Building Recovery, Reducing Risk: Evaluation of the SUD Expansion Project in Mid Coast Maine

VOA-NNE-SUD Expansion Project

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Executive summary

Volunteers of America (VOA) Northern New England (VOA-NNE) implemented the Substance Use Disorder (SUD) Expansion Project, funded through the Bureau of Justice Assistance's Second Chance Act Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry Program. The project strengthened VOA's existing community-based reentry services in Knox and Waldo counties by increasing access to evidence-based substance use treatment, recovery supports, and coordinated case management that began during incarceration and continued after release. VOA partnered with Wilder Research to conduct an evaluation of the program's implementation and participant outcomes related to recovery, reentry readiness, housing, employment, family connection, and recidivism risk. This summary is designed to inform funders, community partners, and practitioners about lessons learned and to help identify opportunities to strengthen similar programming in rural communities.

Between January 2024 and April 2026, the program recorded 153 enrollments (148 unique individuals) referred from Two Bridges Regional Jail, Knox County Jail, and the Maine Coastal Regional Reentry Center. Participants averaged 40 years old (range 19–69); about two-thirds identified as male and roughly a quarter as female. Nearly three in four participants were assessed as high or very high risk for reoffending at intake, consistent with the program's focus on higher-need individuals.

Nearly all participants (95%) accessed cognitive behavioral therapy, and 71% were referred to medication-assisted treatment. Case management and reentry planning routinely began during incarceration and continued after release, guided by individualized care plans based on validated risk and needs assessments. Forty-one percent (41%) of participants completed the program successfully, meaning they met their goals, transitioned to continued care with another provider, or improved their score on a self-reported improvement matrix by discharge.

Among the 27 participants who took both an intake and exit risk assessment, most showed a reduction in criminogenic risk (i.e., a person's likelihood of committing new crimes) by program exit. All survey respondents said the weekly recovery groups helped them work toward achieving personal goals, maintaining sobriety, and building new coping strategies; most also reported gains in hope, emotional regulation, and reentry readiness. Participants also reported stronger relationships with peers in recovery and, for many, improved trust and communication with family members.

Staff and community partners described deeper, more trusting relationships across correctional facilities, treatment providers, and recovery organizations, built through consistent, in-person presence over time. Collaboration reduced service silos and strengthened continuity of care through warm handoffs and shared case coordination. Interviewees also pointed to ongoing challenges, including post-release coordination, role clarity among partners, and staffing capacity, as priorities for future efforts.

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Introduction

Individuals returning to the community from incarceration face heightened risks of substance use relapse, overdose, housing instability, and recidivism. This is especially true in rural regions where access to coordinated treatment and recovery supports is limited. County jail stays are often short, and many individuals are released before meaningful engagement in substance use treatment can occur. Even when treatment begins during incarceration, gaps in communication and care coordination can disrupt continuity of services following release.

In response to these challenges, VOA-NNE implemented the Substance Use Disorder (SUD) Expansion Project, funded through the Bureau of Justice Assistance's Second Chance Act Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry Program. The project was designed to strengthen and expand VOA's existing community-based reentry services by increasing access to evidence-based substance use treatment, recovery support, and coordinated case management before and after release.

The SUD Expansion Project focused on individuals returning to rural communities in Knox and Waldo counties from Two Bridges Regional Jail, Knox County Jail, and the Maine Coastal Regional Reentry Center. By initiating services during incarceration and continuing supports after release, the program sought to address gaps in the reentry continuum and support recovery and stability during a critical transition period.

This final report presents findings from an evaluation of the SUD Expansion Project, which was conducted to examine program implementation and participant outcomes related to recovery, reentry readiness, housing, employment, family connection, and recidivism risk. The report is intended to inform funders, community partners, and practitioners about lessons learned and to help identify opportunities to strengthen SUD-focused reentry programming in rural communities.

Program overview

The SUD Expansion Project enhanced VOA-NNE's existing Second Chance Act community-based reentry programming by expanding its clients' access to comprehensive substance use disorder treatment and recovery supports for justice-involved adults. The program was designed to serve 150 individuals over a four-year period by providing coordinated services that begin during incarceration and continue through the reentry process.

By focusing on early engagement and continuity of care, the project aimed to support recovery and reduce service disruptions commonly experienced during transitions from incarceration to the community.

Target population

The program served adults aged 18 and older returning to rural communities in Knox and Waldo counties from three participating correctional and reentry facilities (Figure 1).

1. Participating facilities

Facility name	Population served	Date of program entry
Two Bridges Regional Jail	Residents of Lincoln, Sagadahoc, Knox, and Waldo counties	June 2024 (added after the initial planning phase through a JustGrants scope change)
Knox County Jail	Residents of Knox and Waldo counties	Beginning of project
Maine Coastal Regional Reentry Center	Residents of Lincoln, Sagadahoc, Knox, and Waldo counties, plus Maine Department of Corrections residents from outside those counties	Beginning of project

The target population included individuals with moderate to severe substance use disorders, including those with co-occurring mild to moderate mental health conditions. Participants represented a range of criminogenic risk levels, as determined by validated risk and needs assessments. The program served individuals regardless of gender identity and incorporated gender-responsive and trauma-informed approaches, particularly for women and individuals with caregiving responsibilities.

Referral or admission process

Participants were referred to the SUD Expansion Project through VOA's partnerships with Two Bridges, Knox County Jail, and the Maine Coastal Regional Reentry Center. VOA staff coordinated with facility staff to identify individuals who met the program's eligibility criteria, including adults with moderate to severe substance use disorders returning to Knox or Waldo counties. Eligible individuals were assessed using validated risk and needs tools, such as the Level of Service/Case Management Inventory (LS/CMI) and the Adolescent Screen for Co-Occurring Disorders (ACOK), to inform enrollment decisions and guide individualized case planning. Participation was voluntary, and enrollment could begin while participants were still incarcerated, allowing services to start before release and continue through the reentry period.

