Level of Service Inventory – Revised or LSI-R measures the amount and level of risk factors a program participant brings with him. The range for risk is from a very low Administrative risk (0-9) to a Maximum risk level of 10. Each risk factor contributes barriers to success upon release. There are static levels that will not change, such as drug and alcohol addiction or previous involvement with criminal justice system, and dynamic factors that through evidence-based reentry programming may be diminished or removed. Dynamic risk factors include physical components (housing, work), cognitive components (behavioral changes based on cognitive or mind shifts), and psychosocial factors (participation in recovery treatment, prosocial contribution to the community and peers).

increasing mentoring relationships beyond the requisite three months post-release might benefit residents, as the additional support could contribute to reentry success.

Participating in the Program

To attend the program, residents at state and county facilities must apply for admission to MCRRC by writing a personal essay about themselves and their personal motivation for coming to the reentry center. Typically, they learn of the opening through referral by their caseworker at their “parent facility.” The center receives more applications than it can accept. Major Ray Porter, administrator for the center, screens applications and learns about the applicant from several sources. As MCRRC is the only men’s reentry center at the state level, Ray has to make some hard choices. To qualify, the men need to be over 18, at moderate to high risk of reoffending, and they need to have a record free from violent offenses. They also need to be six months to a year away from their release date, and their behavior must be consistent with someone seeking prosocial change (Story, 2009).

Once accepted, and the resident is escorted from his parent facility to MCRRC, a very different life begins for him. The newest residents live in rooms adjoining Day Room 1 and remain within facility walls for the first two weeks, and begin classes almost immediately (See Table 2.3. below). Resident treatment includes substance abuse counseling and each resident works with a caseworker to foster positive treatment outcomes. MCRRC uses the evidence based substance abuse treatment program, “New Freedom: A Road Not Taken.” This is a workbook-based group model based on the

Transtheoretical Model of Change, cognitive behavioral therapy, and motivational interviewing (State Board of Corrections, 2014).

Residents ... attend meetings, counseling and other activities designed to “minimize down-time.” VOA will offer services designed to prepare the residents for life on the outside, from substance abuse counseling to job training as well as educational and housing assistance. Restorative Justice will play a large role in the rehabilitative process (Story, 2010a).

Residents in need of a GED or High School diploma program are referred to Literacy Volunteers and those interested in post-secondary education opportunities are provided access to College Connections (Story, 2010b). In house, residents may choose to get help with resumes and interview skills.

A Road not Taken (replaces DSAT) ^b	Psychodrama 1, 2 & 3
Alcoholics Anonymous	Resiliency / Relationships
Anger Management	Smart Recovery ^e
College Prep ^c	STRIVE (Work Readiness)
Communication and Mediation	Thinking 4 a Change
Courageous Communication ^d	Therapeutic Communications
Epictetus Club	Victim-Offender Dialogue ^b
Houses of Healing	Writing at the Reentry
Intro to Restorative Justice	Yoga ^c
Narcotics Anonymous	
<p>^a. Many of the classes incorporate evidence-based practices, such as motivational interviewing and/or cognitive behavioral therapy. ^b Differential Substance Abuse Treatment. ^c Optional or as needed. ^d Based on the Marshall Rosenberg curriculum of Non-Violent Communication (NVC). See Founder’s Bio: www.cnvc.org/about/marshall-rosenberg.html. ^e This class seemed difficult to keep scheduled, for some reason.</p>	

Table 2.3. Sample Monthly Class Schedule

As expected, each man brings his individual barriers to autonomy and prosocial self-responsibility. Residents also have variable amounts of time in which to address the barriers, since they are released on the date set by sentencing order. During the resident's stay, the program offers him four achievement levels for which he can apply, as he begins to meet certain criteria. While each level represents a gradual increase in personal freedom to residents – within and outside of the MCRRC's walls – each level also increases expectations of residents for taking personal responsibility for prosocial behaviors and community contributions. To apply for the next level, all residents write an essay discussing how they have accomplished the learning objectives for that level. For consideration, the resident demonstrates readiness by living the level of maturity and responsibility required in the next level. At Level 3, for example, a resident may be eligible to look for paid work, and has greater freedom of movement within the community for pre-authorized activities. Usually, by this time, residents are matched with a mentor with whom they can schedule to meet regularly.

By the time a resident reaches Level 4, they are a peer leader, have exemplary prosocial behavior, and are demonstrating their ability to re-integrate well into community. They are allowed a set number of hours of unsupervised community outings. All activities of residents are scheduled three weeks in advance, per Maine DOC policy. This policy is in place for victim notification of the resident's location. However, in this digital age, the extremely long wait time for activities can make for difficult scheduling for mentors, job searches, appointments, and other aspects of the reentry experience that could solidify a prosocial transition after release.

Before their release date, each resident must plan the details of his transition to community upon release. This is a critical time. Quite often, he has few supports out in the community to which he is returning. He is going back into an environment with much less structure, even with access to a mentor's help. With a lot of preparation, (notwithstanding scheduling constraints and difficulty receiving messages from callers) residents can coordinate finding paid work. In the best case scenario, resident, case manager, and mentor work together to find stable resources to increase opportunities to utilize the prosocial, self-determination, and clear thinking skills they have worked hard to gain. The resident's participation and initiative makes a big difference – they must focus intentionally on “what will be different this time.”

Learning objectives and activities are designed to help the residents resolve barriers within the time they have. Activities promote good integration of their skill set back into the general mainstream. The model results in a high success rate, MCRRC reports doubling the likelihood that residents will reintegrate prosocially and without recidivating within three years.

A mix of collaborative government and nonprofit organizations employs the program personnel. The Waldo County Sherriff's Department employs the correctional staff and the senior administrator. Programmatic staff members (program manager, case managers, and some instructors) work for the center through the program contract held by VOANNE. An RJP staff member coordinates reentry issues and matches residents with mentors for added support for the residents before and as they exit the system. The whole program is a sub contract by the Maine DOC.

“Do the Center’s programs help reduce the recidivism rate? Absolutely,” says [program director, Jerome] Weiner. “Our methods are innovative, but they’re based on proven research. And as I said before, they actually cost less than having people sit in jail. It’s a remarkable thing — and a win–win for everyone” (Volunteers of America, 2016). In 2014, all staff members were trained in the industry standard “Eight Evidence-Based Practices Interventions” (National Institute of Corrections, 2004; Porter, 2015). While these interventions are posted on the Maine DOC site, it is unclear that any facility other than MCRRC has utilized them.

MCRRC Residents Pay it Forward

Throughout their stay, all residents continuously contribute to their community, through weekly community service at local churches, food pantries, soup kitchens, and wherever needed or requested by the community. Supervised community service work is an open-ended program for residents at Levels 1-4, each of whom is expected to provide a minimum of 4 hours of community service a week. Residents at Level 3 or 4 can serve in an unsupervised capacity, after program staff evaluates the full file of any eligible resident (Story, 2010b).

In his May 2010 newsletter, then Sheriff Scott Story also addressed some community concern “... that the individuals coming here were getting a ‘free ride’...” during their incarceration time.

Let me assure you that their time here is much harder than time served at another facility. Their scheduled day of programs focused on need as well as community service projects, education, seeking employment, counseling, etc.,

make for a very long day that is far tougher than sitting around and watching television. [Emphasis in original]

One major source of community service for the residents is the MCRRC Garden, located in Swanville. Developed and fostered each year by Waldo County Commissioner William Shorey, the garden project involves MCRRC residents in growing tons of produce in their 5-acre garden. In 2015, the garden produced over 40,000 pounds of produce. The center provides an opportunity for residents to “pay it forward” to the community (Porter, 2015). All of the food is donated to any community organization that needs or wants it, aside from any needed by the reentry center to feed residents.

In the gardens, they work alongside Waldo County Commissioner Bill Shorey, planting, weeding, and harvesting. They take ripe red tomatoes, plump ears of corn, and mountains of zucchini and summer squash to food pantries, soup kitchens, and other nonprofits all over the county, where the bounty grown at the Garden Project helps feed people in need (Curtis, September 29, 2014).

In 2014, residents provided 6,204 hours of community service with 43 partners in Waldo County. From 2010 through 2014, residents contributed approximately 22,000 hours¹⁴ totaling \$172,095 at minimum wage. The reentry center saves tax dollars through residential treatment; the best proof of savings can be measured by the reduction in future costs of incarceration. Based on the difference in recidivism rates between reentry residents and state prison residents with no reentry services, researchers

¹⁴ This total includes reported hours MCRRC has supervised or scheduled. There are additional, unreported volunteer hours when residents choose to contribute more than the “required amount” and forget to log them upon return.

estimated 27,048 fewer bed days needed to house reoffenders (Story and Gallant, 2015). In 2012, it cost the State of Maine \$154 per bed day to incarcerate a single person (Henrichson and Delaney, 2012). Based on the total savings in bed days, the reentry center saved \$4,165,392 from 2010 – 2014. Resident contributions and payments – for room and board, community service hours, garden produce, and payments on support, restitution, and fees – suggest that *in five years, MCRRC program generated or saved almost \$5 million for the State of Maine* (Story and Gallant, 2015).

Profile of Resident Contribution to Waldo County Communities 2010 – 2014		
Type of Contribution	Quantity	\$ Value
Community Service Hours	22,000+	\$160,000 ^a
Room and Board paid by working residents	\$103,707	
Restitution, Child support and Fines	\$232,070	
Garden Production (pounds)	116,000+ ^b	\$218,000+ ^c
Bed Days Saved	27,048	\$4,165,392
^a Calculated at Maine's minimum wage of \$7.50/hour. ^b Calculation includes statistics from 2010-2015. Produce was measured by volume before 2012 so numbers are approximated. ^c Calculated at \$1.88/pound.		

Table 2.4. Resident Contributions to Community through MCRRC

Restorative Justice

Gaining popularity since the 1990's in the US and other countries, restorative justice is increasingly seen as an alternative to retributive courts and criminal justice processes. In the U.S., Howard Zehr may be considered a "founding father" of restorative justice and his book, *The Little Book of Restorative Justice*, is an excellent and popular introduction to the subject (2015). According to Zehr, restorative justice

...holds that criminal behavior is primarily a violation of one individual by another. When a crime is committed, it is the victim who is harmed, not the state; instead of the offender owing a “debt to society” which must be expunged by experiencing some form of state-imposed punishment, the offender owes a specific debt to the victim which can only be repaid by making good the damage caused (Zehr, 2015).

Later, Zehr adds to his definition: “Restorative justice is a process to involve, to the extent possible, those who have a stake in a specific offense and to collectively identify and address harms, needs and obligations, in order to heal and put things as right as possible” (2015, p. 37).

Zehr describes the primary models of restorative justice practices, which are victim offender dialogues (VOD),¹⁵ family group conferences (FGC), and restorative justice community circles. I describe the VOD and FGC, in Chapter 3. The restorative justice community circle may be considered the basic restorative conversation, often in situations where circle members hope or choose to avoid criminal justice action. The circle includes facilitators, community members – who may be affected directly or indirectly -- and those involved in the ruptured relationship, including family and support persons for healing of broken relationships. They are often called victim and offender, or harmed and harmer. Well known for his restorative justice work with youth and gangs in Brazil, Dominic Barter refers to the participants as “the author of a given act, the recipient of that act and the local community. Barter coined these terms – and

¹⁵ Victim-Offender Dialogues may also be called Victim-Offender Conferences or Victim-Offender Mediations.

“prefers them to the victim and offender labels – in recognition of the complex web of mutuality” in which we live and experience both harm and healing (Wachtel, March 20, 2009).

Core to RJ practices are several elements: Offenders must accept responsibility for their actions and express remorse and willingness to repair harm they have caused; a restorative conversation is an opportunity for offender to come face-to-face with the person(s) harmed (or their surrogate(s)) and for all parties to gain empathy; and involved parties are guided by facilitators to foster an honest, inclusive and respectful discussion between parties, including finding ways for offenders to repair harm.

Conferences of different types may be held for different reasons or objectives: the primary three are *diversionary* – to avoid court involvement to the extent possible; *healing* – especially in response to severe crimes – where the offender has already been sentenced and diversion is not an outcome for the conference; and *transitional* – e.g., when an incarcerated person is preparing to return to and reintegrate with the community (Zehr, 2015).

Research reports differ regarding the overall effectiveness of RJ with offender populations. Longitudinal and comparative analysis studies found evidence of lowered recidivism rates among those with highest risks levels (measured by the LSI-R), and greater overall satisfaction with the justice process by all participants (Sherman et al., 2015; Walker and Hyashi, 2009). In certain areas of the world, (e.g., Australia) RJ practices are the first line of intervention for use with youth offenders for repairing primary and influential relationships. Although not yet widely utilized with residents in

community reentry, or those incarcerated in jail and prisons, RJ enjoys success within those settings when employed (Barter, September 13, 2012; Walker, 2008; Walker, 2010; Walker, 2015). While RJ practices, including restorative reentry practices, are not innovative in the sense of “never having been done,” they represent an important social justice innovation in many areas of the U.S.

Restorative Reentry

Restorative reentry fosters empathy for people returning to community and the community itself. Restorative justice work contributes a critical social and interpersonal healing element to the basic evidence based practices. Often, incarcerated people have not considered the impact they have had on their victims, or they see victims as isolated recipients of their harm. In truth, harmed relationships create a ripple effect across the circles of influence of both victim and harmer. A restorative process may bring all who are involved — and willing — face-to-face to be heard and to hear to all points of view. Sharing and listening between all involved parties often brings healing. As relationships are repaired, mutual respect, personal dignity, and the satisfaction of being heard are shared between the harmer and the victim. For those who have been incarcerated, this may be the first time they are facing their victim (or in some cases, a surrogate victim who has experienced a similar situation). Understanding the aftermath of their offense helps the harmer focus on how and why their actions matter to individuals, families, and the community.

The important connection between restorative justice and community is best explained by the concept of *ubuntu*, and its use by the Truth and Reconciliation Commission (TRC) in post-apartheid South Africa. Archbishop Desmond Tutu explains it:

Ubuntu...speaks of the very essence of being human. [We] say... 'Hey, so-and-so has ubuntu.' Then you are generous, you are hospitable, you are friendly and caring and compassionate. You share what you have. It is to say, 'My humanity is caught up, is inextricably bound up, in yours.' We belong in a bundle of life. We say, 'A person is a person through other persons ...' A person with ubuntu is open and available to others, affirming of others, does not feel threatened that others are able and good, for he or she has a proper self-assurance that comes from knowing that he or she belongs in a greater whole and is diminished when others are humiliated or diminished, when others are tortured or oppressed, or treated as if they were less than who they are (Tutu, 2000).

Reform that utilizes restorative practices makes sense in more than dollars and cents: Understanding the interrelatedness of all of life – *ubuntu* – means we cannot abandon one section of our community and hope to be whole within it. Restorative justice is ultimately about respecting oneself and each other, and restoration to community, but does restorative justice work? The Smith Institute, a think tank in the UK, conducted an extensive restorative justice (RJ) research review in the UK and abroad that shows in direct comparison to conventional criminal justice (CJ), that RJ has substantially reduced repeat offending for some offenders, especially those at high risk of re-offending; doubled (or more) the offenses brought to justice as diversion from CJ;

reduced crime victims' post-traumatic stress symptoms and related costs; provided both victims and offenders with more satisfaction with justice than CJ; reduced crime victims' desire for violent revenge against their offenders; reduced the costs of criminal justice, when used as diversion from CJ; reduced recidivism among adults more than prison or as well as prison for youths (Sherman et al., 2015).

Research suggests that support from within the community from which the person came creates the most effective reentry path for a former offender.

Communities can begin to counter criminal behavior by:

[T]apping into the problem-solving capacities and resources of the communities from which it emerges...[S]uccessful reintegration is not just a matter of whether the offender is prepared to return to the community. It is also a matter of whether the community is prepared to meet the returning offender (Bazemore and Stinchcomb, 2004).

For effective restorative reentry, former offenders need to be active and proactive at three levels. S/he must be willing to: change their own perceptions of themselves, from law-breakers to law-abiding citizens; become involved in the community at a level that is apparently indicative of the former offender's remorse and wish to fulfill restitution; and model actions and attitudes that demonstrate his/her adoption of community norms and values. Restorative justice and evidence-based practices (EBP) foster a learning environment that addresses these new behaviors. Combining new ways of thinking about self and others, community connection and

belonging, and attitudes and behavior that can “fake it ‘til you make it,” are powerful medicine.

One of the inherent challenges people face when leaving incarceration is the community’s perception that “doing the time” is not a convincing proof that the debt to society has been repaid (Love, 2011). Prosocial behavior, such as civic engagement at a visible level, helps to assuage the concerns of the larger community. When all involved parties participate in dialogues like reentry conferences, they:

...provide an opportunity for essential communication between returning residents and the various home communities that will ultimately facilitate their reintegration. The root causes contributing to the releasee's involvement in crime are addressed. Offender accountability is affirmed and linkages are established with those in the community who have a direct stake in the outcome (Bazemore and Stinchcomb, 2004).

A restorative community justice model therefore explicitly considers crime as a community problem whose solution requires maximum mutual engagement of communities, victims, and offenders in its resolution; restorative justice conferencing provides a means to ensure that community members, offenders, victims and their families and supporters all are given an opportunity for input into the outcome and process of reintegration. According to Bazemore & Stinchcomb (2004, p. 17), “Seeing the offender in person in a restorative encounter is often the key to increasing victim and community support, or at least reducing resistance to reintegration.”

Restorative justice practices offer different options for helping people returning from incarceration. Victim-Offender Dialogues offer incarcerated offenders an opportunity to engage in healing circle work with surrogate or original victims. The VOD allows offenders to recognize the impact of their actions on the lives of those they have harmed and to experience and offer empathy to the victim. As they trade stories, victims often understand the offender's situation differently, thereby allowing for healing between the parties. For many offenders, it will be the first time they have told their story out loud to others, and perhaps to themselves.

Some reentering offenders might also participate in a restorative practice called the Modified Restorative Circle (MRC). Unlike a community restorative circle, the MRCs occur while the person is still incarcerated and involve only other incarcerated people, facilitators and possibly correctional or resource staff. The purpose of the MRC is to allow incarcerated individuals to develop a thoughtful plan to successfully meet their needs for community residency. The plans are detailed, are worked on by a group of people who know the challenges and they plan for reconciliation with family members and community and unexpected, but inevitable contingencies (Walker and Hyashi, 2009).

The authors describe a highly successful reintegration program used in a Hawaii prison facility. The first part is the planning process within an MRC, as above.

The second part of the reintegration program is Restorative Justice as a Solution-Focused Approach to Conflict and Wrongdoing, a 12-week facilitator training program for incarcerated people to learn cognitive skills for living healthy,

happy, and peaceful lives. Learning emotional and social intelligence...along with specific cognitive and behavioral skills including mindfulness...and listening, to help develop insight and self-awareness, are important features of the facilitator training. An interesting and valuable exercise is having each member of the MRC tell the individual making the plan about her/his positive qualities. This can help them begin to re-frame their self-image and give them an identity more likely to make better choices and to be crime-free. (Walker and Hyashi, 2009).