Core program components

To address the needs of this population during incarceration and reentry, the SUD Expansion Project was designed to provide a range of coordinated services and supports to promote recovery, stability, and successful community reintegration.

- **Substance use treatment and recovery supports** included standardized screening and assessment using validated tools, individual and group substance use counseling, referrals to medication-assisted treatment (MAT), recovery coaching, peer support, relapse prevention planning, and recovery skill development.
- **Case management and reentry planning** were key components of the program that spanned the incarceration and reentry periods. Services were informed by substance use assessments and criminogenic risk and needs assessments and placed an emphasis on individualized care planning and coordination with treatment providers, probation officers, and community partners.
- **Family-based and social support services** were available for participants with children or significant family relationships. These services included family-based treatment and support, opportunities for family engagement during incarceration and reentry, and parenting and relationship-focused programming.
- **Housing, employment, and stability supports** included housing navigation and homelessness prevention services, employment readiness and workforce development activities, educational and vocational referrals, transportation assistance, and support accessing health care and public benefits.
- **Coordination with detention facilities and community partners** was a key component of the SUD Expansion Project and included collaboration with county detention facilities, substance use treatment providers, recovery organizations, and other community partners. This coordination supported participant engagement, service connections, and continuity of care before and after release.

Intended outcomes

The SUD Expansion Project was designed to improve reentry outcomes for justice-involved adults with substance use disorders.

Increased	Reduced	Improved	Strengthened
Access to evidence-based treatment	Criminogenic risk factors	Continuity of care Housing stability Employment and educational readiness	Coping skills Family relationships

To specifically assess progress toward these intended outcomes, VOA partnered with Wilder Research to conduct an evaluation of the program, as described in the sections that follow.

Evaluation purpose and questions

To understand how the SUD Expansion Project was implemented and the extent to which it supported these intended outcomes, the evaluation drew on multiple data sources to examine both program implementation and participant outcomes.

The evaluation was guided by process questions, which focused on program delivery and implementation, and outcome questions, which examined participant progress related to recovery, housing, employment, family connection, and recidivism risk.

Process questions

1. What program components are most helpful, least helpful, and missing for participants?
2. To what extent did participants receive comprehensive case management guided by care plans based on risk assessments and cognitive behavioral therapy?
3. To what extent did collaboration improve between community providers, law enforcement, probation, and other stakeholders?

Outcome questions

1. To what extent did the SUD Expansion Project reduce substance use?
2. To what extent did participants maintain stable housing post-release?
3. To what extent did participants establish and maintain employment?
4. To what extent did participants enroll in school (if applicable) or obtain their diploma/GED?
5. To what extent did the SUD Expansion Project help with family reunification?
6. To what extent did the SUD Expansion Project reduce recidivism among participants?

Methods

Evaluation design

This evaluation used a mixed-methods design, integrating quantitative and qualitative data to provide a more comprehensive understanding of how the SUD Expansion Project

was delivered and experienced. This approach enabled researchers to contextualize participant outcomes.

Data sources and collection process

The evaluation drew on multiple data sources to capture participant experiences, program delivery, and perceived outcomes across the reentry process. These sources included program administrative data, participant surveys, and staff and partner interviews.



Program administrative records: Data were collected throughout the grant period as part of routine program operations and evaluation activities. Program staff maintained records on participant demographics, service utilization, program engagement, and progress using established case management systems. These records also included validated risk and needs assessments, which were used to inform individualized case planning and monitor participant outcomes over time. Program administrative data were available for 153 program enrollments (148 unique individuals).



Participant survey: Participant perspectives were collected through a voluntary and confidential survey administered to individuals participating in weekly VOA recovery group sessions. These surveys focused on perceived changes in recovery readiness, coping skills, family and social relationships, motivation, and preparedness for housing, employment, and reentry. Participants were invited to complete the survey after at least six weeks of group participation, and surveys were returned anonymously to Wilder Research using sealed, self-addressed envelopes. A total of 17 completed surveys were received; however, one participant declined to have their responses included in the analysis and reporting, leaving 16 surveys for analysis.



Staff and partner interviews: Semi-structured interviews were conducted with VOA staff and community partners to gather perspectives on program implementation, participant engagement, and perceived impacts of the SUD Expansion Project. Interviews also explored challenges, adaptations, and lessons learned over the course of the project. Between April and June 2026, a total of six (6) interviews were completed with staff and program partners.

These data collection tools were developed iteratively over the course of the grant. Following an initial site visit and staff interviews in fall 2023, Wilder Research spent 2024 and early 2025 finalizing the participant consent process and developing the participant post-survey. Supporting materials such as a consent and gift card tracking form and a data collection tip sheet were developed at that time. In mid-to-late 2025, the evaluation team piloted

the participant survey, drafted and refined protocols for staff and partner interviews, and worked with VOA to amend the grant with a no-cost extension, which allowed additional time for interviews and final reporting. Staff and partner interview protocols were finalized, and a list of interviewees was identified in early 2026, which resulted in the interviews described above.

Analysis approach

Quantitative data were summarized using descriptive statistics to examine participant characteristics, service engagement, and outcomes. Qualitative data from open-ended survey responses and interviews were reviewed and analyzed thematically to identify recurring patterns related to program implementation, participant experience, and perceived impact. Findings from multiple data sources were compared and integrated to strengthen interpretation.

Interpreting the results

Several limitations should be considered when interpreting the findings. Sample sizes for some data sources were modest, because not all participants completed surveys and only a portion had complete administrative data on file. In addition, many outcomes are based on self-reported perceptions of change rather than verified behavioral measures. Despite these limitations, the evaluation provides valuable insight into program implementation and participant experiences during reentry.