Restorative Reentry at MCRRC

Restorative Justice combines evidence-based practices with community. The collaboration between RJP and MCRRC is highly regarded by officials, residents, and mentor-volunteers. Jay Davis, president of the board of the Restorative Justice Project, said, “We’re trying to get away from a place where people who committed crimes are warehoused in jails and prisons...our goal is to make Maine a restorative justice state” (Curtis, September 29, 2014).

In his May 2010 newsletter, former Sheriff Story describes the RJP’s seven week Introduction to RJ class, which “offers individuals a new way of looking at criminal justice while focusing on repairing harm done to people and relationships rather than punishing the offender.” In its annual report, the Maine Board of Corrections wrote:

[A]ll MCRRC residents are offered the opportunity to develop a relationship with a [trained RJP volunteer] mentor who will offer them the critical support needed in the community and assist in the transitioning from prison life...Studies show

that when individuals feel connected to their communities they are less likely to cause harm or commit crimes (State Board of Corrections, 2014).

Michelle Moschkau coordinates RJP programming at the center. She co-teaches the introductory course and matches trained mentors to residents. As needed, Michelle works with circle facilitation in the reentry center. The mentor program is also an innovative use of restorative justice practices, because it fits with the philosophy of both MCRRC and RJP in supporting the restorative reentry of the residents after release. With adequate funding, RJP would like to increase the work in restorative circles at the reentry center – perhaps with circles for infractions at the center, circles for family reintegration, and more victim-offender dialogues – all areas where more innovation might occur. At this time, funding and staff constraints limit the number of circles RJP can facilitate.

Innovation Engineering

Innovation Engineering (IE) is a system of engineered processes that provides a solid framework from which to innovate, or create meaningfully unique ideas—meaningful in that they solve real problems, and unique, in a new and better way. Created by Doug Hall, formerly a product “innovation guru” at Proctor and Gamble, and collaborators at the University of Maine in Orono, IE is taught to businesses around the globe and in universities (Hall, 2013). Best practices of innovation – spelled out in IE training – include all affected stakeholders looking to create solutions in response to a specific (identified) problem. Successful innovators are curious and fearless enough to welcome wide diversity of thought and input. This serves to increase the number of

potential ideas and satisfactory solutions for everyone affected by the changes. I could easily see similarities in IE and RJ. Each practice relies on open and honest participation and each utilizes process to maximize communication and achieve mutual understanding for participants. Certainly a – rediscovered – innovation, restorative justice provides an example of how IE could support restorative reentry reform.

The teachings of W. Edwards Deming, developer of the “System of Profound Knowledge,” or a system of thought, are foundational to IE theory. Deming believed that in any system, when there is a frequent or large problem within, 94% is due to the system itself, and only 6% can be attributed to the worker. According to Deming, “A system is two or more parts that work together to accomplish a shared aim” (Hall, 2016a). One of the reasons restorative justice works is that it addresses the broken criminal justice “system,” which uses extrinsic motivation (punishment, incarceration) and distances the people (“parts”) already disenfranchised by the torn relationship. RJ brings individuals together that share an experience, albeit an experience of harm. The collaborative efforts involved in restorative conversations create empathy, which motivates people intrinsically to bridge their separations.

While manufacturing systems, (for example), are easy to recognize and quantify, human systems are messy and difficult to categorize and replicate. This is because systems are products of interactions and outcomes of human interactions always vary, even within a pattern of behaviors. Systems, in IE, need to define a clear purpose, to allow components to function interactively and work together to achieve meaningfully unique solutions that improve outcomes. A caution is in order here; intrinsic motivation

(i.e., willingness) is not enough. People who do not have the ability to innovate, because they lack education, resources, tools, and supportive systems, will struggle to innovate successfully, regardless of their desires for change.

As with anything that is well-engineered, well-defined problems and needs precede good solutions. Successful innovations, as good as the solution may be, don't just spring from within the inventor. IE simplifies defining, discovering, developing, and delivering solutions with its "Create, Communicate, and Commercialize" processes that identify and guide worthy innovations through the difficult maze to implementation. "Create," where great ideas begin, holds that a problem looking for a solution may be solved almost like an equation. Begin with an overload of *stimulus* – problem-related and unrelated information – and raise it to the power of *diversity* – people with different thinking styles and diverse perspectives and approaches – and divide that by the amount of *fear* around the solution – such as with sharing or controlling ideas, investing resources, and even success. Groups with more diversity and less fear will finish with a greater number of solutions that have "meaningful uniqueness" – a new and different answer to the problem that matters to people.

"Communicate" is the next level in a continuous spiral of improvement. Understanding the customer's problem in detail – *from the customer's point of view* – is critical to designing a solution that works for *them*. In particular, *innovators must resonate with the person who has the problem and their experience and stay in touch with this during the full innovation process*. In this way, Innovation Engineering mirrors a

fundamental value of restorative justice, which I discuss in the section on social innovation.

During the Communicate part of the cycle, innovators must clearly and completely articulate the problem they are solving for the customer, the promise that the innovation solves the problem, and proof that the innovation can deliver on the promise. The process must answer the question, “So what?” and tell the story about why the innovation matters to the customer, in words and images that connect deeply with the concerns and experiences of the customer. The result of the innovation must be believable and all stakeholders must understand the benefits that the innovation delivers. When there are customers who have the same need, but for different reasons, everyone with involvement in the outcome should be invited into the process. Viewed as a pipeline, each stakeholder may function as a “pump” to promote opportunities for and facilitate an innovation, or a “valve,” which may require innovators to research barriers, go back and rework a concept, or even scrap a project. Full and mutual understanding (empathy) of the specific needs of all who are affected increases the efficacy of a solution.

“Commercialize,” the third step of the innovation engineering process, puts an innovation to the test. Ideas coming through this pipeline have use only if those who create them are willing to risk failure of their ideas, as they tell others about them and try them out. Many people fear this stage because until this point, relatively little time, resources, or money have been committed. To overcome doubts and insecurity about proceeding, innovators must look for project “*death threats*” (potential barriers or

“speed bumps”¹⁶), of cost and price, sales and revenue, resources, and relevance for the customer. Innovators make quick prototypes - visuals or other tangible measures of their idea. Prototypes help them “*fail FAST, fail CHEAP*” and troubleshoot unforeseen limitations, design flaws or further “death threats” before deciding to proceed. At any time during the Create-Communicate-Commercialize process, innovating teams may need to return for another pass around the cycle. Experienced innovators *expect* to fail several times before arriving at something *meaningfully unique* that solves the right problem for the right costs and the right return. “Failing,” Hall says in his video lectures, “only makes us smarter.”

Design, research, and prototyping are done before committing significant resources. The thrust of “Commercialize” is to make more and more of the unknowns known. Positive, logically thought out answers to potential concerns lowers fear and brings greater focus to the feasibility and actual promise of the innovation. (Hall, 2013) In his course lessons, Hall insists that a good innovation process tells a story and isn’t afraid to have failed attempts as part of that story. On storytelling in science, Alan Alda says:

The process of science is trial and error, and discovery and failure, and doing it all over again. It can seem rather messy. When someone has a lack of success or the outcome isn’t what is expected, people can easily categorize “failure” ... [But t]he process of science really makes a wonderful story, and we respond to stories ...

We want to see the hero overcome obstacles that could sink the whole

¹⁶ The term “death threats” is inappropriate for use within a correctional setting. After discussion, several residents proposed the use of the term “speed bumps.”

thing...[a]nd then finally getting somewhere, or getting somewhere where you haven't succeeded ... That kind of story is really the story of every experiment, or every great discovery... (Pierce, 2013).

Others have written about innovation techniques in similar ways. Design thinking is used to chart innovation as designers apply it to problem solving. In this field, terminology includes applying creativity to customer needs, locating the breakdowns in the system, and analyzing the failures in current solutions. The concepts of fast prototyping, assessing death threats, and cycles of mastery perform the same functions in both pipelines (Brown and Wyatt, 2010; Heller, 2014). Once considered secret and accessible only to the corporate elite, the use of innovative processes is open to anyone.

Social Innovation

Social innovation (SI) introduces meaningfully unique ideas that change the way people interact with one another. Although there will be crossover, technological advancements differ from new social practices or paradigms that will eventually be accepted as cultural norms:

[A] technological innovation is the satisfaction of a human need by transforming an idea to a concrete solution ... [primarily motivated by profit] ... and social innovations can be considered as the implementations of these solutions to people's daily lives ... [with the aim of fulfilling needs] (Bulut, Eren, & Halac, 2013).

Cajaiba-Santana reported that in 1986 business innovation expert, Peter Drucker, predicted the 21st century would experience an increase of social innovation

over technological innovation. This corrected a prevailing, but mistaken, belief that science and technology were more important “as a vehicle of change” than social innovation (2014). Cajaiba-Santana also explained that SI has lagged because “most non-profits or would be social innovators ...” lack the support and resources provided for technological innovation (2014). Multiple economic factors present barriers for social enterprises, especially for quasi-governmental organizations, where multiple grants, contracts, or organizations must collaborate to achieve the funded mission. Barriers include lack of funding or fierce competition for funding for prototyping ideas, short-staffed enterprises that cannot spare people to spend time developing ideas, and the public opinion of the importance of a particular area of need (Grimm et al., 2013). For example, many donors to soup kitchens prefer to see their dollars spent on meals served to hungry people, rather than on developing ways to rid society of the need for soup kitchens.

Despite differences between business innovation and social innovation, the best practices remain similar at the core. Hall perfected his Innovation Engineering processes while guiding major corporations and nonprofits, but emphasizes precisely identifying the customer needs, the problem, and the customer’s point of view, all of which pertain to social innovation. In any innovation context, concise communication between stakeholders, realistic evaluations of death threats, and financial forecasts based on solid rationale and rapid prototyping remain important to decisions to continue or scrap an emerging idea.

As the interest in social innovation increases – more in Europe than the U.S. – attention has been given to ways to make innovations and inventions available to the public domain, to use shared knowledge as a platform for further innovation. The TEPSIE Project¹⁷ explores this idea further: “The concept and practice of ‘open innovation’ is very much mirrored in the social field where there has long been a focus on engaging citizens in the design and development of social innovations” (TEPSIE, 2014).

U.S. criminal justice systems, hierarchical and tightly controlled, make this statement by social innovation theorist and pioneer, Geoffrey Mulgan, highly relevant for SI within correctional environments:

Two necessary conditions [to replicate and scale up social innovations] are a propitious environment and organizational capacity to grow. ... It may take decades to create the environmental conditions for growth—persuading consumers and public agencies to pay for something new...A good example of a socially innovative activity in this sense is the spread of cognitive behavioral therapy [CBT], proposed in the 1960s by Aaron Beck, tested empirically in the 1970s, and then spread through professional and policy networks in the subsequent decades [Emphasis in original] (2006).

CBT also carries relevance for SI and corrections because its use is prevalent in the EBP landscape of therapeutic communities. So much of the success of CBT and other EBP depends on the client utilizing new skills to solve her or his own problems. When

¹⁷ This project, exploring the Theoretical, Empirical and Policy Foundations for Social Innovation in Europe (TEPSIE) is being carried out by a consortium of six partners. Together, this consortium has designed a research programme that aims to prepare the way for developing the tools, methods, and policies, which will be part of the EU strategy for social innovation.

social innovators begin with the mindset that humans want to understand themselves and to solve their own problems, they are more likely to be effective. If we look for what Mulgan calls “positive deviants” or those who figure out how to win against the odds – he uses “the ex-prisoners who do not re-offend” as his example – we are likely to find more meaningful ideas that make a difference and do it “at much lower cost than top-down solutions” (2006).

In SI, it is difficult to categorically define innovation by the complete uniqueness of an idea. Researchers suggest that innovations that change social behavior are previously separate ideas that have been combined successfully. This connects with Deming’s systems theories, viewing social innovations as the combination of more than one idea interacting to achieve a shared social change outcome. Discussing common patterns of success and failure in SI, Mulgan (2006) offers RJ as another example of social innovation. His words capture more of the challenges to innovation within incarceration settings:

Social innovation doesn’t always happen easily, even though people are naturally inventive and curious. In some societies, social innovations are strangled at birth. Examples include societies that monopolize power, inhibit free communication, or [in which] independent sources of money are scarce. [G]lobal links make it much easier to learn lessons and share ideas at an early stage, with ideas moving in every direction (for example, the movement of restorative justice from Maori culture in New Zealand to mainstream practice around the world).

Even when adequate resources, solid transitional leadership, and a promising idea line up together, it is not guaranteed that an idea will succeed. In fact, innovation theory assumes the first several cycles will likely fail. What then? Mulgan (2006) quotes Samuel Beckett: "Try again. Fail again. Fail better." That reminds me of Doug Hall.

Successful commercial innovations demonstrate how to decrease risk by carefully setting the scope of the problem and expectations of financial returns. These practices are sorely lacking within social innovation for reentry reform. However, SI strategies that encourage using proven innovations and teaming up with a like-minded organization to share risks (Hull and Lio, 2006) are demonstrated at MCRRC and within the larger RRC movement.

Exploring the Intersection of IE and RJ

While I envisioned an intersection between RJ and IE, I originally based it on the perspective Mulgan takes above; restorative justice is a social innovation and organizations that use it are innovative. However, there is another level at which these two fields intersect – empathy and mutuality. These qualities are easily identified within restorative justice and understood through ubuntu. Restorative justice is rooted in *ubuntu* (explained in section on Restorative Justice within Reentry) because entering into healing where harm has occurred draws empathy from the participants. I must see you to empathize with your situation or experience. As I understand you, I see myself. Then your problem and my problem become our problem. We dialogue, trusting the process to bring us to empathy, the promise of the restorative process.

In the innovation environment, in addition to defining the problem and its impact, an often unspoken` process of understanding the *people* affected by the problem – empathizing with their situation – builds the trust that allows innovators to work better together and to improve the chances of solving it. The steps and stages of innovation guide the process, just as the facilitators guide the restorative processes. The impact and pain of a well-defined problem is shared among diverse participants. No thoughts or ideas are wrong. Greater empathy for all sides of the problem increases the probability of the best solution. Although this approach may seem unconventional, clearly, social innovation echoes *Ubuntu's* call; “*a person is a person through other persons.*”

CHAPTER 3

CASE STUDY METHODOLOGY AND CHRONOLOGY

If I separated the full methodology from the chronology of the study, it would be difficult to follow the events. To encapsulate my steps, first, I requested and obtained permission from the center for the research from the Internal Review Board (IRB) at the University of Maine. I got involved with MCRRC through classes, where I met and got acquainted with the residents with whom I would work. To test my approach, I held an external Create Session with community volunteers that resulted in reworking my project approach. My second approach failed, too, and I didn't know where to go next.

Through involvement in classes, I met residents looking to innovate on their own. I obtained permission to participate with the residents, from MCRRC and IRB. I observed committee meetings attended by residents and staff. Based on the concerns presented at the meetings, I worked with the residents on defining and presenting ideas – we wrote one in Yellow Card format – to the senior administrator. Finally, I interviewed five residents¹⁸ on their thoughts and attitudes toward the center, innovation, and restorative justice in reentry, and received 15 confidential surveys from resident volunteers on the culture of innovation at MCRRC.

In early October 2015, I walked through the door to MCRRC for the first time. Expecting a metal detector and security at the entrance, I had left my cell phone in the car. Instead, the door buzzed and I entered a wide hallway, with staff offices on either

¹⁸ All residents interviewed or quoted in interviews chose their pseudonyms, which are used throughout this paper. Every resident quoted has also had the opportunity to read and approve any statements or quotes by or about them. "The Resident Group" is a combination of remarks made by residents in informal settings

side and a few chairs on the left. No guards in sight. Several men, neatly groomed and dressed in casual clothing, walked into or out of offices, the hallway, the elevator, or sat waiting for an appointment with one of the staff. Each person was courteous and pleasant. I did hear an occasional “Door 5, please!” followed by a loud buzzer, for a door out of my line of sight. This was the only initial indication of a correctional facility. I saw just regular offices and men coming and going. I was sure there was some more structure to the place, but it looked “laid back” to me. Later, I got a tour from a resident whose release date was in two weeks and who was going on to post-secondary education.

Waldo County Sheriff Jeffrey Trafton and former executive director of Restorative Justice Project, Margaret Micolichuk, introduced me to the MCRRC and its program administrator, Ray Porter, and the program director, Jerome Weiner. Margaret had agreed to help me navigate the process of exploring possibilities for innovation research at the center. Like the residents, Ray and Jerome welcomed us. Right away, they showed their obvious passion for the program, the only one of its kind in Maine. Although they did not know me, they were open and receptive to ideas that would improve their already innovative program.

One way that MCRRC is unique is it provides residents with more than 100 hours of EBP classes, including CBT and substance abuse counseling and other treatment. The EBP curriculum addresses resident risk factors, helps residents navigate and prepare for their needs for successful reentry, and teaches new, prosocial thought patterns and behavioral skills to develop personal responsibility and accountability (Galassi et al.,

2015). EBP are social innovations in therapeutic communities and reentry centers, and like CBT have spread organically and in different directions. I found uniqueness in MCRRC's collaborative, multi-sponsor, team approach that combines personal development using EBP with interpersonal healing and development. The center teaches and utilizes restorative justice practices and other atypical communication skills, such as non-violent communication (NVC).

I asked Ray and Jerome for the opportunity to involve center residents in innovation exercises to create ideas. I hoped residents would agree to participate in problem solving to support themselves and other residents through the reentry process and into community. According to my research, correction facilities rarely ask incarcerated people (or those preparing to leave incarceration) to design unique small or large solutions for supporting or rehabilitating reentry processes. I asked to offer residents some innovation exercises (within an IE Create Session) and I spoke of my curiosity about whether time "locked up" and then exposed to reentry EBP and treatment increased or decreased ability to generate creative solutions beyond their immediate – although important – concerns for themselves.

Fortunately, Jerome corrected my initial assumptions about the innovativeness of program residents. He described the residents as "creative and inventive, but anti-social [when they arrive]." Each resident had already shown personal initiative to better himself, by applying for participation in the program. Being at MCRRC meant the resident had the willingness and self-determination to do the "hard work of personal change." The changes would facilitate the "mind shifts" needed to get out and stay

away from criminogenic behavior. In other words, if I was looking for incarcerated people who were creatively disabled, it was unlikely that I would find it at the center. I wondered how this fit with research on incarcerated people who lived in learned dependence and/or inability to articulate things about which they felt passionate. If the residents who come to reentry are creative, will they excel and willingly employ innovation skills? Was there reason to believe that these men would or would not express creativity and/or innovation?

Methodology 1: Create Session

I initially intended to lead a group of resident volunteers through an IE Create Session, to explore interest and capacity for innovation among the men. I wanted to host the Create Session offsite and to see how far along the innovation process I could take the ideas generated in the initial session. Jerome indicated that residents took interest in activities outside of the actual building. Margaret thought it would be more successful if I offered some type of physical recreation and food with the session. Usually, Create Sessions happen in a room with a lot of sitting, talking, and often, food. I was unsure how I might meaningfully incorporate movement into the session, since rapidly gathering ideas would yield the best results.

I obtained approval for the session through the University's Internal Review Board. I planned to keep information as confidential as possible. I would not connect ideas from the session back to specific residents, and I would not collect residents' names or other identifying information. Of course, residents and staff would know who participated, but in my use of information, I would ensure any resident idea or input was

untraceable to its source. Ray indicated that participation should be fine, if men voluntarily signed releases.

Classes

I am grateful to Jerome, who pointed out that the best way to familiarize myself with the reentry center and the residents was to attend classes. The opportunity brought huge benefits to me. I met and interacted with residents, including the residents I would work with later. Every resident treated me in a friendly, polite, and gracious manner. As we got to know each other by name, my comfort level at the center rose. I attended several of the classes that all residents are required to take: Psychodrama, Introduction to Restorative Justice, and Courageous Communication (modeled after Non-Violent Communication developed by Marshall Rosenberg).

I was also able to attend the Victim Offender Dialogue (VOD), an optional course offered by RJP. The VOD affected the class tremendously, indicating the power and healing that restorative justice practices bring to interactions between the harmed and the harmer. After classes, I would often talk informally to one or several residents, about their experiences at the center and with restorative justice. Between classes, meetings, informal conversations and the interviews I conducted, I learned a lot about how the residents viewed themselves and their experiences at MCRRC.

The four-week Victim-Offender Dialogue is offered only several times per year. Eligible residents had completed most or all of their classes and were nearing release. In late October 2015, eight residents participated in the program. Margaret and Michelle facilitated, and I was one of two community observers. We discussed what victims feel

and need after they have been harmed. We learned that all of us, including offenders, have experienced some type of victimization. Often, we hold on to unresolved responses to victimizations that affect our later actions. We talked about what offenders feel; we explored words like shame, fear, anger, addiction (loss of control based on physical need), general loss of control embarrassment, grief, and many others feelings. We understood that victims also feel many of these feelings, such as powerless due to victimization. Many victims also need some closure or at least answers about why the event occurred, and why they were chosen as victims.

Each of us wrote out our histories, and we engaged in a restorative dialogue with volunteer surrogate victims. These surrogates came to tell their stories, including what they were thinking, and feeling at the time they were harmed. Two facilitators guided the structure VOD circle process. Every participant used the “talking piece,” meaning that one person spoke at a time for as long as he or she wished. As residents took their turns telling their stories, amazingly, all of them confessed they either had never told their whole stories to anyone and/or had never thought so deeply about how their actions affected their victims or the ripple effects. The residents’ self-reflections moved beyond self-centeredness and developed into respect for the victims’ experiences. Victims also respected the residents and the dialogue proved healing for all participants. I had lost someone dear to me because of the brutality of addiction, criminal behavior, imprisonment, and mental illness. I felt relief and release from telling my own story. The residents genuinely validated my pain, and respected my anger and grief, even though most of them had made similar painful choices in response their own addictions or past

trauma. I left recognizing the VOD offered a start to healing that could be meaningful for anyone dissatisfied with his or her criminal justice experience. I regret that the MCRRC offers the VOD infrequently and that it is not required of residents.

I observed a class session of Psychodrama, based on a technique developed by Jacob L. Moreno, M.D.¹⁹ Class participants engage in therapeutic role-play to explore difficult situations they face now or will face in the future. In the session I observed, there were no “burning issues” for role-play, so Jerome (the group leader and expert in the technique) talked with residents about some frustrating interactions with corrections staff. Jerome deftly allowed full discussion, while giving a positive reflection of staff’s perspective and challenging residents to develop their own solutions to their problems. Self-determination is thematic to the MCRRC programming; for some incarcerated people – used to having their lives in moment-to-moment chaos, or survival mode, or every moment planned out for them – thinking ahead about new ways to handle potentially difficult situations fosters resiliency. Psychodrama highlights one of the many evidence-based teaching methods through which MCRRC encourages alternative thinking and behavior.

My third class was the Introduction to Restorative Justice, which runs for seven-weeks and offers exploration into core RJ values and the benefits of restorative conferences and applying restorative concepts to their own lives. As an RJP volunteer, I had already taken this course. I enjoyed refreshing my understanding while attending with the residents. Our discussions focused on what victims and offenders feel and need

¹⁹ For more on Psychodrama or Moreno, see: http://www.psychodrama.org.uk/what_is_psychodrama.php

after an offense and some different effects of physical, emotional, psychological, and financial victimization. True to the inclusive nature of RJ, teachers Michelle and Garrett sought to create safety for each resident. They were encouraged to explore their experiences with criminal justice and the results of their actions from their victims' perspectives.

At the beginning of the project, I recognized the RJ component was critical to innovativeness at MCRRC. I worried how I was going to include it without bringing it up directly to residents. However, the curriculum at the reentry center has integrated RJ well and I don't think it is easily separable from any other prosocial influences. I am convinced it has influenced any innovative work done within the case study.

The final class I attended was ten weeks of Courageous Communication, a course based on Rosenberg's NVC. Although residents were required to take it, CC classes were run on "voice and choice." Every resident was encouraged to participate, but could say "no" if he felt uncomfortable sharing during the particular exercise. The course was team taught by Peggy Smith – an experienced NVC teacher – and a former resident. The CC approach had changed this resident's life from one of explosive violence to where he could choose peace and tolerance for others.

The class encourages authentic expression that represents the thoughtful behavioral programming at the center. CC stresses the choice to move from our usual positions of blaming ourselves and or others, to seeing every situation as opportunity to recognize universal human needs and feelings. As in Psychodrama, if a "hot" issue were raised during check-in, the class would focus on reframing the situation through the

feelings and needs of all involved. Class members supported each other as they suggested ways to respond to the situation. They worked together to communicate authentic voice and to improve mutual understanding within the “hot” situation. All five of the men I interviewed attended the CC class with me.

Observations from “The Resident Group”

I began to engage in casual conversations with residents before or after class, or during a smoke break. The informal discussions helped me understand some of their perspectives on their situations inside the reentry center. Their comments positively shaped my views of the men, who were bright, articulate, and some of who were excellent writers. Often couched in the form of complaints about their needs, I gleaned several ideas from them. I have combined my observations from this group of approximately six residents – that I named “The Resident Group” – into one set of impressions. Each of the residents whose voices I have combined represent residents released from MCRRC by early 2016 and several participated in the VOD.

“The Resident Group” talked about how men were chosen for the program, how they were introduced to it, and their situations when they left it. They talked about the stress of county jail, in particular, as a difficult environment from which to transfer – a “harsh start to a bumpy road.” Jail environments include constant turnover of residents – some people were detoxing, and all levels of behavior and states of mind were incarcerated together. For this group, they said it was important to set expectations correctly, before bringing them to the center. Often new residents from jails or prisons came with misconceptions about the environment and lifestyle at the center. Some of

these included residents having their own rooms, owning cell phones, and taking independent community outings right away. Many did not realize they were signing up for sizable, unpaid community service. Many applicants saw moving to the center as “easy time,” when it was anything but easy. They talked about how different 50 year-olds can be from 26 year-olds (a typical age that men come to MCRRC). The young ones were often immature, used to getting their own way and did not have established work ethics. They wondered if even a reentry program would change that.

“The Resident Group” suggested providing some form of information for caseworkers, a DVD perhaps, to help set expectations for applicants before they entered the program. They stressed that communicating clear expectations about conditions, levels, non-negotiable activities, and individual plans for cases that were unusual, would go a long way toward settling people into the program. Before they come, men should know if they might have circumstances that would keep them from work release. If so, they recommended support to create a plan that addressed that concern. They suggested some of the successful center residents could travel to the state prisons to talk about the center and what new residents should expect. Orientation, beyond the reentry center handbook, should occur immediately after moving to the center. One idea would give accepted men a week to try the program. Then the resident would understand the commitment and agree to the personal change for which he had applied.

Everyone in “The Resident Group” was glad they’d come to MCRRC. They appreciated the classes and chances to interact with others and, in time, the

community. Some had arrived at a time when the center was between DSAT teachers and that disappointed them greatly. “The Resident Group” was vocal about belief in the restorative justice process and found the shared experiences that MCRRC offered hugely important for them. They strongly advocated for FGC at the center.

“The Resident Group” believed the biggest issue that led them to incarceration was substance abuse. It “drove their lives” before they got clean. Their disappointment about the lack of DSAT treatment services at the center was understandable. They stressed that for many, the combination of addiction, plus authority figures, plus resentments made a volatile combination. “The Resident Group” mentioned that, unfortunately, some men sabotaged themselves with their mentors and other support. They severed ties when they were in trouble, because they didn’t want to disappoint.

“The Resident Group” strongly warned and even expressed anger about some of the failures that came from releasing guys who are not ready financially or emotionally. They said, “It is irresponsible for MCRRC to release guys without money enough to get housing, especially if they do not have a job.” They agreed that the resident should leave when their release date occurred, but stressed that before they left, more effort needed to go into addressing the known risk factors that were barriers to success.

RJP Community Create Session

Although this was not formally part of my research project, I knew I needed practice with a Create Session. I describe the process and results of conducting a Create Session with RJP volunteers in Appendix A . The community volunteers’ idea failed, as it was neither meaningful nor unique. However, in analyzing why the project failed, the

mediocre idea was not the biggest problem. Once the idea for recruitment began to involve resident participation, all of the key decision makers (those at MCRRC) needed to be at the table. In essence, we were trying to plan something without asking the stakeholders – and gatekeepers – if they would participate. At the point where we engaged them, we had invested too much energy in developing and formulating communication and details. The imbalance resulted in loss of participation and or interest by the volunteer community participants.

Feedback from the community Create Session indicated that there were other lessons I could take away that would have bearing on my work in the center.²⁰ I needed to modify my approach for a resident Create Session, so their ideas stayed within the scope, guidelines, or the interest of the reentry center program. I reviewed my rationale and barriers to innovation exercises.

Ultimately, I did not engage with the residents in a typical Create Session. As I mentioned from the former Sheriff's newsletter, the men were extremely busy (Story, 2010b). It took me time to become familiar with the center and the cold weather made an outdoors session unfeasible. I had difficulty accessing residents, who received their messages (even from employers) inconsistently, and can only access the phone during certain hours often when they are working or in classes. There is no Internet for residents on site. The Maine DOC's policy mandates three week wait time for itinerary

²⁰

Mistakes I made in the community session included scheduling too short a session for first timers in a Create Session, lengthy laying out of the problem, trying to work on too large a scope (we could have chosen recruitment *or* retention), difficulty with translating the tools meaningfully for a volunteer "culture", team feedback and buy-in timeframes and delays, and not involving the correct stakeholders in the process. I took more of the RJP staff person's time than she was comfortable with and came out with mediocre ideas.

approvals, so informal gatherings outside of the center were virtually impossible to schedule.

Innovation Engineering Tools and Processes at MCRRC

Multiple times, I encountered a particular barrier of reframing the process of IE in this corrections environment, where it had not been used and for which it had not been created. Hurdles coming from constraints with the current IE tools would shape and reshape my project. I took exercises and tools from the online Innovation Engineering library and attempted to use them “straight out of the box,” as it were. When that didn’t work well, I had difficulty determining how to move around that barrier. I blamed the tools and the language that seemed too formal. I did try to translate for the situation, but I don’t think I conveyed the nuances of adventure or purpose that diving into the process could bring. As with restorative justice, the more experience I had with innovation processes, the better ambassador I could be for IE.

As Grimm (2013) and others point out, social innovation efforts often lack resources (e.g., staff, training, and funding) to innovate using methods available to better-equipped technological or business organizations. Within a large NPO, where budgets and centralized resources and infrastructure support innovation projects, the IE tools should work beautifully. In my brief experiences, community and reentry center participants eschewed using time, money, people, and even interest, on the “formal” IE process of creating ideas. I would bump into this death threat several times, and only through flexibility and empathy with that problem, would I connect with the people trying to solve other problems.

I looked for adaptations for the most critical innovation processes, and tried to allow enough flexibility and responsiveness to hold the interest of – or at least not put off – those with whom I wished to engage. From the community Create Session, I learned I needed to simplify. Use fewer words. Give participants a more concise description of what to expect. At times, I was discouraged by the complexity of a process where interest, time, and resources seemed limited. I wondered if I would be able to modify the innovation approach for the residents enough to quickly communicate it and hold the create session in an appealing manner.

While employing IE “stock” tools misses the point of the IE system, I still want to mention difficulties I had with them. When working with volunteers in the community, or even staff in a small nonprofit with very little extra time, I was unable to utilize the online IE interface (Innovation Pipeline). Programming constraints, including parameters for session participants, the need to create an account to take surveys, a confusing user interface, and unexplained terminology, makes a segment of the automated processes (as they now exist) inappropriate and inaccessible for use with grassroots social innovation. This applies to organizations with complex funding and multiple stakeholders. The online process overwhelms participants and it shuts out groups who aren’t online (e.g., MCRRC residents). I take responsibility for my own inexperience with modifying IE processes. For timely use in these situations, the online IE access curve proved too steep.

In the reentry center, residents responded to terminology like “creativity,” “problem solving,” or “just making things better,” while some eyes glazed over as I tried

to explain “innovation.” The residents I worked with are extremely smart, but also direct, and not prone to making things more complicated than they need to be. They hear “no” more than “yes” and showed skepticism about committing time and energy to a process likely to result in a negative response. The use of a process for problem solving did interest some. As they listened to the steps, I observed they had applied these steps before, without labeling it “innovation.” We did not complete any formal exercises, except the Culture Survey. Residents discussed parts of the exercises, sometimes, I believe, to humor me.

As I prepared the IE Innovation Culture Survey tool for residents (and earlier, for volunteers), I changed most of the questions. For example, “budgets” and “bosses” are meaningless in the center. Terms like “competition” and “compared to other companies” lack meaning in many volunteer community settings. Online tools are inaccessible in the corrections settings, where there is no Internet connection. However, I copied questions from the online survey and reformatted them for printing on paper. I needed to stay aware of adapting the tools to represent the group with which I was working. I could not rely on stock exercises or surveys to fit the community volunteer profile.

Finally, as a researcher, I repeatedly bumped up against the question of “whose problem was I addressing?” My problem was that I wanted to explore the use of IE processes in the MCRRC setting. In that sense, my own mission, or Blue Card, was my case study project and I was the project leader and my advisors were the process coaches. However, my project was not a problem for the center, so I had to understand

what would be important to residents or staff. Ideally, the center would have written their own Blue Card, which identified a problem, rationale, needs, and constraints that were relevant for them. It felt like a conundrum: Unless the residents initiated innovation, I couldn't view it as their mission, even if they agreed to take on an idea as a project. If the problem belongs to the center, my role could only be "process coach," offering to clarify innovation processes and supporting them with IE tools. Assuming the mission belonged to all staff and residents, the project team must identify both "whose problem," (e.g., current or future residents; center guidelines, etc.) and the problem they want to solve. The project leader within the center would decide to continue working a project or to scrap it. Someone with the capacity to act as liaison between all stakeholders (i.e., pumps and valves) would be helpful to creating understanding (empathy) for those affected by an innovation. Through no fault of any resident or staff, those at the center were neither invested in my Blue Card, nor the problem I was trying to address. This is a constraint to the innovation process at the core; without intrinsic motivation, there is likely to be little commitment to the process. I couldn't solicit innovators.

Methodology 2: Stakeholder Strategy Session

Originally, I intended to observe how/if the residents would respond to basic Innovation Engineering processes. As I spent time with residents, I changed my ideas about what would work best to interact with residents and staff in this environment. They were definitely busy; sometimes so busy they would be overwhelmed. Men experienced some stress as they tried to internalize new ways of thinking and behaving

that would help them after release. To invest in the IE process, the product or outcome must be compelling to stakeholders. To think otherwise would presume to know what is best for them – exactly what I wanted to avoid by including them in innovative practices.

Rather than a Create Session, I tried stepping back to uncover a compelling need or problem. I proposed a Strategy Session with stakeholders from Sheriff's department, VOA, RJP, and at least two residents. (See Table 3.1. below.) The purpose of meeting with stakeholders was to explore a commonly occurring or intractable problem within MCRRC, and define mission and constraints for capture on the IE Blue Card.

Following the Strategy Session, I would lead a Create Session with interested residents. Third, to narrow and refine ideas, I would re-group for a second Create Session, with stakeholders and interested residents. Fourth, in an Interact Session, refocused or refined ideas go back to residents for choosing the best one. This process would ensure initial and inclusive support by all levels of MCRRC for innovating the best idea for a named problem. The most meaningfully unique idea would require a project leader to champion it. I was looking for a link between reentry, RJ and IE and found it in this approach. To represent the innovative nature of the center, the project must incorporate the center's innovative, strengths based approach to reentry.

Activity	Attendees	Session Purpose	Meeting Deliverable
Strategy Session	Representatives: VOA, Sheriff Dept., Corrections, RJP, Residents	Identify frequent or big MCRRC problem	Blue Card “Mission” with narrative, request, constraints
Resident Create	Resident Reps and Any other residents	Generate Ideas that meet Blue Card criteria	Yellow Cards
Create Session Stakeholders	Original stakeholder group	Yellow Card Review and Prioritize	Short list of best Yellow Card ideas
Resident Interact	Resident group (from Create and/or others)	Respond to best ideas and eliminate all but very best	Favorite Idea – Potential Project
Once an idea has been vetted, research and quick prototypes determine its ability to handle “speed bumps” or death threats. If some constraint would cause the idea to fail, the strategy or idea creation process might start again or the project abandoned.			

Table 3.1. Strategy Session Process for Second Methodology

It is unclear whether this plan was unacceptable, the center was too busy, or there was another reason for the lack of response by staff. I wasn’t sure if exploring innovation at the center was out of my reach. I struggled with keeping the research questions in focus and anticipating the impact of scope or methodology changes. Relative to working with the residents, an ultimate Blue Card purpose continued to evade me. My mission was researching for my case study, but with whose mission(s) was I attempting to align – the residents’, MCRRC’s, or mine? I realized I was not a compelling factor for efforts for change – by either the residents or the center. Whether or not structural change was their goal, I needed to work with the structure at the reentry center, not try to impose my structure on them.

As I mentioned, the suggestion for a stakeholder strategy session did not garner a response. It had been a busy holiday, because two long-time VOA staff members left for other jobs and one of the case managers was recovering from an illness. This put a burden on the rest of staff to keep up with the case loads of up to 32 residents. Many people find holidays are a loaded time and they stimulated a rash of zero tolerance infractions resulting in a number of residents returning to their parent facilities. Staff stretched the current resources over all of the center's needs. Ray's responsibilities ranged from dealing with rules and funding, difficulties with residents, all the way to participating in hiring caseworkers. Likewise, Jerome was too busy, picking up case management to cover for gaps in staffing, while screening and interviewing applicants. When Ray expressed his lack of bandwidth for my project, I decided to offer him the most flexibility I could.