Participant surveys: The number of survey respondents was relatively small and should be interpreted with caution. Survey participation was voluntary, and participants were only eligible to complete the survey after attending at least six weeks of recovery group sessions. As a result, some participants exited the program before becoming eligible to participate, limiting the pool of potential respondents.

Collaboration and partnership: Findings about collaboration and partnership are based on interviews with six (6) program staff and community partners. Although interviewees offered detailed perspectives and several themes were consistent across interviews, this small, purposively selected group may not represent the full range of partner experiences. Therefore, these findings should be interpreted as illustrative of interviewees' perspectives rather than as broadly generalizable to all organizations involved in the program.

Recidivism data: Recidivism outcomes could not be examined as part of this evaluation because the program did not have access to official criminal justice records (e.g., arrest,

conviction, or reincarceration data) for participants following release. In addition, no baseline recidivism rate was available for this region for comparison. Limited access to official recidivism data is a common challenge for community-based reentry programs, particularly when programs serve participants returning to multiple counties and do not have direct data-sharing agreements with corrections or court systems (Buck Willison, 2023). As a result, the evaluation relied on alternative indicators as proxy measures of recidivism risk, an approach consistent with guidance for Second Chance Act grantees facing similar data limitations. One such measure was the Level of Service/Case Management Inventory (LS/CMI), a validated assessment tool that measures criminogenic risks and needs linked to future criminal behavior.

Although changes in LS/CMI scores do not directly measure recidivism, a reduction in scores may indicate decreases in risk factors associated with future justice system involvement. The evaluation also incorporated participant survey findings as a supplemental source of evidence. While the survey did not assess recidivism directly, it included measures of recovery readiness, coping skills, decision-making, emotional regulation, social relationships, and reentry preparedness, all of which are factors associated with successful community reintegration and reduced risk of future justice involvement.

The original grant narrative anticipated a more rigorous design for this outcome, including an independent evaluation using a comparison group and the Maine Department of Corrections' CORIS data system to track recidivism. This approach relied on an informal data-sharing arrangement with jail leadership at the time. However, following staff turnover at the partner facility, that arrangement did not carry forward, and a formal data-sharing agreement was not established despite efforts to do so. Self-reported outcomes, discussed below, may also capture participant progress that official records, limited to the specific jurisdictions with data-sharing agreements, would not reflect.

LS/CMI scores: Changes in LS/CMI scores from program entry to exit could only be calculated for the 27 participants for whom both intake and discharge assessments were available. The limited number of matched assessment scores reflects operational and logistical factors associated with serving a justice-involved population and the assessment protocols. Because administration of the LS/CMI is not recommended more frequently than every three months, participants with shorter stays, including those released earlier than anticipated, often did not remain in the program long enough for a follow-up assessment. Additionally, some participants were transferred without advance notice due to housing capacity, behavioral issues, or other administrative factors, which limited opportunities to complete discharge assessments. Therefore, findings based on LS/CMI change scores should be interpreted with caution, as they represent only the subset of participants for whom both intake and exit assessment data were available.

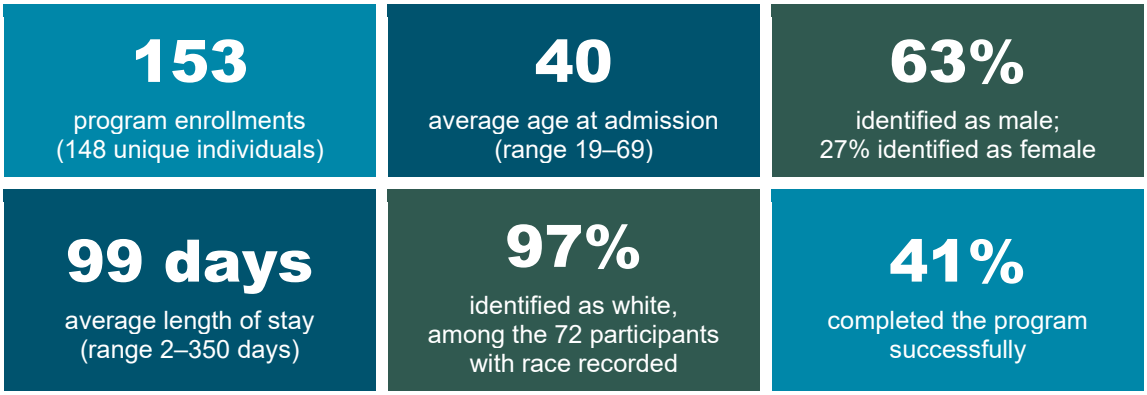
Service provision: The program data regarding the types of services received by program participants include only information on whether the participant received a specific service. Not all participants were necessarily in need of all services, and not all services were relevant to all participants. Therefore, the data do not indicate the proportion of participants who would have benefited from a specific type of service yet did not ultimately receive it.

Administrative data reconciliation: The participant count used in this evaluation (N=153) may differ slightly from totals VOA reported to JustGrants. Per program staff, this figure reflects the count after routine data cleanup was completed on the finalized evaluation dataset and after participants who declined to have their data included in the evaluation were excluded.

With these limitations in mind, the next section describes who the SUD Expansion Project served.

Participant characteristics

Participants at a glance



Note. January 2024 to April 2026. Ns vary by item because of missing data; see details below.

- The program recorded 153 enrollments (148 unique individuals)[1] between January 2024 and April 2026.
- The majority (63%) of those served identified as male, and 27% identified as female[2].
- Participants' age at admission averaged 40 years, ranging from 19 to 69 (N=151).

1 153 represents program intake records, not unique individuals. Five individuals re-entered the program during the report's date range and therefore have two separate stays, each counted as a separate record. This means the total record count is 153, while the number of unique individuals is 148.