Methodology 3: Innovation Process Coaching

Once I realized that intrinsic motivation to create change had to come from residents or staff and resident collaboration, I thought about conducting a need assessment, to ask participants where they wanted to focus the innovation. I was still convinced that I needed to have them articulate some need to go forward. I considered surveying individual residents about their ideas or holding a focus group on resident reentry needs and IE. Eventually, I saw that although they could empathize with the needs of others, each man came to MCRRC to focus on his own readiness for prosocial interaction with community, inside and outside of the center. I recognized the importance of my flexibility, when working with busy staff, busy residents, and rules

about when residents were available, when they could leave the facility, or getting connected with them to set up meetings. The staff and residents were as accommodating as possible, but that did not guarantee easily scheduled access to residents. It wasn't going to happen on my timetable. Fortunately, my timetable had some flexibility.

Interestingly, maybe by serendipity, events at the center made a perfect storm for this case study. In mid-January, a small group of residents proposed to Ray and Jerome that they form a joint committee of staff and residents. It would be a communications vehicle among all stakeholders at the center to discuss any staff or resident concerns. It offered potential opportunities for collaborative problem solving. In late January, the group met and formed the Facility Management Committee (FMC).²¹ Ray, Bobby, Jerome, and interested residents would communicate concerns within their groups and the team would share issues and collaborate on solutions, and take the information back to their groups.

I happened to be there to learn from the experience. I asked residents about their ideas and requested to observe their progress. I offered to help research possible options and barriers and to meet with residents to look for creative out-of-the-box solutions to the concerns raised in FMC meetings. I hoped to help residents begin to innovate solutions to their problems that would meet the needs for the whole team. At some time in April, I planned to ask Ray, Jerome and Bobby for a debrief session

²¹ I am uncertain how the committee actually got its name.

(individual or together) to gain overall feedback about my time there.²² For residents, I did not set a time limit for engaging with them, other than what they would set. I expected they would set the boundaries they need. I planned to observe as much as possible and ask residents for feedback. I intended to bring strength to the process, not a burden.

I returned to the review board at the university with a new proposal and was granted permission to observe meetings, conduct interviews, and survey residents about innovation and restorative justice in the reentry center. During this phase of the project period, from January – June 2016, I attended five meetings of the group of residents and staff, interviewed the five residents who were most active in the group, and surveyed resident volunteers on the climate of innovation in the center.

Instead of getting a mission from stakeholders, the reasons for the original request to meet with staff – to talk about each group’s concerns and ideas for potential changes at the center – seemed to be the loosely held mission of the FMC. It would become the unofficial (and vague) “Blue Card” mission, too. The small community and informal atmosphere seemed to mask the need to define and validate a specific mission. According to innovation theory and my own observations, it was and is necessary for continuity and building trust within the FMC.

I took notes at the FMC meetings and verified them with residents, Henry and James.²³ (See section, Creating a Facility Management Committee.) Using preauthorized questions, I audio recorded and transcribed the interviews with the residents. (See

²² Time constraints with obtaining approval from the IRB for interviewing staff prevented these conversations.

²³ Both are pseudonyms for these residents.

Appendix A for interview questions.) I received 15 surveys returned from residents. (See Appendix B for survey questions and Figure 3.1. for survey data results.) Several of the resident members worked with me on identifying and creating a Yellow Card for an issue identified in the meetings. (See Appendix D.) We were able to utilize this partial strategy within the IE process resulting in submission of the idea to the senior administrator. Some of the ideas proposed by the residents were implemented, and predictably, others failed. After May, I continued to attend meetings with residents, although I was no longer conducting research.

I tried to analyze what worked and what barriers I encountered that made innovating difficult within this particular environment. I would be unable to roll out the process the way we might in a less controlled environment or in a setting where stakeholders have more cohesive goals and perspectives. Detailing the process as closely as possible would have to be acceptable if time and bureaucracy wouldn't permit the formal innovation sessions I had originally planned. I had new ways to consider my questions. How does change happen in a quasi-government, community corrections environment? Were the barriers to innovation situational or endemic to the setting?

Henry's Story

The following vignette offers a peek into the experience of a reentry center resident who brought his innovation knowledge from his parent facility and began to use it at MCRRC. I have spent many hours talking with Henry during which he helped me to understand perspectives on change in corrections from several angles. I included this story, because it provides significant background to the events at MCRRC in 2016.

In February 2015, administrators of the minimum-security prison where Henry lived asked him to join a committee of administration and inmates tasked with working through urgent issues. Of particular concern were the numerous assaults each week and a fight club at the prison. An experienced and thoughtful resident, Henry wrote out his ideas for improving the direction and outcomes of its efforts. He remarked to me, “Everything was broken.” In order to fix one or two areas, Henry advised them to invest in fixing all relevant areas. Many of the problems stemmed from inmates seeing themselves as disrespected by staff and even other inmates. In response, some disrespected their own environment (or “house” as Henry called it) or directed anger at guards, the facility, or other inmates farther down the pecking order. In early March 2015, Henry asked to create an orientation program for new inmates to the facility. He understood that helping new residents to familiarize themselves with critical cultural and policy information accelerated their ability to contribute positively to the prison community and keep themselves safe. (See Appendix D: Henry’s Letters)

Administration postponed approving the orientation for over six weeks. On his own, Henry began to work to orient new inmates, attracting negative attention by guard staff. On April 21, 2015, the administration agreed to support the orientation program, after which Henry oriented 120 men. The atmosphere of his dorm started to change. Gradually, Henry brought more people with diverse expertise (law, recreation, education, etc.) into the committee. At the same time, those who were “on board” with the new group scrubbed, painted, and repaired the facility, where needed, and voluntarily gave thousands of dollars of labor at no cost to the facility. These residents

began to demand from their peers a culture of respect for body, property, and living space. The changes inspired better overall feelings about the facility and helped the residents prove to administration that they could police themselves. The critical factor was a prison culture that rewarded their efforts. The response by administration was positive and supportive. According to Henry, “These guys don’t hear ‘good job’ very often. It’s important to give them a pat on the back when they do something positive.”

Some of the guard staff continued their negativity, creating strain within the new environment. At one point, the committee residents documented an entire shift during which a particular staff member made things quite difficult for most of the inmates. Although the attitude of the dorm turned negative that day, none of the inmates committed infractions. The resident committee gave the report to administration as well as other recorded breaches of conduct by staff. As issue reports reached the administrators, they respectfully set expectations for correction staff. Staff would treat the inmates as they expected the inmates to treat them. The environment continued to improve, although some still reported concerns about “sticking their necks out” to help, for fear of retaliation by corrections officers (COs).

According to Henry, an inspection of the minimum-security facility, by the American Corrections Association (ACA), resulted in commendation by its officials as the best facility they had ever seen, based on attitudes, behavior, and atmosphere in the environment.²⁴ Almost seven months of the inmates’ efforts bore fruit. Henry said that for eight months, including a hot summer, there were zero assaults at the prison.

²⁴ I was unable to find documentation of reports by the ACA, so I cannot corroborate the story.

Positive gains included helpful programs started in recreation, education and skills improvement, work release, and food services. Unfortunately, once Henry transferred to MCRRC in late 2015, no resident leader continued the positive trend. The culture returned to intimidation and regular assaults, and the fight club was re-established. Some of the COs intimidated men who tried to maintain a positive culture. In fear, they stopped reporting issues.

Henry kept documentation of his experience with successful innovation and implementation of his ideas while at the facility. Henry is surely not the first incarcerated person to effect positive change within the prison systems. However, his example of staff-inmate collaborative success working within an extremely rule based and closed environment, showed success from a meaningfully unique, innovative effort.

Now at the reentry center, Henry works with a small group of like-minded residents on ideas for making positive changes at the center. His efforts have run into similar challenges as at the prison, (e.g., access to staff, some concerns about (subtle) retaliation, and gaining buy-in for innovating and trying things). His ideas range broadly from creating a "Day One" orientation and mentor system for new residents to innovating along with staff a "Level 5," for residents that exceed all expectations. Henry hopes to encourage positive resident leadership beyond his stay at the center, by transferring the challenge of leadership to others.

Henry has continued to use his experience and leadership in the reentry center as he educates both staff and residents about what certain effort can accomplish. He describes the very real responses that have occurred within corrections environments,

once the culture began to change. At MCRRC, Henry began by cleaning up the center himself. As residents and staff noticed his efforts, he solicited the help of a few prosocial residents and asked them to assist him, in cleaning, then painting, and finally repairing the center. He asked these residents to join him in talking to the younger or newer residents. Some newer residents rejected the ideas of cleaning up the social and physical atmosphere. Their comments indicated their intention not to cooperate with peer demands, because they did not care about anything but “getting out.” At these times, positive peer pressure made the difference.

Henry’s approach – to gaining access to staff for the purpose of resident input – involved getting the residents to clean up, repair, and spruce up the center. During the colder months, some of the residents taking classes, or in Levels 1 and 2 used their time in service to the center. Henry rallied the troops, organized chores, led building wide improvement efforts, and in the process, raised the esteem and the behavioral standards among the men. As the efforts of the residents increased, they felt better about themselves and supported each other more. Henry’s point was that if staff saw that the men could police themselves, staff would allow more resident input in their “house.” Because of his leadership and the efforts of many residents, Henry estimates they have saved MCRRC, the jail, and the Sheriff Department over \$60,000 of contracted labor. The men made these efforts over and above program community service requirements.

Whereas a negative culture permitted disorganization and run-down conditions, the positive behavior – cleaning up to make the center look really good, staying clean

and sober from drugs and alcohol, and treating staff and each other with respect – was catching. Even the resisters and the skeptics made changes, once they engaged with other residents who reinforced the positive behavior as “the way it was” there. Will this last when Henry leaves the center? The future will tell, as at the time of this writing, he has only a few months remaining until his release.

Resident Innovation During one class, Henry, Roger, Grey, and another resident left before the break to talk to staff about changes in the center. After class, I asked Henry about his conversations with staff and what he had hoped to accomplish. He informed me that a committee was – hopefully – forming that would be made of the heads of VOA and Sheriff’s staff and Ray, plus several of the men living at the center. They were going to talk about how to work together to make some changes. Wow! Here it was! After over four months of getting to know the center and the residents, I landed in the place where residents had found their intrinsic motivation and wanted to innovate to improve the residents’ lives as well as the center.

It started in early December, about the same time that residents began to literally clean house. Henry approached the reentry staff about two things. He proposed starting a “Facility Management Committee” that would consist of one or more representatives of each staff organization (Sheriff, Corrections and VOANNE) and several of the residents who were interested in leading positive change. The committee would meet regularly to clear the air of issues that had arisen since the last meeting and discuss new ideas for center improvements and progress. Then each of the representatives would take the meeting’s information exchange back to their groups.

Resident members would take back responses and concerns of staff and discuss them in the resident “Town meetings.” Although staff agreed it was an important effort, as often happens, it took a while to get rolling. Secondly, Henry’s proposed a “smoke shack” for residents. Its simple design consisted of a covered deck in the center yard with benches, an attached lighter, and cans for cigarette butts.

The same events that prevented me from moving forward also prevented Henry’s ideas gaining investment by all stakeholders. Henry understood that the chaos of the holidays, staff leaving, resident infractions, and some dismissals from the program added stress to the situation. When a few residents were returned to their parent facilities, Henry and others were convinced the infractions could have been prevented if the committee had been active. From Henry’s perspective, the delay in starting the committee contributed to the problem, and when a second set of infractions occurred, Henry believed it was entirely preventable. He strongly believed that by working with staff sooner, the camaraderie between the guys could have headed off most, if not all, of the recent incidents. Collaboration between everyone in the center would set the tone for the guys about acceptable behavior. Without the proper *peer* leadership, it would be too easy for some of the guys to let their old habits take over. Henry was frustrated with staff, because they promised meetings in December that were put off for six weeks. In mid-January, Henry repeated his request for a committee of staff and residents to meet. In late January, the committee held the first meeting. Just before the meeting, Ray and Jerome gave Henry “the okay” to build the smoke shack.

Creating a Facility Management Committee (FMC) Henry, Grey, Roger, and I had talked at various times, about my being involved with resident creative problem solving. Henry agreed to ask the committee about my participation and promised to inform me when they scheduled a meeting. The first meeting was the next day (reentry center timing) and too soon for Henry to contact me. He invited me to attend the next one. Although Henry had led the changes at his last facility, he was intent on including other residents in the process. He hoped others would carry the spirit of the work they were doing together, after he had left the center. Henry has been using his leadership abilities to rally other seasoned and serious residents in creating some changes that create "mentorship, camaraderie and accountability." There were several ideas floating around and I asked Henry if the resident group would be willing to include me in the planning process. The ideas are not new in the world. However, they are "meaningfully unique" in an incarceration setting. The following describes my observations of the FMC meetings #2-#6 and the work of residents on the committee between meetings.

Resident Idea: Orientation and peer mentoring for new residents – As "The Resident Group" pointed out, guys come in to the center and do not know what to expect. This would allow residents to share the responsibility for orientation and peer mentorship. Beyond making center expectations clear to them, new residents would have a senior resident to offer some guidance and transmit the reentry culture.

Resident Idea: Smoke Shack – Most residents choose to smoke. They would walk to an out of the way area behind the building. This way, people driving by the center would not be watching "a bunch of guys smoking in the yard." It worked for its purpose,

but Henry wanted to improve the situation. He suggested building a “smoke shack,” an open deck with a roof and benches, butt cans and an attached lighter, where residents could smoke, in a relaxed spot, out of the worst of the weather. Residents were convinced the staff would not approve the effort. Henry considered potential benefits to staff, too, and added them to his idea, demonstrating an important innovation principle when there are multiple stakeholders involved. Residents took their 10 daily smoke breaks at various times. The proposal was to have regularly scheduled breaks for all residents throughout the day. Residents could reliably predict when they could smoke while enjoying some shelter from the elements. With up to 32 residents in house at any time, the COs in the control room buzzed people in and out of doors hundreds of times a day. With the new plan, a group of guys would go out together, reducing and simplifying a time consuming and repetitive task for staff. It would be a win-win.

First FMC Meeting: Before the first meeting, Ray and Jerome approved building the smoke shack. Present at the meeting were staff leaders Ray, Jerome, and Bobby, and residents Henry, Roger, Sal, Dylan and Ryan. During the meeting, residents got approval to open the smoke shack and to begin the resident orientation and peer support. Staff expressed concern (a speed bump) that the sight of residents smoking in the fenced yard inappropriately exposed the center to the community. Other staff requests were that locked doors not be held or propped open, chores be completed on time, and trash disposed off properly. Helmets must be worn by every resident riding a bike and e-cigarettes are not permitted in MCRRC. There was a major inspection coming

in March and staff was looking for complete resident cooperation and support in presenting a clean and orderly facility.

Residents at the meeting brought topics from their dorm's most recent "Town Meeting." They approached VOA and corrections staff with the following requests: increased access to case workers; in-house AA meetings; mail received promptly; respect through the intercom; meals served on time and still hot; memos posted ahead of new changes to procedures; and the timing for smoke breaks upon which staff had decided. A somewhat larger issue, in that it would affect organizations outside of the center, centered around residents receiving their release money on time, so residents would not leave the center without their own money in their possession. The committee scheduled the second meeting for two weeks later.

Residents put over 1200 slats into the chain link fence around the yard with the smoke shack. The residents created a private area essentially invisible to passersby and much nicer for relaxing. This action by the men represents changing or adapting the idea to accommodate speed bumps, like needing to shelter the yard from view. Skeptical residents witnessed the benefits of working with staff. Fewer requests to staff to buzz residents in and out boosted positive responses from staff. Orientation and peer mentoring also worked well. Resident leaders seemed to gain credibility from other residents, staff, and administration.

Second FMC Meeting: Present at the second meeting were Ray, Jerome, Bobby, Grey, Henry, James, Sal, and I. Staff praised the success of the new orientation and in house peer support efforts. Bobby, CO Captain, confirmed that the lower frequency of

buzzing smokers in and out of the building pleased his staff. Staff also mentioned a concern that some of the residents were drinking so much milk that it would run out before everyone had been served. The committee discussed and resolved resident requests for protein powder, properly labeling, and filling cleaning supply bottles, and residents keeping their windows unblocked. Staff's last item was to communicate to residents that morning meetings are mandatory, and every resident must be up and out of bed by 9 AM, unless he had preauthorization due to a late work shift.

Ray praised MCRRC residents' excellent portrayal of the center at a recent community panel on opioid addictions and public health. One resident had offered comments after the panel, stressing, "If you want to know what addicts need, ask us. Don't assume you already know, if you haven't experienced it." Staff was pleased by all of the progress they saw in the residents' attitudes and behavior. The staff scheduled a celebration pizza party for that week to acknowledge residents' efforts. Jerome commented: "it only took six years for guys to take charge!"

Residents requested more approved drivers to take guys to AA meetings and checked in to make sure the old urinalysis tests, that were giving false positives, had been thrown away (they had). Henry reported on the success of the new resident orientation and the smoke shack and smoking policy. Bobby mentioned that it saved them time and that was positive for staff. Henry raised money issues again, and got confirmation that staff wanted residents to come up with ideas for "Level 5." Resident morale continued to be high and infractions were negligible. The third meeting was set for three weeks ahead.

Innovation Engineering Support for Residents I offered to help the residents in any way I could, encouraging them to focus their efforts into targeted goals where they believed they could succeed. Focusing on one effort at a time would lay a foundation and demonstrate the residents' abilities to lead and innovate for positive change in the center. Henry had very definite ideas about his process, though, and resident committee members seemed skeptical about using an unfamiliar process to accomplish goals (no one said it that way). In an effort to come to a common language and path forward, I told residents I would be flexible in how I supported their efforts, but I truly thought it was important how they chose to focus their group efforts.

My role as Process Coach was to support residents in the FMC, as they explored new ideas for change. Henry and I met several times to talk about how to use IE processes to help his group meet their objectives. The collaboration of the FMC would represent the mission typically captured by the Blue Card. The implicit mission was to facilitate the best relationships and interactions between staff and residents that resulted in mutually beneficial idea sharing. The FMC needed ideas to help the men create the most prosocial platform from which to launch them into freedom. The group was not looking to change the overall structure of the center. Residents thought MCRRC was open enough to resident initiatives, and that major constraints would include Maine DOC and Waldo County Sheriff's Department policies.

Problem: Resident Money – Between the second and third meetings, I learned about the unnecessarily protracted transfer process of resident funds – from reentry center to state referring facilities to reentry center – before a resident actually received

it. The brokenness of the system amazed me. When state prison residents moved to MCRRC, their case files stayed with their parent facility. When a resident received funds (e.g., check, money order or cash, from family or work), he handed the money to the CO working at the time. The person in charge of funds recorded the receipt and on a specific day of the week, mailed the funds to the originating facility. Upon arrival at the parent facility, the funds went to the staff person in charge of inmate accounts. For residents living inside the state facility, Maine DOC policy requires moving a resident's incoming funds to his or her books within three business days. During that time, these funds for inside state facilities would be matched to their case files and reviewed for any outstanding debts owed, (e.g., child support, restitution, fines, etc.) The balance was deposited into a State of Maine DOC account. The central accounting office then cut a check for that amount to the state facility, which placed the amount on the prison resident's books so that it was available for immediate use.