2 The remaining 11% either did not report a gender or reported one outside the male/female categories (N=147). (Percentages exceed 100% total due to rounding.)

- Race was recorded as unknown for over half of the participants. Among the 72 who did report a race, nearly all identified as white (97%), with the remainder identifying as Black or Asian American.
- The average stay for participants was 99 days, ranging from 2 to 350 days (N=133).

Of the program participants included in these data, 41% successfully completed the program (N=130), meaning at the point of discharge they:

- Met their goals, or
- Made partial progress on goals with a connection to another community provider to continue treatment, or
- Had an improved evaluation/self-reported improvement matrix score

The realities of reentry work

A participant's completion status reflects a range of circumstances rather than a single measure of success or failure. Court delays, unplanned transfers, and unexpected changes in custody status could affect whether a participant remained in the program long enough to reach a completion milestone or complete a discharge assessment. Reflecting conditions in Mid Coast Maine's court system during this period, including case backlogs and limited prosecutorial capacity, some participants were released on time served with little advance notice or discharge planning. Participants who had not yet reached a completion milestone when data were pulled, including those still actively enrolled in services, are not necessarily unsuccessful; many simply had not yet had the opportunity to complete the program.

The evaluation/self-reported improvement matrix referenced above is a client self-evaluation, completed at admission and discharge, of satisfaction with several areas of life such as education and employment. Unlike the LS/CMI, which a professional scores, the matrix reflects how participants perceive changes in their circumstances over the course of the program.

The next section turns to how the SUD Expansion Project was implemented, including case planning, service delivery, and participant engagement.

Program implementation

Case management and care planning

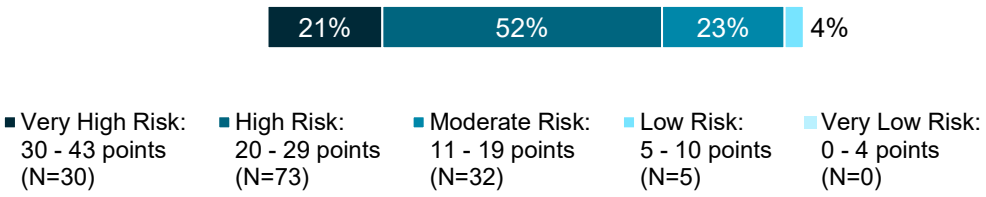
A key component of the SUD Expansion Project was individualized case management and reentry planning that began during incarceration. Case managers worked with participants to develop personalized care plans informed by the Level of Service/Case Management Inventory (LS/CMI), an evidence-based risk, needs, and responsivity (RNR) assessment.

Key areas measured include:

- Criminal history
- Family/marital
- Companions
- Pro-criminal attitude/orientation
- Education/employment
- Leisure/recreation
- Alcohol/drug problem
- Antisocial pattern

The LS/CMI assessment was administered at intake. Nearly three-quarters of participants were assessed as being at high or very high risk upon program entry (see Figure 2), consistent with the program's intended target population.

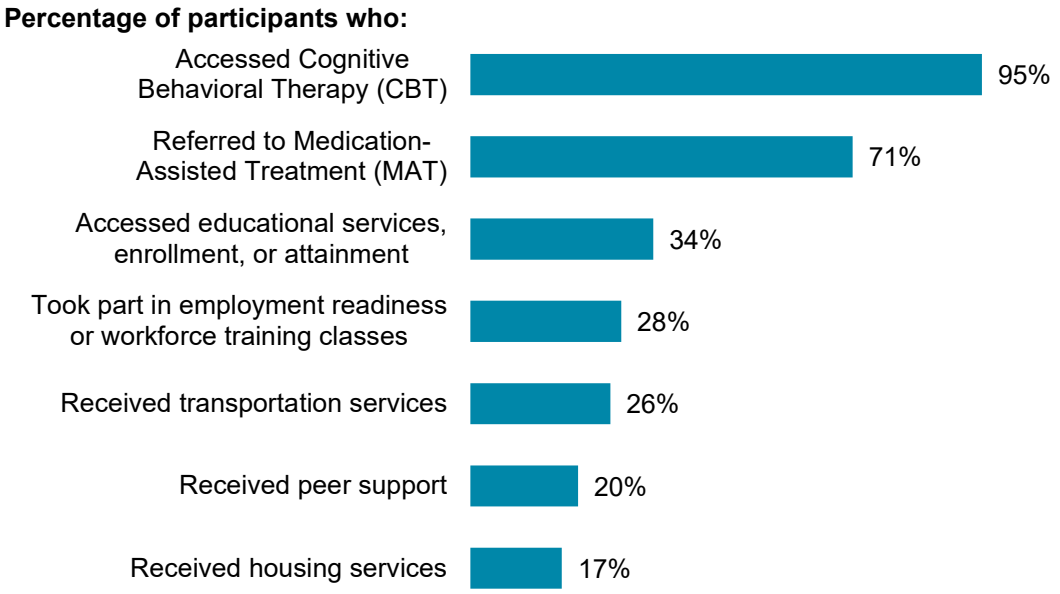
2. LS/CMI entry score (N=140)



Supports for participants in the SUD Expansion Project

SUD Expansion Project participants received a wide range of services as part of their involvement in the program (Figure 3). Services were generally provided before release; peer support and transportation services remained available after release. Note that not all participants need assistance with every type of service (e.g., not all participants need housing assistance), and not all services are relevant to all participants (e.g., some participants already hold a GED).

3. The program provided a variety of services to participants (N=148)



Note. Maine requires jails to provide MAT directly. VOA does not provide MAT but offers counseling to supplement participants' MAT services. Whether participants referred to MAT received or completed it was not separately tracked; because referrals were generally made at a participant's request, most referred participants likely received it.