For reasons we could only guess, funds from the center deviated from regular handling of resident funds inside the parent facility. Perhaps MCRRC resident funds needed separate, manual attention. At some point, someone at the parent state facility matched the reentry resident's funds, subtracted appropriate percentages for each payment category (including rent, if the resident was working), and deposited funds into the usual Maine DOC account. The State sent another check back to the parent facility, which mailed it to the reentry center, where the person in charge of resident funds recorded it and deposited it into MCRRC's general account. On a specific day of the week, the person in charge of resident funds would write yet another check from the

MCRRC account to the resident for the amount sent by the state facility. Residents might then have to wait until staff could accompany them to the bank, to cash their checks. There were plenty of incidences of men waiting three or more weeks for their money, after originally receiving it. As of this writing, Grey, released over nine days ago, is still waiting for a check he handed over to MCRRC two weeks before his release date.

Residents reasoned that it would simplify the process greatly if the CO recorded the check at reentry, looked up the percentages of owed money, subtracted that, and sent the owed deduction to the parent facility. The center could handle the remaining balance as if the funds were returning from the state, resulting in a check written to the resident within 2-3 days of receipt of original funds. The timeline would closely resemble the Maine DOC policy on resident funds. Residents offered other reasons why the change made sense. While waiting two to three weeks (or more) for their check to come back, some guys were in the risky situation of having no money in their pockets. Finally, given the delays, the change would relieve the already overworked system and cut the work at MCRRC by at least one third. It looked like a win for all concerned.

Problem: Developing Level 5 – The MCRRC Resident Handbook lists descriptions of levels 1-4. For Level 5, the only comment: “By Staff Invitation Only.”²⁵ All of the residents in the FMC potentially qualified for Level 5, but it had never been defined. Staff had suggested that residents look at the Level 5 concept and suggest some parameters for it. Residents recognized an opportunity to define Level 5 so they had a goal to which they could aspire. Most importantly to them, it would give those who

²⁵ Maine Coastal Regional Reentry Center: Resident Handbook, page 6.

strive to better themselves higher goals at which to aim. The FMC residents, already engaging in prosocial activities in their communities and at the center, saw attaining Level 5 as recognition of and trust in their skills and changed behavior. Any resident approved for Level 5 was already giving more than the average resident and everyone knew it. This group led cleaning, repairs, peer orientation and mentoring, and started town meetings. They talked about possibilities for Level 5. Residents considered the changes between Levels 3 and 4 minimal²⁶ and FMC residents were already responsibly handling their time and money. They repressed early pessimism about Level 5 bringing much change and identified a number of possibilities to explore. Learning advanced prosocial living meant gradually progressing toward living a “normal life.” They highlighted two changes that would make a quality of life difference for high functioning men – the opportunity to sign out a cell phone when out of the center (at least for work, or employment and housing search purposes) and shortening the time for approved itineraries. The Maine DOC justified the lengthy itinerary policy saying it is needed for time to apprise victims, by letter, of the whereabouts of community reentry residents on a particular date. In the day of digital communication, victims could register for texts, emails or recorded messages from the State with ease. In addition, FMC residents said these privileges were already offered to Maine’s federal reentry center residents.

To explore how the level might be structured, Henry asked if I would research how other federal and state reentry centers handled levels of resident progress. In IE

²⁶

Upon acceptance for Level 4, residents may spend 1.5 hours at the library (up from 1.0), have \$50 on their person (up from \$25), a 4 hour unsupervised pass each week, if scheduled three weeks in advance (up from 3), 8.0 hours of unsupervised recreation at an approved facility (changed from supervised recreation at specific health club.)

parlance, this would be called “market mining” with a purpose of gaining ideas from others with similar goals. We were looking for information on driving, cell phones, itineraries, passes or furloughs, and home release. Unfortunately, I could find no online records of reentry centers programming, beyond superficial descriptions.²⁷ We referred to the MDOC policies, but there was little difference, overall, between policies for reentry centers and those of prisons. The factors for removing policies specific to community programs may have occurred when work release programs moved from communities to minimum-security facilities.

Third FMC Meeting: Before the third meeting, Henry informed me that residents planned not to “set off any alarm bells” with staff. In attendance were Ray, Bobby, Henry, Grey, James, and Ryan. A major discussion concerned the lengthy process through which residents actually received their funds. Staff acknowledged unreasonable delays caused by the process, but hesitated to challenge policy. They reported they had unsuccessfully tried and failed to expedite funds. However, Ray recognized the increased risk to residents from delayed funds and promised to investigate the issue again.

Discussion began on Level 5 and residents suggested several ideas for change. Staff considered the Level 5 ideas presented by residents unfeasible, due to current Maine DOC policy. Henry pointed out the senior administrator of individual facilities may choose to take a relatively large role in determining the scope of activity at the centers. Staff raised concerns that MCRRC was unique within Maine DOC. Requesting

²⁷ In general, corrections facilities, including community reentry programs, release limited information about themselves.

policy changes might cause a backlash, and generate stricter policies than those currently in place.

Residents raised the following issues with staff: signing up for general assistance and making sure the resident has housing before release; interest in full integration to community; money concerns; clarification on lights out rules; using the grill out back; and getting a resident answering machine that would collect resident messages when staff were too busy to answer the phones. Staff brought no concerns to the meeting. The fourth meeting was scheduled for four weeks ahead.

Innovation Engineering and Resident Money Innovations that had already turned into successful projects included the new resident orientation and the new smoke shack and smoke break policy. These projects typified ideas that would be captured by Yellow Cards within IE. Encouraged by Ray's interest in streamlining resident finances, the residents and I worked on writing a Yellow Card to summarize the residents' ideas. Remembering my past lesson, I reminded them to consider gatekeeper concerns as potential speed bumps or barriers. Several of us worked hard to develop a concise, informative idea, which might be built upon or improved. Residents decided to leave the proposal in the hands of the program administrator for consideration. Henry submitted their idea with a cover letter to Ray, one week before the next meeting. Residents understood that the idea would likely need changing or reworking. They received no response, until Henry approached Ray and heard the idea would be too difficult to move through the DOC channels and too difficult to implement in house. Staff wanted to explore in-house solutions.

Two of the original five members took full time work release outside of the center. Ryan, who'd attended a meeting, decided not to continue participating. Between the third and fourth meetings, I went to the center to meet with the three remaining FMC residents. They revealed anger and frustration with the seeming loss of interest by staff and the general negativity that was beginning to resurface between CO staff and residents. It is unclear whether the dissatisfaction stemmed from within the committee process or outside of it. They spoke of comments from staff about resident leaders being "power hungry" and "entitled" and incidents where decisions were handed down that appeared arbitrary and "overkill" for the situation.²⁸ They expressed consternation about COs who focused on minor issues, while not acknowledging the positive changes in atmosphere. In the same meeting, I urged residents to revisit and collect their thoughts about Level 5, to present at the next meeting. The list of ideas was broad, but extending privileges for cell phones and shorter notice for itineraries remained at the top of the list.

At one point, a VOA staff member came into the meeting, to find out what we were discussing. He questioned the residents about their ideas and when he'd heard them, his response was "absolutely not." He effectively shut down the residents and proceeded to tell them that they should be focusing on what Level 5 residents could be doing for others, rather than any extra privileges they might earn. Residents pointed out that in order to be considered for Level 5, they must have already given beyond any requirements of the center. If there were no changes in responsibility other than more

²⁸ Roger describes a curfew enforced without warning. See Interviews Section "Expectations of MCRRC."

giving on the part of residents, what incentives would men have to strive for it? When the staff member left, the residents were deflated. Within the incarceration setting, there were few options. They perceived staff as unwilling to “stick their necks out” for the good of the residents or the progress of the program.

Fourth FMC Meeting: Ray, Jerome, Henry, and I attended the fourth meeting. In spite of discussions, no progress was made on defining Level 5 or streamlining resident finances. As concerns between staff and residents surfaced, Henry reported that in the town meeting, residents had advocated for all of the CO’s to acknowledge resident progress. Residents believed that they were shedding their “prisoner mentality” in favor of prosocial behavior and wanted the COs to shed their “police mentality.” Specifically, they mentioned the behavior of looking for something wrong and “nitpicking” rather than commending residents on their positive change. A meeting was set for four weeks ahead.

FMC resident members’ confidence in staff flagged. They told me they were “accustomed to hearing no,” so they weren’t surprised about outcomes. When we talked, all of the FMC residents were kind and conversational, but lacked interest in working on either project. In other areas, they continued their positive efforts and activities. Henry and James started outside work. Henry also led several of the men in a construction project in the center that kept him away from our work for a short while.

Fifth FMC Meeting: Ray and Bobby came to the meeting and told Henry, James, and me they had set up Direct Deposit with Maine DOC for all employers. Employers would deposit paychecks into the State account, the State would mail the check to the

MCRRC, and then staff posted the amount to resident accounts. Residents would need to make the effort to sign up in the center to participate and then to get employers to transmit bank account routing information. The alternative was using the current system. A partial solution was developing and Henry and James agreed to pass the information on and to give the system time to work.

As the months progressed, four of the original five members started working full-time outside of the center. The rest of the time, they kept busy with ongoing community service, AA meetings, other commitments, and personal leisure time. There was little opportunity to get them all together and it was difficult to find some time with some of them.

Sixth FMC Meeting: On an early June afternoon, I attended FMC's sixth meeting, and my last one for this case study. The scheduling unfortunately prevented one of the remaining two (working) residents from attending. James attended, because he was on his day off. Residents had given mixed feedback about direct deposit for paychecks. Several small employers (including James') balked at setting up electronic payments that would cost them money or would be created for a single employee. Those residents using the direct deposit system were frustrated because they were not getting pay stubs from the state with their checks and they could not check for accuracy in their deductions or gross pay. Perhaps because Henry wasn't there, the committee scheduled no next meeting date.

Resident Interviews

During April 14 – 19, 2016 I audiotaped five resident interviews using the IRB approved questions listed in Appendix A. When designing the questions, I intended to give the men an opportunity to talk comfortably. I decided not to ask specific questions about their past records or offenses, except their total amount of time served. If he chose to, the resident could volunteer any other information. Although I transcribed each resident's complete responses, I will summarize most of them here, with quotes as appropriate. The main topics were expectations and attitudes about MCRRC, creativity, the potential – and inhibitors – for innovation at the center, responses to research on entrepreneurship and “prison incarceration syndrome” and restorative justice circles and mentors. I conducted interviews at the reentry center and each interview lasted less than one hour.

The five interviewees were Henry, James, Grey, Jack, and Roger (all pseudonyms). They were between the ages of 38 and 55 at the time of the interviews. On average, they had been living at MCRRC for five months and their average total length of stay at the center would be 9.5 months. All interviewees were incarcerated in various Maine DOC facilities before acceptance to the reentry center, and all had been incarcerated, at least once, before their current sentences. Residents' total time served for all incarcerations ranged from 34 months to approximately 17 years.²⁹ The mean length of time is approximately 9 years and the median is 6.5 years. Four of the

²⁹ The numbers are approximate, based on answers such as, “15 years or so.”

residents had achieved Level 4 and one had achieved Level 3.³⁰ None of them had ever been dropped a level, indicating they were exemplary participants. All five of the men were original participants on the Facilities Management Committee.

I asked each of the men to tell me how they got to the reentry center and to say as much they wished to say about their previous experiences and history. Four of the men had heard about MCRRC from their caseworkers. One of the men had family who knew a few of the program staff and Ray recruited him directly through the administrator at his holding facility. They had each heard good things about the reentry program from peers and caseworkers.

Roger: I had friends who had come here and three of them were in drug court with me back in 2000 and they are all [living] sober lives, no medication, methadone, Suboxone, they're all sober, holding jobs and they all accredit it to this place...I have [had] tons of "drug treatment" and...it doesn't work, alone. CBT was the model MCRRC used. I figured if I [was] going to change my actions, I would have to change my thinking. It felt like the right thing to do.

When asked about their expectations for MCRRC, some answers overlapped. They expected the positive program elements (e.g., less restrictions than prison, fewer CO's, and less of a "prison industry environment.") They looked forward to receiving assistance with making a positive move back to their communities and ways to change their thinking about substance abuse, alcohol, and prosocial living. Most had anticipated

³⁰ The resident at Level 3 mentioned that he could have "gotten Level 4 a while ago, but I chose not to apply." His reasoning was that the advantages of Level 4 over Level 3 were negligible for his needs.

an older – or at least, more mature – population and more selectivity in residents accepted than were there when they arrived.

Of the five residents, only Roger got the opportunity to speak with someone from the MCRRC staff before moving into the center. Echoing “The Resident Group,” “The guys don’t know what they are walking into.”³¹ The majority of the interviewees didn’t expect to be “locked down” as much. As the MCRRC Innovation Culture Survey (Figure 3.1.) reflected, residents value the overall quality of MCRRC – with a caveat: “because it is the only program, there is nothing to compare it to.”

When asked what they liked most about living at MCRRC, answers ranged from satisfaction about the amount of individual and group attention, quality of classes, and welcoming environment, to the choices and valuable freedoms that they were permitted, once eligible for community outings. All of them agreed they made the right choice to come to MCRRC. They appreciated program elements, such as, CBT, “tons of classes,” substance abuse counseling, opportunities to find work, and some time for outings and to go into society, and for those who were there long enough, to prepare themselves for release from incarceration.

Grey: [Being here] has given me time to acclimate to being in society. It’s allowed me to go out and do things like yoga, and be involved in church, and visit with my sister and my nephew, and go out to eat and go see a movie, and just remember what it was like to be a normal human being.

³¹ Since this conversation occurred, staff vacancies have been filled and an intake coordinator was hired, so now every applicant considered for a bed at the center is receiving an interview.

James: I like the fact that you make your own choices...and if you make the wrong choice, you deal with the consequences.

The next question: "What do you like least about being here at the center?" revealed some of the residents' deeper disappointments. They all expressed feelings that ranged from concern to frustration with: the need for more support and less criticism; wanting more "hands on skills" and better and earlier help with planning for release; difficulty with obtaining interviews, securing work, and finding housing with three-week itinerary requirements and inconsistent access to their messages and phones; "communication [gaps] between the VOA staff and security staff;" inconsistencies with implementations of rules for different residents in similar situations; disappointment about the number of restrictions at Level 4, which they perceived as lack of trust in their changes in character; and the lack of serious intention among some younger residents.

Roger: I figured that ... there'd be a little more trust placed in us as residents. And I thought maybe we would have a bigger hand in the operation where we had gained the respect and trust and proven ourselves...

Henry: ... [T]here are a lot of needs that residents have that people [who have never been incarcerated before] really don't know ... [such as] ... what it's like to live inside the prison environment, in the controlled society. [The residents] have to shed that and a lot of times they're blind to it... so, you know, they've got to just learn, 'Hey, I really don't like this part of me ... ' and they change it ... Still, we, as residents need a lot of support. With that support comes responsibility ... [and] ... consequences of choices.

[They need] reassurance that they're doing the right things [and] that they don't have to live the way that they have.

James: [Classes] are geared toward self-issues ... but not everyone deals with the same issues...I would like to see more hands on work, actually getting out to do interviews, earlier more than later.³²

Responses to Research Studies I introduced the residents to the concept of the Prisoner Entrepreneur Program (PEP), based on the idea that many incarcerated people share overlapping personality characteristics with entrepreneurs (Sauers, 2010). The program is voluntary and works with incarcerated men, teaches them business school concepts and professionalism and helps them innovate a business concept (Fairchild, 2012; Fairchild, 2014). Participants are assisted in finding financial and business support for worthy ideas and encouraged to start new businesses right away, even if they are still in prison. Since I wasn't able to offer the interviewees research on any specific innovation program, I used the entrepreneurial program to explore the residents' opinions about creativity. I asked about their level of interest in such a program, had it been available to them, and about their thoughts on why some people in prison might be more creative than others.

Most of the interviewees expressed similar thoughts about the creativity of incarcerated people tapped into by PEP. Grey's comments connected life in prison with innovation and entrepreneurial abilities. "Most of us who end up in prison have learned to see the problems in life...because you're so hyper vigilant about what's wrong, you're

³² In Spring, 2016 MCRRC began offering STRIVE, a work and skills training program.

also hyper vigilant with how could it be better, how could it be fixed ...” Henry: “[PEP] sounds like a hell of an idea. [The] prison mentality...is a need to survive ... no one wants to perish and that’s why any way possible...[people will create to survive].” James: “When you are in prison or jail, your mindset changes; you have to adapt and be creative ... That’s where you have people who paint or make things and sell them.” Roger: “People are creative because of...survival. ‘Cuz everybody has the same restrictions and rules. And you can either live below that or above that and you have to get creative to live above that...” Residents also connected the drug epidemic with antisocial innovation: Users and traffickers have to think and try to stay ahead of the “game,” so “they have to innovate, create [because] they’re always on the move.”

Three out of five of the men would have participated in PEP, if it were offered to them, and saw the potential for prosocial contribution in this practical approach. James said, “Non-major crimes should go towards preparing people to be back in the world not just with classes for the [mind] but actual physical classes that you can use once you're released.”

I wondered what might prevent incarcerated people from innovation and creativity. I described a study on “Prison Incarceration Syndrome,” (PICS) which develops in long-term prisoners because of institutionalization. When people have to follow the rules or get punished, or if there is no room to use their gifts or make choices, or to think for themselves, people give up and stop trying. PICS may be a type of PTSD or post-traumatic stress disorder (Liem and Kunst, 2013). Ultimately, their ability to choose

or think outside of the routine is weakened and results in dependence on the institution for survival.

The concept of an incarceration syndrome seemed to resonate with each of the interviewees. They had all seen it to some degree, and described how it felt for them and looked for others. Grey spoke of the sensory deprivation and lack of options, especially in jails: “[I]t’s more oppressive, in the sense there’s less to do; they get there and they just lay in bed and they just wait for it to be over. There’s nothing, just eating and TV and sleeping. And that’s it.” Henry: [A]n incarceration syndrome goes with [being] classified – you’re a felon, you’re a drug dealer, you’re a drunk ... [T]hey struggle with that [when they] get out of prison – with no skills, no jobs...finally, they will do what they have to...

The men described different types of people who succumbed to PICS. A person might become obsessed: “Their world is...boxed in around [one activity], the friends they associate with...do that same thing. Everyone else is either wrong or weak.” Some people “literally...don’t want to get out, because they have nothing to go to...they’ve just given up, they’ve lost that hope...” Some don’t believe they can get help or guidance and they don’t take it seriously when it is offered. It may be a self-fulfilling prophecy: “I knew, once I was on probation, I’ll be coming back. And without a doubt, I managed to come back.” Some seem to be intimidated, taken advantage of, or they accept being incarcerated. “Like a Chameleon [they] buckle down into their sentence.”