Participant satisfaction and perceived helpfulness of weekly recovery group sessions

Among the 16 participants who completed the survey, all reported being satisfied with the weekly group sessions. Ten participants (63%) indicated that they were "very satisfied" and six were "satisfied."

As part of the weekly recovery group sessions, participants used two structured recovery resources: *Women in Recovery: Understanding Addiction* by Stephanie Covington and *The Courage to Change Interactive Journaling System.* Survey respondents were asked about their experiences with these resources and whether they helped support their recovery and participation in group activities.

Overall, participant perceptions of the workbook *Women in Recovery: Understanding Addiction* were positive (Figure 4). Among the 14 participants who responded to survey questions about the workbook, all either "agreed" or "strongly agreed" that the workbook helped them understand addiction and that it was a helpful supplement to group activities. All participants also "agreed" or "strongly agreed" that the workbook provided insight into their relationship with substances, and information about the connection between substance use and high-risk behaviors. No respondents reported disagreement on any item.

> It has helped me by making me take a deeper look into myself and my relationship with my addictions and different ways to handle and change that relationship. – Program participant

4. Participant perceptions of the *Women in Recovery: Understanding Addiction* workbook (N=14)

	Strongly agree		Agree	
	n	%	n	%
The workbook gave me insight about my relationship with substances (e.g., alcohol and other drugs).	5	36%	9	64%
The workbook provides facts about the connection between substance use and high-risk behaviors.	5	36%	9	64%
The workbook helped me understand addiction.	4	29%	10	71%
The workbook was a helpful supplement to the group activities of the program.	4	29%	10	71%

No respondents selected "Disagree" or "Strongly disagree" for these items.

Similarly, *The Courage to Change Interactive Journaling System* was perceived positively by all participants (Figure 5). Among the 12 to 13 participants who responded to these questions, all either “agreed” or “strongly agreed” that journaling supported self-reflection and behavior change. More than half “strongly agreed” that journaling helped them reflect on and better understand how substance use had affected their lives (54%; 7 of 13), and nearly half “strongly agreed” that it provided tools for recognizing warning signs of returning to harmful behaviors (46%; 6 of 13). Participants also reported that journaling helped them identify personal strengths and served as a helpful supplement to the weekly group sessions.

> It has allowed me to be more honest with myself. – Program participant
>
> I think it has been helpful. It helps to hold me accountable and keeps me on track, while providing support. – Program participant

5. Perceptions of *The Courage to Change Interactive Journaling System* (N=12-13)

	Strongly agree		Agree	
	n	%	n	%
The journaling process helped me reflect on and better understand how substance abuse has affected my life.	7	54%	6	46%
The journaling process gave me tools to notice warning signs about returning to harmful behaviors.	6	46%	7	54%

	Strongly agree		Agree	
The journaling was a helpful supplement to the group activities of the program.	4	33%	8	67%
The journaling process let me identify my strengths so I could change my substance use behaviors.	4	31%	9	69%

No respondents selected "Disagree" or "Strongly disagree" for these items.

Participants' own accounts of the weekly recovery groups point to a broader theme in the findings: the quality of relationships around a participant, whether with peers, facilitators, or program partners, shaped how helpful services felt. The next section turns directly to that theme, examining how collaboration among VOA staff, community partners, and correctional partners supported program delivery.

Collaboration and partnership

Drawing from six semi-structured interviews with program staff and partners, the following summary describes findings related to strengths in collaboration, improvements in coordination, and potential areas where coordination could be strengthened.

A key finding across interviews was the extent to which the SUD Expansion Project strengthened collaboration, reduced service silos, and fostered shared learning among correctional facilities, reentry programs, recovery organizations, peer support providers, restorative justice partners, law enforcement, and community-based service providers. Interviewees consistently described partnerships as becoming more coordinated, trusting, and recovery-oriented over the course of the project. Interviewees noted that these partnerships extended beyond service coordination and helped improve continuity of care.

Relationships strengthened through consistent presence and trust

Interviewees emphasized that strong partnerships were built through consistent engagement and relationship-building over time. Rather than emerging immediately, collaboration developed as project staff established a regular presence within correctional facilities and communities. This presence demonstrated their reliability and follow-through on commitments. Several interviewees noted that early skepticism among some partners diminished as they experienced the value of the services being provided and observed positive outcomes for program participants.

> I think consistency. When we were getting into Two Bridges, it was brand new to us. So, I think they were probably skeptical of what was happening. I think once it was shown that 'yes, we can be helpful and this is effective,' I think that helped. – Interviewee

> I think that because all those services were in the building more often, those relationships just kind of organically grow, as long as you let it. We were all around in the same building and we communicated well, and so it was kind of a natural fit. – Interviewee

Cross-sector collaboration reduced service silos

Many interviewees described the project as helping bridge traditional divides between systems that often operate independently. Collaborative activities such as resource fairs, recovery supports, case coordination, and community events increased communication and strengthened referral networks. One interviewee noted that successful collaboration required an "openness to not live in a silo," highlighting a shared commitment to supporting residents and preventing service gaps.

> That was a huge piece of what VOA was able to do, was to bring us all together to give opportunity to our residents. – Interviewee

> I think that it kind of tightened the group a little bit... we had a lot more input from everybody. And I think that it just made the whole group and community partners closer. – Interviewee

Collaboration fostered shared learning and increased understanding

Several interviewees highlighted the educational value of collaboration. Through ongoing interaction, partners gained a better understanding of one another's expertise, responsibilities, and approaches to supporting recovery. One interviewee described educating probation officers and other partners about recovery coaching and its distinction from clinical treatment.

> A lot of probation officers thought that I was a counselor. Nope, definitely not a counselor. And even some of my recoverees, they're like, 'I don't understand what the difference is between you and being a counselor.' I'm like, 'Oh, there's so many, let me educate you.' – Interviewee

Another interviewee shared how greater exposure to recovery-oriented approaches helped increase officers' understanding of substance use disorder as a health condition rather than a behavioral or criminal justice issue.

> I think having the clinicians in-house gave my officers a much broader understanding of SUD and what services there are and just how that approach works… I would have officers that would actually approach the clinicians or the counselors and be like, 'Hey, this person's not necessarily doing something bad, but I think that they're on the wrong path.'
> – Interviewee

Interviewees also described learning from restorative justice partners, whose communication and community-building practices influenced organizational culture and working relationships. These opportunities for shared learning helped improve communication, reduce stigma, and strengthen coordination across agencies.

> They taught us a lot about restorative justice and how to communicate in ways where everybody felt heard. – Interviewee

Partnerships supported more seamless continuity of care

Interviewees consistently linked collaboration to improved continuity of care. Partnerships supported referrals, discharge planning, warm handoffs, and connections to community-based services before and after release. These coordinated relationships helped participants maintain connections with trusted providers across settings, fostering trust, reducing the need to repeatedly explain their circumstances, and supporting continued engagement in services.

> Partnering with the OPTIONS [Maine's initiative entitled Overdose Prevention Through Intensive Outreach, Naloxone, and Safety] liaisons, partnering with us, partnering with case managers. I think a piece of that was really well done because then no one fell through the cracks… the residents really grew to trust the people that were inside with them... just the continuity of the organization over the time frame was good.
> – Interviewee

> People in recovery, they have to tell their stories to 50 different providers all the time... So, when they're able to stay consistent with one person or even one agency, that can make a big impact on their recovery as far as consistency. – Interviewee

Partnerships extended beyond service coordination

Interviewees also described broader impacts on community relationships and attitudes toward recovery and reentry. Resource fairs, restorative justice circles, recovery meetings, and public education efforts increased awareness of substance use disorder and recovery pathways.

> Helping them understand and learn, really, the science of that disease. Because I could tell you half of the people that came to that education piece, they didn't even know or look at it as a disease. It was a moral issue.
> – Interviewee

> The biggest positive change would be the continued acceptance of what it looks like to have a substance use disorder and demystifying that as something other than a disease, that it really is a public health thing.
> – Interviewee

Several interviewees observed growing acceptance of people in recovery and stronger relationships among community members, service providers, and justice-involved individuals. Some also described increased collaboration between recovery organizations and law enforcement, contributing to more supportive and less punitive responses to substance use-related challenges.

> Instead of trying to find somebody doing something wrong, we've just kind of learned and adapted to steer them to the proper resources so that we're not “catching” them but giving them the help they need.
> – Interviewee

Lessons learned from interviews

Across interviews, interviewees offered several recommendations for strengthening collaboration in future SUD-focused reentry initiatives. These included clarifying partner roles and responsibilities, maintaining regular opportunities for communication and relationship-building, strengthening transition planning and post-release follow-up, increasing staffing capacity, and sustaining the cross-sector partnerships developed through the project.

Overall, interviewees viewed collaboration and partnership as one of the project's greatest strengths. The SUD Expansion Project helped build trust across organizations, reduced service fragmentation, expanded communication among partners, and created a more coordinated network of support for individuals navigating recovery and reentry.

While challenges related to role clarity, post-release coordination, and capacity remain, interviewees described the collaborative relationships established through the project as a foundation worth sustaining and expanding in future initiatives.

With program implementation and cross-agency collaboration described above, the next section turns to the outcomes participants experienced across recovery, housing, employment, family connection, and recidivism risk.

Outcome findings

This section presents findings on participant outcomes across six domains:

1. substance use
2. employment and education
3. family reunification and social support
4. mental health, motivation, and reentry readiness
5. housing stability
6. recidivism and risk reduction

Findings drew on program administrative data, the confidential and voluntary survey completed by 16 participants, and staff and partner interviews, with the data source noted for each domain below.

Substance use

Half (50%) of survey respondents (8 of 16) said the weekly recovery groups helped them maintain sobriety “a lot,” and six (38%) said “somewhat” (see Figure 7, which reports the full set of recovery and motivation items). Beyond this survey item, outcomes specific to substance use, such as urinalysis results or self-reported frequency of use, were not separately tracked.

> It's helped me with addiction coping skills and ways to better myself when I get out and stay sober when I'm released and to avoid toxic people and places. – Program participant

Employment and education

The program helped 11% (16 of 148) of participants obtain employment while incarcerated. Thirteen of 15 survey respondents also agreed or strongly agreed that the weekly groups helped them feel better prepared to maintain employment (Figure 10). Access to educational and employment readiness services (34% and 28% of participants, respectively; Figure 3) is reported in Program implementation, above; this program did not separately track degree or credential completion as an outcome.

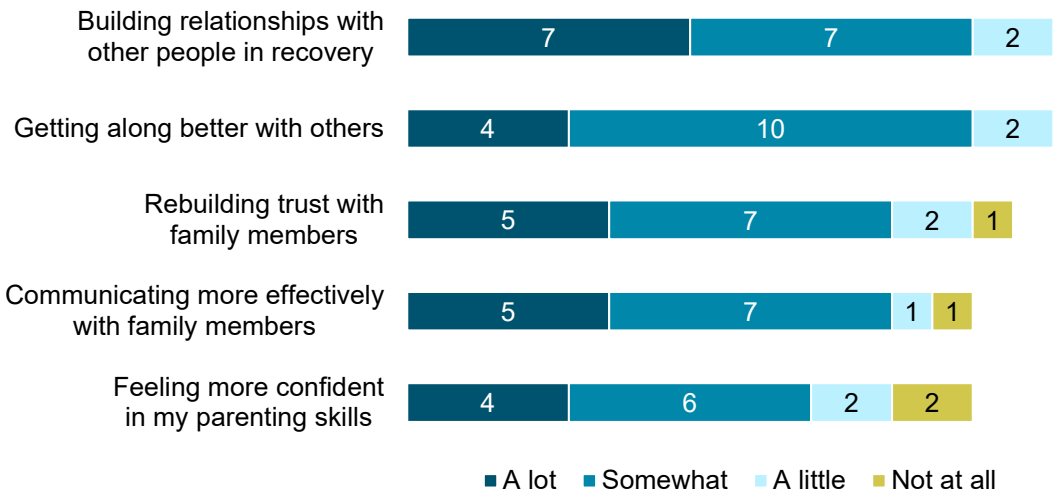
> It allowed me to try a different field of work I'm not used to but find to be fun.
> – Program participant