When I asked about the percentage of incarcerated people in jails or prisons that have PICS, the numbers varied from 10% to 70%. Henry, Jack and Roger were optimistic

about people's desire to pick themselves up and dust themselves off; while James and Roger point to factors related to recidivism, such as when "going to jail...becomes not a big deal," or "the length of sentence [that] is like battle fatigue," and lack of support that "keeps [us] connected on a daily basis."

It was striking that each of the residents, even those who had been incarcerated for 15 or more years, were adamant that if they found themselves in a situation where they felt lost in futility due to experiences of incarceration, they knew how to help themselves out of it. All of them were determined not to live "that life." Roger told a different story: "I don't believe I ever did [get into PICS]...I had so many positive people in my life, throughout all of my incarcerations, that they never would let me get comfortable with my surroundings. They were always reinforcing 'you don't belong there,' and "come back to the family.'"

Are people who suffer from PICS able to make big choices for themselves or be creative? Jack's answer indicates: "[It's] hard to tell... I've seen men who have gotten institutionalized and do all right when they are in, but when they have gotten out...not be able to deal with life on life's terms."

Residents, Innovation and Facility Management Committee I asked each resident if he personally had innovative ideas for changes at his past facility/facilities. In addition to "Henry's Story" above, Grey gives a good example of innovating within his environment.

At the last facility, I got a job making _____ and I started as low man on the totem pole and people got fired or left the facility or got released. I ended up overseeing the

operation and I innovated a bunch of different things that made the operation work better ... and the product was better. I built templates that would speed up processes; ... and set up the steps that would make it flow better. And the most important thing, I helped to change the attitude of the entire work crew ... it was just about having a general positive attitude that we're a team ... [T]he CO, who oversaw the operation, put in to become the assistant director of the facility [but he rarely left people in the shop alone] ... At the end, he would leave the entire shop and not show up for a week. We would be there, check in, go to lunch, come back, check out, and not see him for a week. We had built that trust.

Residents who got involved with developing the Facility Management Committee expressed similar desires for positive change and maybe, more importantly, they saw opportunities for improving the reentry experience, immediately and for the future. They all wanted to influence the attitude and morale of "the home." "[We] agreed we didn't want to be around the [negative] stuff."

They saw potential for improvement:

Grey: I was here to utilize the programming. The classes that were offered continued to change my thinking and to leave the old life behind. I wanted to foster an environment where that was possible and when I first got here, [before the holidays] that environment was pretty sketchy. [Things]...got really good...

All of the men wanted to find ways to minimize risks of recidivism. For Henry, there was a risk in not fostering change:

Because when you're making all the decisions on how something should be done or run or ruled its just better to have everyone on board – in the incarcerated environment, or the rehabilitative side. [For lots of residents,] the only life they know is just wide-open arms [waiting for them to get out and pick it up again.] [We could] get everyone to the table to iron out [all] sides of the concerns; throw out all the options and hopefully discuss it like a bunch of logical, rational, reasonable men.

They wanted reasons to develop hope:

James: I felt as if it's time for a change. And by taking responsibility of voicing an opinion for a group of people who are in the same situation, it's an awesome opportunity...I am thinking change for staff, residents, people that are going to be here after me, because the things that happen here won't happen until after I am gone. And I am hoping that it continues.

They supported changing the focus from blame to positive reinforcement.

Roger: If you are doing something positive, it is important to have that [pat on the back.] Even if it is, 'good job, you didn't fail a drug test.'... So I figured instead of me just...grumbling about stuff, why not get together with the rest of the residents, even if it doesn't go anywhere after we leave Door 5.³³

Interviewees discussed two recurring themes. The first was allowing more choices as men moved up in levels. Second, but no less important to them, was providing increased support, through professionals and community engagement, modified to fit the individual, during and after reentry programming.

³³ Door 5 is the locked entrance and exit between the main hallway and the residents' quarters.

James: I think when you are at upper levels ... you should get a little more freedom, being able to sign out when you need to sign out, instead of three weeks in advance, when its almost impossible to predict the future ... Also, money choices, phone choices, and things that are normal in regular society – being able to have a phone when you're working [or interviewing.] Communication is important.

Grey: “[We] need more availability of therapists and people who can actually spend the time to help people investigate who they are and what they would like to change about themselves and a plan of action to do that...” Henry advocated for “a viable support system based in the area where [the resident is] being released to.” This would help the person deal with the stigma, the sense of always being watched, and especially, finding “a place to fit in, to belong somewhere, to feel needed [and] to replace those who he should stay away from.”

Residents and Restorative Justice The restorative justice section brought an upbeat note after the difficult information from the innovation questions. All five of the men had taken the Introduction to Restorative Justice class (and I took it with Henry and Roger). It was unclear from some answers how well the residents understood the definition of RJ or maybe the answers reflected the difficulty many people have in articulating it, since it is more about shared values than an explanation. Two of the five men articulated the meaning very well, including understanding the idea of making things right, the ripple effect of offender behavior and taking ownership and responsibility for one's behavior. I saw language that indicated that they saw RJ processes as mediation, restoration to dignity for offenders, a way to avoid prison or jail

time, transitional issues going back into the community from the criminal justice system, and the need for restitution.

There were mixed feelings about the success of using RJ circles within the reentry center for center infractions.

Roger: You know what I really respect about the restorative justice program. I've seen them come in here and help guys come up with their own punishment for infractions that they had here, with their mentor, with Ray ... They have a voice ... in rectifying that and making amends for that. It's not just handed down, a judgment – its huge!

Restorative justice circles could work, "but it would require a lot more involvement with RJP...not seen as an outside influence." It is an opportunity, like CBT, to practice for change and "to take out with you when you leave." "It would have to start with people [staff] here ... [out of genuine concern and not as an opportunity for blaming residents.]" One concern is "the different levels of commitment ... Some people aren't here to change long term, just short term to get through it."

Family Group Conferences, or restorative reentry circles with loved ones, got a strong positive response. Some of the thoughts indicate how important the concept is for them. Jack: "I think [it] would work really well with people getting ready to get out and...maybe get them used to dealing with their families again and all of the issues of family life." James: "If all parties are willing, I think it can at least open the door to understanding or agreement. But it can also be painful. It might shut doors that were

already shut twice.” Roger: I think that is the missing piece to this place [and] it should be mandatory as part of release.”

Henry: I think it’s a good idea; a lot of seasoned criminals that are tough – they walk the walk, they have the prison mentality, and they will not be disrespected. But they’re human, they have hearts and brains, too and aren’t stupid. They don’t think about their victims much, because they are conditioned not to; they really don’t realize ... that they’ve made their own children, their wives, and their parents, into victims. I have seen some of the toughest guys...have tears in their eyes...and they are all choked up. Why? Because that stuff matters and they never ever looked at it like that. They’re tough enough they can do a five-year sentence, but they don’t realize they just sentenced their kids to five years with no dad, no birthdays, no Christmas, no holidays.

The men LOVE their MENTORS!

Jack: “I just got a mentor two weeks ago that I started working with ... If you are in the process of transitioning back into the community, having access to some help from somebody who cares – it’s huge.” James: This is my first time even considering having a mentor. It’s been awesome. Someone who is non-judgmental ... They don’t know your situation and want to learn who you are before your situation ... I wish I had gotten one sooner.”

Roger: [At first,] I wanted to “get up and just tell Michelle [I] don’t want anything to do with this program.” You know, just from the fear. But Michelle does a really, really good job ... just from an hour-long interview and a piece of paper; hooking you up with

the right person...I think that the people who don't [choose to] have a mentor ... are cheating themselves.

One somewhat conflicting sentiment that came through during the interviews was: "It's the Best Program, Because It's the Only Program, But It's Still a Good Program." This struck me as a way to say they appreciated MCRRC, but they also believed they had worthwhile contributions to make. Roger: "... I think some guys use it ... [and] ... make the best of it ... [T]here's so much more [the center can change] ... for instance, the three-week itinerary - they could fight back, because it's not working for us ... [but they are] comfortable with all of the rules that are set against us."

Changed Men As a way to wrap up my summary of these interviews, I thought it would be great to hear some final thoughts from the men and how they think they have changed. When asked about ways they are different now than the first time they were incarcerated, four residents said, older, wiser, and more mature, through self-knowledge and experience. All of them have self-knowledge they can use to meet "life on life's terms." One resident quipped, "There's not much about me that isn't different, really. Just turned 19 [the first time I was incarcerated]."

They recognized the dangerous potential for "going from the mountain to the ditch," if they did not keep daily vigilance about attitudes and behaviors. It was easier to spot the undertow than in the past. A critical success factor included developing and staying connected to support, whether church, AA and NA groups, physical group activities, connecting to mentors, healthy friends and family, or other community support networks. The men understood that support could be very valuable with

resources to successful reentry – finding jobs, housing, creating a budget, or even venting, as needed. As Henry points out: “The [Maine] DOC explains this as strengthening community ties – without a support system in place, failure is almost guaranteed.”

Interviewees remarked on how they see themselves as changed from antisocial to prosocial people. Grey: “Before I arrived here I had a lot of doubts about whether I could be successful and live an honest legal life ... I always had the B plan kind of hovering in the back of my mind ... and that’s not hovering there anymore ... I understand ... better who I am as a person and where I fit in society ...” James: “[It] has been an ongoing process for almost six years; when I get into that [negativity], I just say, ‘I’m not going to let it get to me ... [or] ...hold me underwater’ ...I feel as if that part of my life is over.”

And interviewees talked about offering support to peers to encourage them to change, too. Henry: “You have to give these guys hope, hope’s free.” Roger now uses his [creative] skills in many ways in the community and as a peer leader: “I always make sure I tell the new guy my door’s always open...I ... [say] ... ‘if I can [help] get you over the hump [of wanting to use or act out] you know, I’ll come and play a game of cribbage’ ... [A] lot of guys that don’t have [positive people or families to help] ... I try to do what I can to be that person.”

Finally, one thread that ran through the interviews was that if you're doing good, especially in a structured facility, you need to be reminded, “good job.”

MCRRC Innovation Culture

According to the description of the Innovation Culture Survey (see Figure 3.1) tool on the IE website, its purpose is, “To give us an understanding of the team's ‘state of mind’ on the innovation culture in the organization” (Eureka! Ranch International, Ltd. (n.d.)). The survey was made available for residents to voluntarily complete during the week of April 18-22, 2016. Results are based on a small sample (n=15), although they represent just over 50% of the residents at the center when the surveys were offered. Based on data collected,³⁴ most residents appear to highly respect MCRRC leaders, perceive the need for MCRRC to innovate, believe that residents cooperate with each other, and experience MCRRC as a quality program (average response ≥ 3.5). These factors together seem to demonstrate that residents like the program overall, yet they see and want opportunities to innovate collaboratively.

Residents gave negative responses (average response ≤ 3.0) when asked if DOC has courage to innovate, if they (residents) were successful implementing their innovations, or if they had adequate resources to realize innovations. Negative responses taken together seem to indicate that respondents would take an opportunity to innovate (as shown in positive responses), but they had little faith in MDOC’s willingness to engage in change by including all of the stakeholders at the table. Another way to view their responses is to recognize that ultimately, innovative residents did not believe any “real” results were likely to result from their ideas or participation.

³⁴ I adapted the original Innovation Culture Survey questions to fit the context of MCRRC.

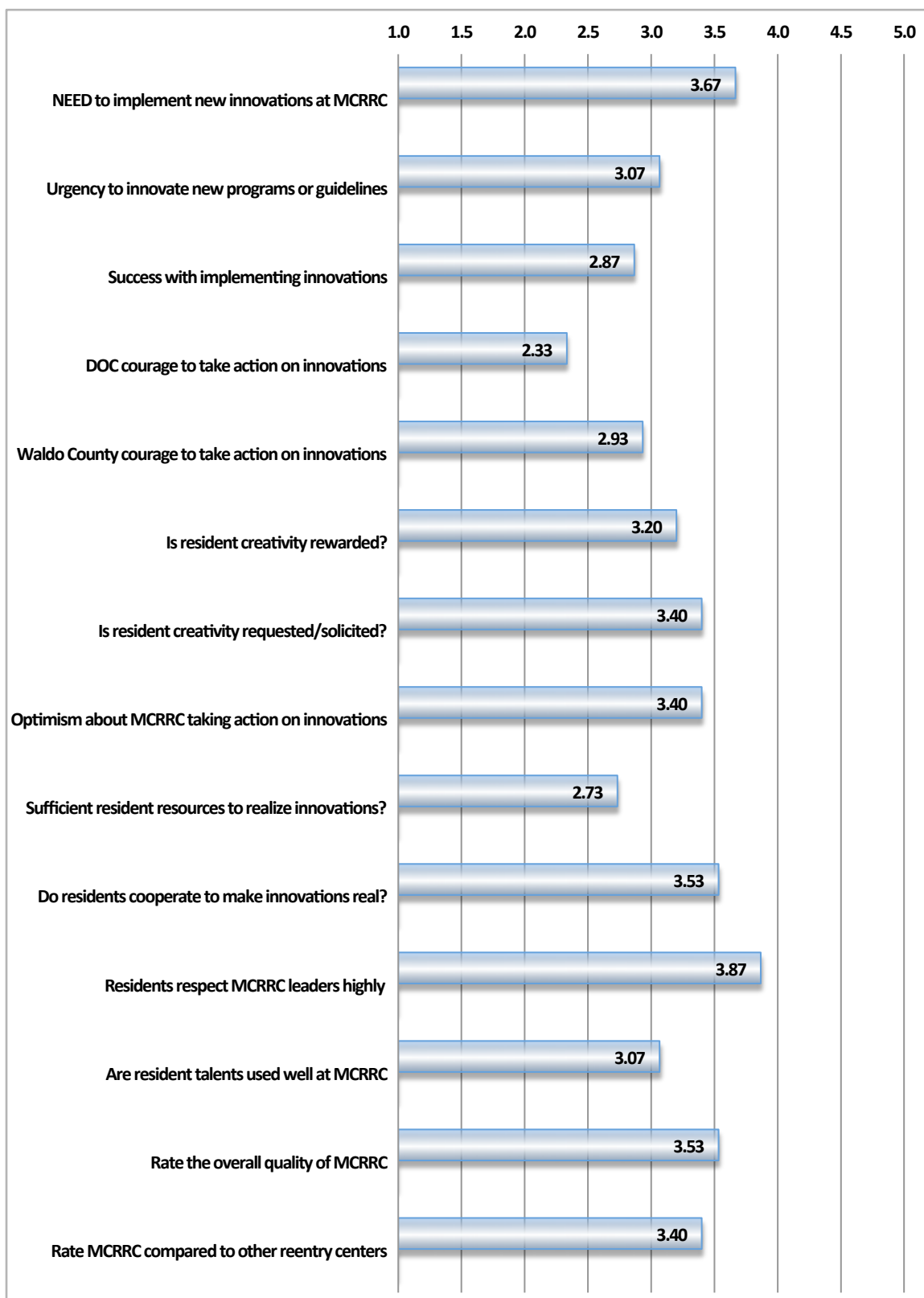


Figure 3.1. MCRRC Innovation Culture Survey Results

CHAPTER 4

CONCLUSION

Without the welcome, openness to inclusion, and perhaps tolerance, of the staff and residents at MCRRC, I do not believe I could have participated in this experience. I was able to engage with them through the FMC, because I was learning from them as I took classes with them. I had a brief time to observe their problems as they searched for ideas to solve them. It opened a small window of insight into constraints and opportunities for resident innovation within this restorative reentry environment. Residents who agreed to be interviewed and/or surveyed on their opinions markedly improved the quality of the case study. Each resident's story, his hopes and concerns (along with Henry's willingness to teach me from his earlier innovation experiences within corrections) provided a needed, if sometimes hidden, context for the case. Although some insights might be extended to other corrections environments, my thoughts can only speak to my experiences within MCRRC. I hope I can do the center justice (pun intended) as I gather my final thoughts.

Engaging with Innovation

Originally, I wondered if residents would risk encountering inevitable barriers to engage in prosocial innovation for their own and their peers' benefit. The resounding answer can only be, "yes," for those residents living at the center at the time of the study. As I said earlier, although I was looking for an opportunity to find out, I wouldn't have found it *if the residents hadn't opened the way*. They initiated the innovation

process and because I was there and engaging directly with them, they allowed me to observe and, where appropriate, participate.

More hurdles would have arisen if, for example, I had been tasked with using IE in the center through a decision made outside of the center's sphere of influence. "Death threats" would have included reasons I have discussed before: lack of ownership and definition of the problem by stakeholders; inclusion among members would be requested, at best; and the process would reinforce the hierarchy of control in corrections, even if the influence seemed subtle. Without equal access to input and opportunity to identify their own problems, a team would have difficulty developing the empathy necessary to risk meaningful and unique innovations. There would also be an inherent distrust due to lack of access to final decision makers. Many call this approach innovation, when it is really just another idea imposed upon a failing system in an attempt to figure out "what works" in corrections. Inclusive innovation (or social innovation) could result in lasting and humane paradigm changes that permit real rehabilitation. Recall Henry: "If you want to know what works, just ask us..."

Another barrier I recognize as inherent to the specific environment is the need for lots of time for an inclusive innovation process, of any kind. The FMC meetings I watched only covered five months. In a social innovation setting, it may take almost that long to truly understand each other's needs and problems. Many of the residents did not have that time, and during the stressful holiday season, neither did staff. Unfortunately, the center may be paid to turn out non-recidivists, not necessarily prosocial innovators. Both outcomes are equally successful, as I see it.

The only research format that made sense for this project was the case study. There were too many variables, a lack of existing research or crossover the between relevant disciplines, and a small resident population. My short involvement with the reentry center leaves me realizing that I have only scratched the surface of understanding MCRRC's many complex layers. For example, I know very little of external factors that affect operations and dynamics at this community corrections facility. Still, its complexity provided fascinating snap shots into successful evidence-based practices and restorative reentry.

Impact of Restorative Reentry

I also wondered if the innovative use of restorative practices in reentry promoted engaging in other innovative practices. Research shows that whatever their formats and wherever they are held, restorative circles and conversations make sense for incarcerated people preparing for reentry. Like many institutions, corrections changes are likely to be slow, even when the benefits are known. As restorative reentry comes of age, hopefully, incarcerated people will have opportunities to choose connecting and communicating empathically, rather than living in separation and isolation.

MCRRC staff responded to the opportunity to engage directly with residents and some residents took the risk to trust the process of equality at the table. I attribute this to the RJ influence and the culture of fostering personal development at the center. It is clear that founding reentry programs on restorative justice principles benefits victims, offenders, reentry center programming, and communities receiving the releasees. With

its focused, ethical philosophy and practices, within the center and without, we see each other as equals and interconnected; each member is deserving of *ubuntu*.

I would affirm that the practices of RJ and IE strengthen each other. Restorative practices foster *ubuntu*, moving us past roles and social norms to find ourselves in one another. That empathic connection is where collaboration for the best innovation begins. However, in our justice systems, RJ swims up the river and so *ubuntu* must be developed and nurtured. Otherwise, as seen when Henry left the prison facility, chaos and social inequality will attack the environment. From that perspective, innovation within a corrections environment may only be as strong as its weakest supporter, and inclusive innovation can only happen between those who come together with *ubuntu*.

RJ values are stressed for center residents through multiple avenues (class, mentors, and the VOD). Unless the residents are offered and take the VOD, they will not have a direct (i.e., deep or personal) experience with restorative justice conferences. Therefore, the learning is abstract and theoretical for a values-based practice. Requesting and facilitating all residents to engage in a VOD with either actual or surrogate victims, whether general community or family, would help residents internalize restorative justice principles.

In addition, from my limited view, the RJ values didn't appear to be consistently reinforced with staff. Overall, I hope to see more circles (FGC, VOD, circles for center infractions) happen at MCRRC. While beyond the scope of this paper, this concern about abstraction and practice might be found in other areas of the center's program

curriculum where principles are taught without extensive opportunity to utilize or strengthen them before release.

Inclusion

Was there enough room in the hierarchical correctional machine to allow for reentry resident idea development and implementation? I don't know. An important, but not quantified, element affecting resident interview responses and the FMC was that each of the residents came to MCRRC during a time when it was short-staffed. Rather than disinterest or obstruction, at times delay seemed to come from staff (or residents) being too stretched to allow time to innovate. I suspect, as well as time, experiencing fewer program transitions fosters innovation better than stressful times do.

Another factor affecting the process was the residents' overall, de facto, disempowerment within corrections. Innovation studies theorists predict decreased success for the most creative and well-meaning programs implemented from the top down. From that standpoint, failure of corrections facilities to include those it serves in creating best practices is shortsighted. This case study is missing full knowledge of influence – direct or indirect – of the MDOC structure on opportunities for innovation at the center. What if the whole FMC had jointly embraced and been totally empowered to utilize inclusive innovation processes as they are laid out in IE? For example, what if the FMC was funded, trained, and run like a Proctor & Gamble innovation team? It is difficult to find out in an organization that is strapped for time and other resources and

is primarily funded to release non-recidivists rather than reduce the need for control within community corrections.

The environment at MCRRC is informal in many ways, but the center is still an incarceration setting. This unique little reentry center is an experimental part of the Maine corrections system, subject to policies and procedures that define the scope of its flexibility. As an ambassador for the Maine DOC, MCRRC is appropriately concerned about its image in the community and protective about the publicity it receives. Corrections culture includes top down management, even if it is open to innovation by residents. In a world where bad news travels faster than good, where infractions can be magnified by the public and where incarceration brings negative and confusing connotations, it seems prudent for the center to take its time with change.

MCRRC residents who are returning to their homes in Waldo County and looking for work and housing, often springboard from the center's positive public relations. I worried that I might cause concerns with stakeholders by talking with so many residents. To this point, I would have liked to interview staff on their perspectives of the process, events and my involvement there. Now wonder that when coupled with time and bureaucratic constraints, the residents felt disappointment from trusting staff and then found that their ideas weren't taken seriously. To an unknown extent, their disappointments may have contributed to the dynamics and outcomes of the FMC's first six meetings.

IE Tools in a Quasi-governmental or Community Setting

A new question arose during the case study. Do innovation tools, so effective in business and technical enterprises, perform as effectively in the non-profit, community based, or social justice settings? I can only base my answer on my experiences with community volunteers and in the reentry center. I speculate that unless IE tools are thoughtfully adapted to their informal, but constrained settings and utilized by those who welcome and solicit ideas from all levels of stakeholders, their effectiveness diminishes quickly. Perhaps within the IE curriculum, a social innovation “cheat sheet” might meaningfully supplement other available tools. Maybe it would help to have support for recognizing and engaging stakeholders in settings with a complex pipeline or determining who the management coach and project leader should be for innovations where there are multiple tiers of gatekeepers at various levels of receptiveness to grassroots paradigm change.

My gradual understanding of innovation processes moved through multiple stages. I began from an orientation centered on my research needs, to one that recognized the importance of resident desire for change as the driving factor, to gaining insight into the need for stakeholder involvement. I gained some clarity about what innovation meant to the residents and staff, and began working within the system, rather than trying to innovate the system. Personally, I redefined my support coach role for the residents on the FMC. Reflecting on my perspective at the beginning of my research, I can see that I sometimes confused tools with process. I think my relative

inexperience with using the process of IE prevented me from taking the broader view of the systemic issues and applying IE to them.

My assumption that “improving reentry” would compel residents to innovate borders on the opposite of allowing people to choose their own needs to problem-solve. The lack of a management coach designated within the FMC may have affected dynamics. According to Hall, “The Management Coach sets the plan, thinking about the interdependencies and interactions, because the management coach can see the bigger picture...[He or she] is thinking about possible delayed effects or future consequences associated with [a direction or heading]” (Hall, 2016b).

When working with community volunteers, I heard several times that the terminology I used was too formal or difficult to understand for situations where interest, time, and resources are variables. It certainly was too much for the community Create Session. An important question for improving IE’s use in social innovation is how could we modify the innovation approach so that it can be quickly communicated when presenting the opportunity for Create for this group?

The online system was confusing to staff, volunteers and there are no customizations for non-business groups. In the center, lack of access to computers or Internet barred use of the Innovation Pipeline. Other problems faced by would-be innovation participants (residents) include: lack of choices, particularly choices constrained by levels; availability of time scheduled around work and classes; difficult to negotiate itinerary rules; anxiety about interaction with staff, including having staff notice and/or disparage their efforts; legitimate self-concern based on their needs,

versus the needs of the program; and too many stakeholders. Within the community setting, barriers to volunteer innovation might include: confusion about, or resistance to, any longer term obligation volunteers must make to an innovation process; the innovation process may be stymied by timelines that are frequently elastic (for volunteers and within community organizations); and a lack of resources in situations where the mission of the organization is output, not ideas for streamlining outcomes).

I learned that the Yellow Card message is not necessarily about saying all that is hoped to come out of the event, per se (e.g., streamlined resident finances), but more about finding and understanding the *underlying* problem, clearly and concretely conveying the benefit (promise), and presenting convincing evidence that the innovation will do what it is intended to do (proof). The constraint within corrections is identifying a problem that the rigid system will allow to be fixed. Ideally, I would have also surveyed the staff on their sense of innovation culture, to know if finding the underlying problem would result in meaningful change, or even openness to it.

The results of the Innovation Culture Survey seem to show that not only are residents innovative (as Jerome commented initially) but their interests were prosocial (cooperation) and necessary for program success or, at least, improvement. There is a sense of group hesitation about engaging fully (and hopefully), since residents hear “no” more than “yes” and distrust those with more control within the hierarchy to agree to empathic engagement. The specific reasons for MDOC limiting innovation by its most successful facility are unknown to me. However, I cannot see the harm in allowing MCRRC staff and residents to engage in creating ideas to benefit all stakeholders,

refining them to match the mission of the center, and running “fail fast, fail cheap” prototypes, or tests of the innovation, with the residents who have already exceeded program expectations, (e.g. FMC resident participants).

Survey data would have been more likely to pick up subtleties about the center’s innovation culture, if the tool I created had used the original 0-10 scale. Other improvements might include broadening the sample by surveying residents over time, further modifying of the questions to reflect the environment, and asking staff to complete an appropriately modified survey.

Opportunities within MCRRC

Demographics of FMC residents – age, experience with incarceration, and their obvious commitments to getting all they could from MCRRC – seemed to contribute to their interest in participation in innovative efforts. My involvement was allowed because I had been “present” and had some familiarity with the center and the residents. I think this is one of the very few ways for outsiders to gain insight into internal process change.

In classes, I clearly saw the implementation of the strengths-based curriculum. I have seen a number of the guys thinking about others, over themselves. They can decide to grow beyond who they were and how they saw themselves. Moreover, I learned how EBP fits into the gradual leveling up, drug /alcohol counseling, and finding work and housing.

Institutionalization may lower individual innovation, but that cannot be proven through my experiences at the center. I quickly realized that my question about

institutionalization repressing creativity in the residents was irrelevant. This intelligent, thoughtful, creative group worked hard to keep a positive and motivated attitude in life. The interviews and the surveys with the residents confirmed that. The residents who have done a lot of time and are ready to change are looking for ways to do things differently. This combination showed me that innovation and entrepreneurial abilities should be expected from this group. Motivation to make personal and systemic change runs deeply in them, and as one resident said, “Those who aren’t motivated, don’t bother to write the essay to get in.”

Resident Interviews Conclusions

While I learned a lot from the group I interviewed, it would have improved the study to interview some residents with different characteristics, e.g., younger, coming from short stays in jail, showing a range of commitment to recovery, and changing their lives. How would those residents characterize the older residents? Would they be comfortable participating in a committee like FMC and if not, why not? (I would be equally curious about differences in staff responses to these questions). I am thrilled that all five of the men I interviewed said that they didn’t let themselves “go there,” in reference to PICS. They had learned how to combat it or they looked at things differently, to minimize the risk they would go “down” again. This supports the data that MCRRC programming is successful in changing thinking patterns.

Allowing residents to innovate for Level 5 offers a critical opportunity because it could bring support for making “normal life” choices. Any man who is cresting at the top of the reentry program needs to develop a support networks to practice and develop

the prosocial use of their gifts. If the only place they can fully practice prosocial community engagement is inside their community corrections facility, they may be successful within the four walls, but their success outside of them relies on opportunities to “further strengthen community ties.” (Maine Department of Corrections, n.d.).

Attitudes of interviewees and observations about restorative justice were positive, although several responses lacked a depth of knowledge about RJ. I had hoped to hear more about victim perspectives and needs than I did. None of the interviewees had taken Victim-Offender Dialogue and I wonder how the lack of practical experience affected their understanding of RJ. The response to restorative reentry circles with loved ones was positive, with some hesitation that it might be too painful. If I were interviewing again, I would explain that all circles would be voluntary and there would be preparation for it ahead of time.

As Lorenn Walker’s research shows, RJ improves reentry. Facilitation and observation of restorative justice conferences have appeal for gaining a deeper understanding of the issues, risks, challenges, benefits, and positive outcomes that result from conferences. Considering that formal, hybridized, restorative justice reentry practices are still new, there is reason for hoping they will provide a successful, widely accepted capacity building model for offender-community reconciliation and residential reintegration.

Restorative justice practices change interpersonal paradigms and increase empathy, giving residents more skills that encourage them to repair relationships and

think more empathically about their victims and their families (also victims). Learning that honest expression begins with “voice and choice” might help residents resolve resentments about talking issues over with others. My impression from this study is RJ can only and truly succeed for individuals by engaging actual restorative interactions (i.e., a victim-offender dialog or other type of restorative circle), and not stopping at theory and definition. I hope this awareness will filter into corrections systems and encourage implementation of RJ *practices* with regularity.

RJP’s mentor and resident matches help support the residents’ progress and success. One reason to believe in mentoring stems from the mentor already thriving in the environment that the resident will soon reenter. Sometimes the mentor and mentee aren’t a good match or the mentee doesn’t stay in contact, but largely, I have the impression of satisfaction for both groups. Communication and connection are critical to success of restorative reentry and inclusive innovation. The Maine DOC ruling of three-week approval times for itineraries creates significant problems for schedules between mentors and residents. It may actually increase risk for residents that cannot get access to support in a timely way. The Internet makes it possible to communicate itineraries to victims via other means than mail.

Moving forward, challenges for researchers include the need for flexibility and willingness to redevelop problem statements collaboratively. Other challenges are negotiating the corrections system and its gatekeepers to accommodate innovation by clients. Clarifying the benefits of involving incarcerated people in their own recovery and treatment will move society toward changing the prevailing paradigm of second-class

and throwaway people. One symptom of institutionalization is an inability to participate in opportunities for innovation and creativity. A question arising from that is: Are facilities and systems that do not encourage residents to innovate likely to contribute to the occurrences of PTSD from institutionalization? Perhaps unexplored, but relevant, results might come from the intersection of grassroots social innovation and funded social entrepreneurship processes in restorative RRCs.

This project offered me the exciting opportunity to reconsider my perspectives on the empathy connection between RJ and IE. What if practicing innovation could actually improve resident embrace of RJ principles and practices? After all, IE is also a practice of putting the customer's problem at the center. Relieving the customer from their experience of pain or problem defines a "meaningful" solution. "Unique" might be about doing it better, (e.g., less expensively or more sustainably, etc.) Ultimately, innovation success (as well as restorative success) creates results that make a difference to community and government. With more exploration and compassion, our justice system and society can create interaction between potential *ubuntu* neighbors, restorative reentry, and inclusive social innovation.

When entering into the case study, I had never considered that I might not get a formal Create Session. When my initial methods lacked results, I became very concerned that I would not have an innovation component about which to write. In reality, I could not roll out the process the way I might in a less controlled environment or in a setting where stakeholders have more cohesive goals and perspectives. In a less strict sense, I did get a "mind dump" from the residents in the FMC. This is often a great

starting point for idea creation. Perhaps some of my experience will be helpful for others thinking about such a project.

I would like to improve overall opportunities with corrections gatekeepers and stakeholders to introduce and support inclusive innovation processes for reentry. Everyone's ideas matter and business as usual isn't working. In our web of mutuality, lasting solutions recognize and emphasize the similarities between us and bring us together for restorative change.

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APPENDICES

Appendix A. Community Create Session Analysis

The purpose of this information is to describe my experience with a Create Session that I held with community volunteers. For confidentiality reasons, I cannot describe certain details about the session or outcomes. I initiated the process by contacting RJP staff directly. Michelle agreed to be the staff liaison and we did quite a bit of preparation before the session. We identified the problem we were solving, and I created two “spark decks” – presentations designed to stimulate ideas. A good friend lent me the use of her house with a location close to Belfast center. We scheduled a two-hour session in the evening and recruited participants. We offered some food, hoping to attract more people. In early November 2015, I led a Create Session with 10 participants. Michelle and I were pleased with the good response.

The “playlist” of exercises began with introductions, “temperature surveys” – designed to capture a sense of the group’s thinking styles – then I introduced IE. Michelle presented the overview of the problem – recruitment and retention of volunteers. All of the participants could readily identify with the problem.

Participants created a “mind dump” as they called out the ideas they brought with them and cleared their heads for new ideas. I presented the first spark deck on the problem, pausing only briefly on each slide. I led a “mind mapping” exercise, based on a plausible, but imaginary, scenario. Participants divided into three groups and spent time discussing and writing down, on the mind map, ideas, and tangents that occurred to

them. We gathered together and shared ideas with the mutual agreement that “no idea was bad.”

I showed another spark deck, pausing on each slide only briefly. At this point, it had been two hours and several people left. The remaining participants agreed to stay and engaged in an exercise of “matrix mixing.” Groups were given a matrix with three lists of six words; each list described a category (e.g., “Places to find new volunteers”). Two of the lists were topics related to the problem and one list was unrelated, and list items were random. A group member threw a dice, and they noted that numbered item on the first list. For example, if it landed on five, they started with the fifth item in the first list. They threw it two more times, for the other lists and the group made up (and wrote down) a solution based on a combination of the three items. The groups repeated this process several times and we regrouped to share ideas. With the remaining participants, we discussed a few of the ideas of interest to the group. After we ended, Michelle and I debriefed. She said she thought it was fun, interesting, and had gone well.

I typed up participants’ ideas as potential Yellow Cards and discussed them with Michelle. We narrowed the list and a week after the session, Michelle sent out a link to an “Idea Starter Survey” on the likeability and uniqueness of each of the ideas to every participant and the wider RJP volunteer list. I received 14 responses that indicated two ideas were significantly within the likeability margin (>6 on a 10 point scale) and none of them were over the uniqueness threshold. The 60:40 weighted average reported two ideas were an insignificant +0.5 points for overall feasibility. RJP chose one of those

ideas for their project. It would require collaboration with several organizations (one of which was the reentry center) to implement it.

As we began to further define the idea, I attempted to use the online IE tools³⁵ with the RJP staff and other interested volunteers. Of the half-dozen people to whom I sent email links for the online tools, none of them got connected to the surveys or project sites on their first try. Eventually, two people did get on, but felt confused by the interface and requested that I send them the information via email, instead.

Virtually none of the volunteers were readily available to refine the idea project idea, due to schedules and timelines. Michelle worked with me as much as she could. I turned to my IE classmates for concept help through the Idea Doubling tool and I worked with the Idea Coach on making my message targeted and concise. I spoke with different groups of people who would be “customers” for the innovation and got lukewarm responses. After I felt I had a good Yellow Card to propose to one of the potential collaborators, I reached out with the idea, in hopes that the organization would, in turn, attract the interest of another important organization. However, the first organization declined to participate, based on concerns about participants that we had not considered as we defined the idea. By this point, Michelle had over-extended herself in support of the project and needed to withdraw from it. The project ended at that time.

³⁵ The Idea Starter Survey and Idea Coach are two tools within Innovation Pipeline and Merwyn Rapid Research.

Analysis: Although the idea had failed, it was a great learning experience for me. As Doug Hall, the founder of Innovation Engineering, says often: “Failing only makes us smarter.”

Experience: The session began late. I made and served food and, naturally, people were eating and talking. They needed their hands to eat before filling out consent forms. I was hosting the event and I felt obligated to greet everyone and make them welcome.

Learning: The session should either be held in a neutral place or I ask someone to meet and greet, and give out consent forms, and serve snacks (not soup).

Experience: Overall, the group was very positive about the session, they worked together well and seemed to enjoy themselves. They were supportive of each other, I think the efforts to focus on solutions and hold off on criticism, and judgment was uplifting. It was interesting to see people struggle with thinking differently than they usually do. I didn’t realize how hard it would be for people to let go “into” their ideas...I guess the time in IE has loosened me up.

Learning: Create Sessions are fun. I can lose sight of that in the effort to make things perfect.

Learning: Pre-work and “temperature” survey are important. Taking the group’s “temperature” (a survey of tendencies for left and right brain thinking styles) before the sessions would have benefitted all of us. I worried about asking volunteers to do pre work (it was not part of their “job”). In retrospect, had I sent the survey and problem info out, it would have prepared us for the session. I would have realized the

importance of starting with the “stimulus processing” exercise rather than the “mind mapping.” Stimulus processing offers a more gradual movement into collaborative ideas, rather than the immersive experience through mind mapping.

Learning: Participants weren’t given stimulus mining to consider ahead of time, so they weren’t primed for the Mind Dump.

Learning: My play list was too long for a group with no previous exposure to IE. The time allotted (two hours) was not enough to explain the problem, constraints, etc. *and* teach the exercises. My timing was off by about 20 minutes, even if I’d started on time. People got tired and although the exercises went well, credibility and satisfaction can suffer from deviating from agreed timeframes.

Experience: Some people talked about how fast the slides went by and how it was hard to think about it before the next one. Still they agreed it put them into a different mindset.

Learning: The group needed reassurance that the spark deck’s “flash flood” of ideas was intentional. The slides were intended to catalyze ideas to solve the problem but not to analyze it.