Family reunification and social support

Participants reported improvements in social connectedness and interpersonal relationships. Fourteen of 16 respondents indicated that the weekly groups helped them build relationships with other people in recovery, including seven who reported "a lot" of benefit. Similarly, 14 respondents reported that the groups helped them get along better with others, with four reporting "a lot" and ten reporting "somewhat."

Many participants also reported improvements in family relationships, including rebuilding trust with family members (12 of 15 respondents) and communicating more effectively with family members (12 of 14 respondents). Gains in parenting confidence were somewhat less pronounced, though 10 of 14 respondents reported that the groups helped them feel more confident in their parenting skills (Figure 6).

6. Extent to which weekly group sessions helped strengthen family and social connections (N=14-16)



As part of the survey, participants were asked how VOA recovery services could be improved to better support their recovery journey. Two respondents mentioned that they would like more opportunities to connect or interact with family members.

> Connecting with family more to prepare for my transition back to home life. – Program participant

> More interaction physically with family as well as better phone systems or cell phones to allow more frequent calls to friends and family. – Program participant

Staff and partner perspectives: Family members were viewed as important partners in recovery

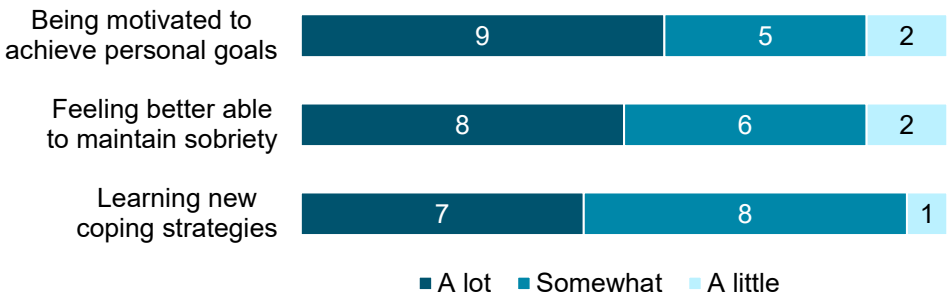
Interviewees described recovery as extending beyond the individual to include family members and other loved ones who were also affected by substance use. Interviewees emphasized the importance of helping families understand substance use disorder, recognize their role in supporting recovery, and access opportunities for healing and education. Recovery was often described as a process that involved rebuilding relationships, strengthening support networks, and addressing the impacts of substance use on both participants and their families.

> I was able to gather a lot of affected others in the community and have a presentation on how, like what families can be, what their role could be in their loved one's recovery story, right? So, it wasn't just expanding out to more people that suffer with SUD, but it was expanding out to their families too. – Peer support specialist

Mental health, motivation, and reentry readiness

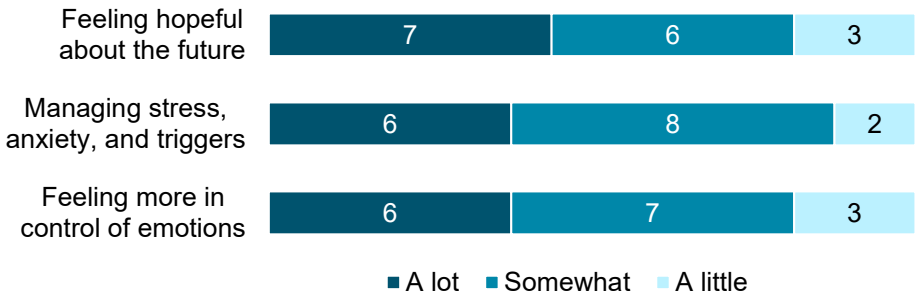
All 16 survey respondents indicated that the weekly groups helped them achieve personal goals, maintain sobriety, and learn new coping strategies (Figure 7). More than half (9 of 16) reported that the groups helped them stay motivated to achieve personal goals "a lot," while an additional five reported "somewhat." Similarly, half (8 of 16) said the groups helped them maintain sobriety "a lot" and six said "somewhat." Learning new coping strategies was also a common benefit, with seven reporting "a lot" and another eight reporting "somewhat." No respondents reported that the groups were "not at all" helpful in any of these areas.

7. Recovery and motivation (N=16)



Participants also reported improvements in emotional well-being and resilience. Most respondents indicated that the weekly groups helped them feel more hopeful about the future, manage stress, anxiety, and triggers, and feel more in control of their emotions (Figure 8). Nearly half of respondents reported that the groups helped them feel hopeful about the future "a lot" (7 of 16), while six reported "somewhat." Similar patterns were observed for managing stress, anxiety, and triggers (6 reported "a lot," and 8 reported "somewhat") and feeling more in control of emotions (6 reported "a lot," and 7 reported "somewhat").