Experience: After the first spark deck, I gave participants an imaginary scenario off of which to bounce their ideas. Unfortunately, this confused them and made it harder for them to mind map. The group related better to the second spark deck than the first, because it spoke clearly to a known problem for the volunteers. Having two problems made it hard to know where to focus.

Learning: A better choice would have been to let the spark deck content do its job and leave the added scenario out of the session.

Learning: The problem we were trying to solve was too broad: We were looking at recruitment *and* retention. I could have coached the project leader to hone in on one topic or the other.

Learning: I should have shown the second spark deck first, but I was hung up on using the scenario. My own flexibility and responding to groups will improve as I do the sessions and learn how to choose “sparks” better.

Experience: The IE survey tools and prompts were confusing and some wording was unappealing to this audience. For the idea starter survey, I need a workaround, and used SurveyMonkey and transferred results into the Mining Survey on the IE portal. Online Innovation Pipeline interfaces presented a challenge for this group. In this community volunteer situation, there weren’t budgets or bosses, per se. Similarly, I didn’t see an appealing way to incorporate “competition” for this group (e.g., “competition” that would edge out other worthy groups seeking volunteers).

Learning: I need to give myself time to re-word tools before I introduce them. I should be prepared to use paper copies or easily accessed web domains with plans to put my results into spreadsheets. I would love to use templates where I could customize certain tools (e.g., the wording in the innovation culture survey, or in a Merwyn tool that used “purchase” as the object of the innovation, where I would have wanted to use “participate”). I will need to adapt the messages of tools to represent the group with which I will be working. I should not rely on stock exercises or surveys to fit the

community volunteer profile. I also submitted an enhancement request to the online tools support, to allow for customization of tools for nonprofit or community organizations.

Appendix B. Interview Questions

This interview has a lot of questions about you and your ideas. I am not testing you, just looking for your opinions. After the general questions, there are questions about creativity, innovation, and restorative justice. It will probably take at least an hour. Please remember that you have the right to pass on any question that you don't want to answer. We can also stop at any time and either be done or come back to finish this later.

1. Please choose a non-identifying pseudonym or codename you'd like me to use as I quote you or refer to you in my paper.

2. Please tell me the story of how you got here to this place. Tell me as much or as little as you wish. (I hope to get some background, but that is up to resident.)

3. How old are you?

The next questions are mostly about your thoughts on coming to MCRRC.

4. How long have you been at MCRRC?

5. How much longer will you be here?

6. What level are you now?

7. Have you had any levels setbacks?

8. Why did you apply to MCRRC? [Interested in whether innovativeness of the program played a part in deciding to come, why they came, and what might have changed.]

9. Who did you talk to at your parent facility before you came here?

10. What did you hear about it and expect it to be like when you applied?

11. How is MCRRC different from what you expected?
12. What do you think about your choice to come here so far? (Expectations met?)
13. Did you talk to any resident or staff here before you applied?
14. What do you like most about being here at the center?
15. What do you dislike most about being here at the center?

The next 3 questions are about past facilities or incarcerations.

16. What facility did you come to MCRRC from?
17. Is that the only place you have been incarcerated? (Possibly to correlate with sense of institutionalization and innovation)
18. How long, in total, have you been incarcerated? (Possibly to correlate with sense of institutionalization and innovation)
19. What ways are you different now from when you went into incarceration (the first time [if relevant])?

Now, I want to tell you about two different studies and ask you questions about your opinion after each one:

The first study is about a program called PEP - Prison Entrepreneur Program - that trains residents in prison to be entrepreneurs or start up new and different businesses. The program started in Texas and reports that a lot of the residents of that prison have these abilities when they come in, because they were always creating and inventing ways to get what they wanted, legal or illegal. That study says that they have the raw talent to start up new and creative businesses — but they need training by

prosocial business mentors and teachers. The program finds the business mentors to teach them how to use their talent, or “entrepreneurial ability.”

20. Do you have questions about the entrepreneur study?
21. What do you think makes some people in prison or jail more creative than other people?
22. Do you see yourself as an inventor, innovator, or entrepreneur?
23. Were you an inventor, innovator, or entrepreneur before you were incarcerated?
24. If yes, have you used your skills while incarcerated?
25. Would you be interested in a program like PEP if it were available to you?

The second study is about what happens when people are stuck in institutions. It says that there is something called “incarceration syndrome,” like institutionalization, that (to paraphrase) sucks the creativity out of some people. When anyone has to follow the rules or get punished, or if there is no room to use their gifts or make choices or to think for themselves, people give up and stop trying.

26. Do you have questions about the incarceration syndrome study?
27. What percentage of people in prison or jail do you think have “incarceration syndrome?”
28. What happens to them that is different than other incarcerated people?
29. In your opinion, were they still creative?
30. In your opinion, can institutionalized people still make big choices for themselves?

31. Did you see signs of incarceration syndrome in yourself?
32. If yes, what did incarceration syndrome look like for you?
33. If yes, what aspects of incarceration syndrome have changed for you since you came to the reentry center?

The next questions ask about innovation. I define innovation as “doing cool things that matter” or said another way, “Creating meaningful and unique solutions to important problems.”

34. Did you personally have innovative ideas for changes at your past facility/facilities?
35. If no, go to next question.
36. What ideas did you have?
37. Did you try to make the changes happen?
38. What was the outcome?
39. Did you try other innovative ideas? What was the outcome?
40. Why did you decide to be involved in the Facility Management Committee?
41. What ideas have you had for innovative changes here at MCRRC?
42. How have you tried to make the changes happen?
43. What was the outcome?
44. What else did you try and what was the outcome?
45. Have you taken all of your ideas to staff?
46. Are they interested in your ideas?

47. What is the response by staff or outcome when you want to try something innovative here at MCRRC?

The final questions I am going to ask are about Restorative Justice.

48. In general, what have you heard about restorative justice?
49. Have you taken the Restorative Justice class yet?
50. If yes: In your own words, what is restorative justice? Are you familiar with circles? If the resident seems to know, skip down to sentence in *italics: Michelle, the RJP...*

I'm only going to tell you a little about it, because I hope you will form your own definition when you take the class. As I understand it, Restorative Justice says that when any person harms another, even unintentionally, a relationship is broken and suffering happens. Restorative justice practices bring people together to understand the impact of the harm on others and to try to heal the harm and repair the relationship. A lot of restorative justice work is done in circles with neutral facilitators. Offenders and their support networks meet with an actual or surrogate victim and their support networks. That is a very short version of it.

Michelle, the RJP reentry coordinator helps the center use restorative justice to improve reentry for the residents. This helps residents work through some of the damage they caused by past actions. It is called restorative reentry because it is done during incarceration, not before conviction.

51. What is your opinion of having a restorative justice circle to deal with infractions at the reentry center?

52. There is a program in a Hawaii prison that helps incarcerated people set up restorative reentry circles to bring family groups together. This can help the family clear the air and make a plan for after release.
53. What is your opinion of using that kind of circle?
54. The Restorative Justice Project also trains reentry mentors and matches them with residents for before and after they leave the center.
55. What is your opinion of having a mentor?
56. Are there any other thoughts or comments you would like to make before we end this interview?

Thank you very much for taking the time to talk with me! I wish you the best as you head toward your restorative reentry!

APPENDIX C. RESIDENT QUESTIONNAIRE

I have read the Resident Survey Informed Consent. Yes No

Please use either definition of INNOVATION:

1. "Solving important problems in meaningful and unique ways."
2. "Doing cool stuff that matters."

1. Do you personally believe that MCRRC <i>needs</i> to implement <i>new innovations</i> ?				
Not very urgent		Very urgent		
1	2	3	4	5
2. How <i>urgent</i> is it for MCRRC to innovate <i>new programs or guidelines</i> ?				
Not very urgent		Very urgent		
1	2	3	4	5
3. Overall how <i>successful</i> do you feel MCRRC has been with <i>implementing innovations</i> ?				
Not very successful		Very successful		
1	2	3	4	5
4. What is the attitude in the <i>Maine DOC</i> towards <i>taking action</i> on new innovations?				
Lots of fear		Lots of courage		
1	2	3	4	5
5. What is the attitude at the <i>Sheriff's Department</i> towards <i>taking action</i> on new innovations?				
Lots of fear		Lots of courage		
1	2	3	4	5

6. Is <i>resident</i> creativity and innovation <i>rewarded</i> at MCRRC?				
Strongly disagree				Strongly agree
1	2	3	4	5
7. Is <i>resident</i> creativity and innovation <i>requested and solicited</i> at MCRRC?				
Strongly disagree				Strongly agree
1	2	3	4	5
8. Are you pessimistic or optimistic about MCRRC <i>taking action</i> on new innovations?				
Very pessimistic				Very optimistic
1	2	3	4	5
9. Residents have sufficient <i>resources</i> (for example: people, materials, budget) to make innovations become reality.				
Strongly disagree				Strongly agree
1	2	3	4	5
10. The <i>residents</i> I live with <i>cooperate</i> to make innovations become reality.				
Strongly disagree				Strongly agree
1	2	3	4	5
11. I have a high level of <i>respect</i> for MCRRC senior leaders.				
Strongly disagree				Strongly agree
1	2	3	4	5

12. My <i>talents</i> are used well at MCRRC.					
Strongly disagree				Strongly agree	
1	2	3	4	5	
13. How would you rate the overall <i>quality</i> of MCRRC?					
Very poor				Very good	
1	2	3	4	5	
14. How would you rate MCRRC's program compared to other reentry centers?					
One of the worst				One of the best	
1	2	3	4	5	

Appendix D. Yellow Card Narrative

“Streamlining Resident Accounting at Maine Coastal Regional Reentry Center”

Headline: When a resident enters Maine Coastal Regional Reentry Center (MCRRC) from a “parent state facility,” his file will include required itemized deductions as per Maine Department of Corrections (MDOC) policy. Deductions will be processed at MCRRC (hereafter referred to as “the center”), improving the several week system. Computerized accounting at the center will reduce resident wait time by at over 50% and save time, money, and aggravation for all the stakeholders.

Stakeholders: Residents, MCRRC, Parent Facilities, and MDOC

Problem: MDOC residents have to wait 2-8 weeks to gain access to money received at the center. Per MDOC policy, “All ...funds from outside sources shall be posted to a prisoner’s/resident’s account within three (3) working days after receipt in the Business Office ...” Thus, state facility residents at the center are treated differently than other state or county facility residents. Barriers to funds create unnecessary risks that encourage anti-social behavior. Both the center and “parent facility” do double paperwork and waste staff time with resident accounts.

Benefit Promise: Residents will get their money within 3 days, consistent with MDOC policy 2.12. This reduces unnecessary tension and stress for all. Deduction errors resolved in house allow staff and residents to catch mistakes. These changes encourage positive attitudes and appropriate choices. Computerized accounting at the center ultimately reduces work for the center by up to 40%. It provides an easily accessible

paper trail. Much of the parent facility's paperwork is done for them, reducing mail transactions by 50% and work on their end by at least 25%.

Proof: Individual accounting and deductions will be handled at the center. Required deductions, per MDOC policies, will be sent with accompanying statement directly to parent facility. The remainder will be recorded and deposited into resident personal accounts in a timely manner. This insures equal treatment for all residents' funds in every correctional facility across the state.

At the center, the staff person in charge of resident accounts will handle and disburse resident income. A computer accounting program can easily calculate deduction percentages for amount of payment to "parent facility" for allocation. Parent facility will only have to process the deduction checks, reducing their workload significantly.

Speed Bump: Residents at the center cannot directly access administration at parent facility or Maine DOC. The chief administrative officer, Ray Porter, is the only person at the center who can contact MDOC in Augusta, parent facilities, etc., to explore how this change can best be made.

Appendix E. Henry's Letters

I have transcribed the first letter in its entirety and taken excerpts from the second letter. Both were written in March 2015. All emphases are in the author's original letters. There are two other letters, "Programming through Incentives" and "Inmate Orientation Program," which propose programs and processes for implementation. I would compare these correspondences to Innovation Engineering's use of "Problem, Promise, Proof" within the "Communicate" phase.

"Letter 1: Behavioral Issues at _____." It is my understanding that the main objective of this meeting is to create change, alleviate tension, and address behavioral issues that affect the overall atmosphere here at _____. It would take a lot of time, hard work, and patience to identify the behavioral issues of both inmates and staff here, and to also implement a viable reward and consequence system by creating changes in both the incentive and disciplinary process. Success in these areas will not only improve the behavioral issues and reputation of all here at _____, but will also prepare inmates with the skills needed to lead pro-social lives upon their release back into society.

The majority of our inmates are somewhat broken in one way or another, and cannot or do not function in a way that is acceptable to society, and therefore ended up here. Most of us are incarcerated on drug and/or alcohol related charges of some sort. Each individual is unique in our own way, and all have different needs. We have been molded into who we are by years of conditioning throughout our lives, from the influences and experiences that we have had at home and at school, by our peers, and by culture, subculture, our environment and the cities and towns in which we lived.

Unfortunately, that's not always a good thing. A lot of us grow up believing the wrong things are right, or at the very least acceptable. We have low self-esteem and low senses of self-worth, or even blown egos, which become even worse once we are incarcerated in a controlled environment. "F--- it" attitudes are easily adopted, and dealing with these attitudes is like hunting a wounded bear. Most of us are blind to our own character defects, but can quickly find them in others. It has taken years to become who we are, and there isn't a magic wand that can cure or fix us overnight. It takes time, understanding, and patience. Poking a chained up dog with a stick only gets you bitten, and creates hatred and loathing.

Most of us need a process of re-education through programs, and incentives based on good behavior. A pat on the back goes a lot further than the stick. We need respect, and to learn that honor is achievable, and that it's all right to be good and do what's right and also of the personal rewards that come with it. Our self-esteem and self-confidence can be lifted. Programs *do* work, and can teach us to become pro-social and lead law-abiding lives. We can learn the cause and effect of the choices we make, good or bad, and to take responsibility for our actions. We can also learn the effects we've had on the victims of our crimes, and how this directly affects our own families and loved ones. Reality can replace euphoric drug and alcohol induced fantasies. The general goodness in each and every one of us can and should be nourished and brought to the surface. We are not stupid; we just do stupid things, which are usually the direct result of not thinking properly. The stigma and image of the inmate in general can and

should be changed. Not overnight; no magic wands, but with patience and baby steps. This mold can be chipped away, piece by piece, if one is guided in the right direction.

Will everyone dive right in? No, probably not, because again, most of us are blind to our own defects and unwilling to accept that we need to make a change. But programming can open our eyes, and incentives can definitely get the ball rolling in the right direction. What do we have to lose, right?

After asking numerous inmates what issues they have with staff, or what they would like to see changed, I could see right away that the answers were almost all the same, with only a couple of exceptions. The major complaint seemed to be the stigma attached to inmates by staff: The lack of respect, “Holier than Thou” mentality, and the overall general attitude towards them. The old “Cops and Robbers” cliché. This was followed up by inmates feeling that the staff felt untouchable, and are never held accountable for their own actions. Inmates complained of literally being screamed at by certain officers, and then were told that if they didn’t like it, they should have stayed out of jail. To most inmates, this feels like a slap in the face. Other inmates state that they feared the grievance procedure because of possible negative repercussions or retaliation by staff, and also the fear and pressures of being punished for violating the “inmate Code,” for ratting someone out for an incident that involve them in any way, shape or form. Also, fear was expressed of feeling endanger if they did cooperate with staff.

The last main issue was of broken promises, on every level of staff here, from COs and caseworkers to directors of administration. They need to “Say what they

mean,” and “Mean what they say”; instead of just pacifying us by telling us what they think we want to hear to get us out of their hair.

Other issues included: Mail delivery, and answers to all the various request forms, staff “Nit Picking”, and the procedures dealing with work release, furloughs, home confinement, and paying jobs. These complaints are not directed at every member of staff here. Many are pro-social with inmates, and seem to genuinely care about improving this place for everyone, but there are some who are anti-social, and do not seem to care at all and never go out of their way at all to help anyone. Both staff and inmates here know who’s who.

Excerpts from Letter 2: “Change Morale and Attitude through Communication.”

The morale here at _____ is at its lowest point...Inmates and staff are equally responsible for these negative attitudes that affect all of us. We [inmates] have come up with a plan specifically designed for inmates to deal with this very issue. Also, the introduction of an “Orientation Program”, which among other things, includes a section on “communication skills”...would be very effective ... [and] would be offered by seasoned inmates to all new arrivals on the night they get here ... The objective here is to boost morale through respectful, open communication, and in turn create a better pro-social atmosphere between staff and inmates ... during [the] initial interaction [that] sets the tone [for] developing relationships between those involved.

More often than not, if this conversation appears to be negative to either one of the individuals involved, more problems will arise later on down the road. No one likes to feel disrespected ... and negative attitudes usually develop quickly ... [t]he

introduction of an "Inmate Orientation Program," complete with a section on communication skills could be very effective. It would definitely make a difference and change the overall morale for all those involved. A mutual "Please," "Thank you" and "You're welcome" can go a long ways on both sides, a win-win situation for every one involved.

Appendix F. List of Acronyms

AA	Alcoholics Anonymous
ACA	American Corrections Association
BJA	Bureau of Justice Assistance
BJS	Bureau of Justice Statistics
BSP	Bureau of State Prisons
CBT	Cognitive Based Therapy
CO	Corrections Officer
CSG	Council of State Governments
DOC	Department of Corrections
DOJ	Department of Justice
EBP	Evidence Based Practices
FBP	Federal Bureau of Prisons
FGC	Family Group Conference
FMC	Facility Management Committee
IE	Innovation Engineering
JRI	Justice Reinvestment Institute
MCRRC	Maine Coastal Regional Reentry Center
MDOC	Maine Department of Corrections
NA	Narcotics Anonymous
NIC	National institute of Corrections
NIDA	National Institute on Drug Abuse

NPO	Non-Profit Organization
NRRC	National Residential Reentry Center
OJP	Office of Justice Programs
PEP	Prisoner Entrepreneur Program
PICS	Prison Incarceration Syndrome
PTSD	Post-traumatic Stress Disorder
RJ	Restorative Justice
RJP	Restorative Justice Project of the Midcoast
RRC	Residential Reentry Center
SI	Social Innovation
VOANNE	Volunteers of America Northern New England
VOD	Victim Offender Dialogue
VISTA	Volunteers in Service to America

BIOGRAPHY OF THE AUTHOR

Pamela “PJ” Stewart was born in Cincinnati, Ohio on April 30, 1962. She was raised in Shaker Heights, Ohio and graduated from Shaker Heights High School in 1980. She attended Wellesley College and graduated in 1987 with a Bachelor’s degree in Cognitive Science. She moved to Maine in 2004 and in 2011-2013 served as an AmeriCorps VISTA in a school district in Midcoast Maine. In the spring of 2013, she entered the Interdisciplinary Studies Graduate Program at The University of Maine, where she focused on Peace and Reconciliation Studies and completed the Graduate Certificate in Innovation Engineering. After receiving her degree, PJ plans to work in the nascent field of restorative reentry as well as restorative school practices. PJ is a candidate for the Master of Arts in Interdisciplinary Studies from The University of Maine in December, 2016.