8. Emotional well-being (N=16)

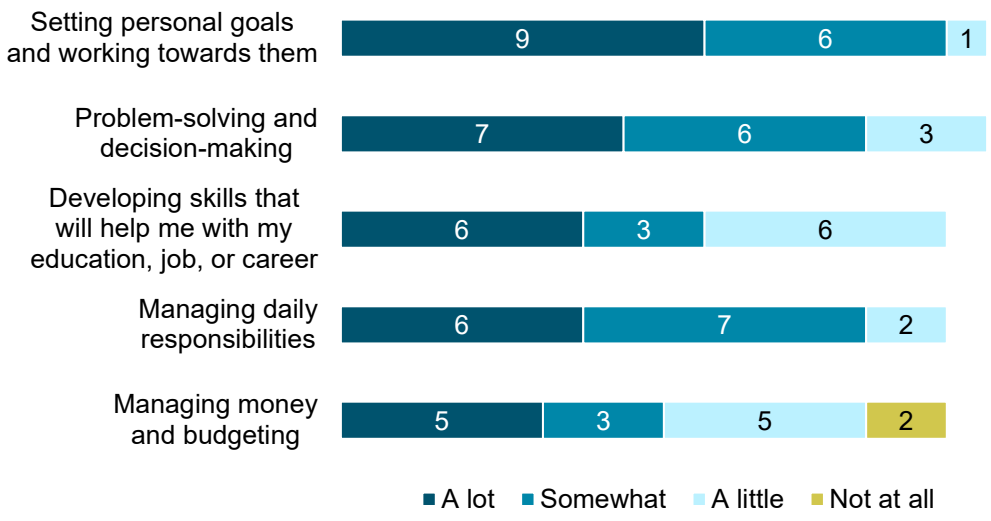


I have hope that I can live a sober and clean life. – Program participant

I am learning to communicate my feelings and emotions better. I'm starting to be able to deal with my guilt and shame. Overall, I feel positive about my future and sobriety. – Program participant

Participants reported that the weekly group sessions helped strengthen skills needed for successful reentry and daily functioning (Figure 9). The largest improvements were related to setting personal goals and working toward them, with 9 of 16 respondents reporting that the groups helped "a lot" and 6 reporting "somewhat." Most respondents also indicated that the groups supported problem-solving and decision-making (7 reported "a lot," and 6 reported "somewhat") and managing daily responsibilities (6 reported "a lot," and 7 reported "somewhat"). Respondents reported more mixed benefits related to developing skills for education, employment, or career advancement and managing money and budgeting, although most still indicated that the groups were helpful in these areas.

9. Extent to which weekly group sessions helped participants develop life skills (N=15-16)

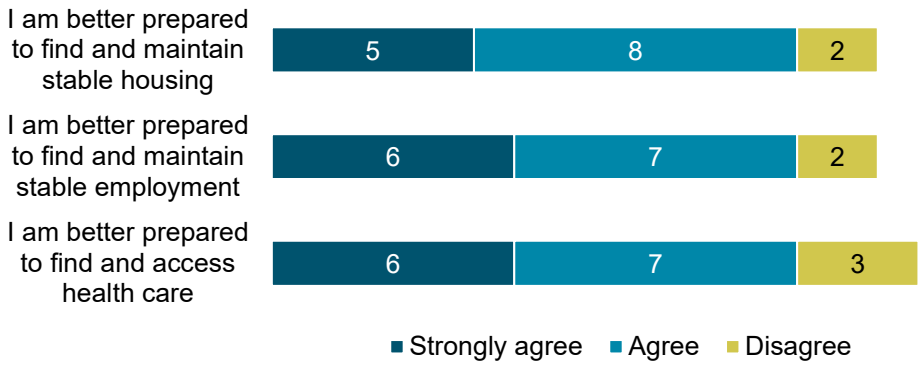


> Helped me understand better the accomplishments one can achieve with the right tools. – Program participant
>
> It helped me by taking me to AA and work to pay my bills for my future. – Program participant

Housing stability

The program helped 7% (10 of 148) of participants obtain stable housing after release. Housing-related services and supports, such as help completing housing applications, applications to sober living homes, and applications for rental assistance programs like Section 8, were accessed by 17% (25 of 148) of participants. Thirteen of 15 (87%) survey respondents also agreed or strongly agreed that the weekly groups helped them feel better prepared to secure housing (Figure 10).

10. Extent to which weekly group sessions helped participants feel better prepared to secure housing, maintain employment, and access health care (N=15-16)



> Having that relationship with somebody and knowing they have someone in their corner can be pivotal to someone's recovery journey. Hopelessness can come so quickly—it's much easier to lose hope than it is to get it back. – Peer support specialist

Staff and partner perspectives: Recovery support promoted insight, coping, and hope

Staff and partners described recovery-focused services as helping participants better understand substance use, connect their choices with consequences, and envision a different future. Psychoeducation, counseling, peer support, and structured groups introduced participants to treatment options, coping strategies, harm-reduction approaches, and new ways of thinking about recovery and life after release. Interviewees also observed growing confidence and pride as participants made progress and became more engaged in their recovery.

Interviewees emphasized that recovery required more than abstinence during incarceration. Participants needed opportunities to examine their thinking, practice strategies, build trusted supports, and prepare for challenges after release. Nonjudgmental relationships and encouragement were viewed as especially important for sustaining hope, seeking help during difficult moments, and believing that change was possible.

Participants felt the weekly group sessions helped prepare them for reentry (Figure 11). Eight of 16 (50%) respondents reported that the groups helped them become more prepared for reentry "a lot," while five reported "somewhat" and three reported "a little."

11. Extent to which weekly group sessions helped participants be more prepared for reentry (N=16)



> It allowed me to prepare for release. Most importantly, it's helped with the underlying issues of my drug use. – Program participant

Staff and partner perspectives: Reentry planning addressed practical and structural needs

Staff and partners described reentry planning as extending beyond substance use treatment to address the practical conditions that shape recovery after release. Participants received assistance connecting to primary care, medications, therapy, employment, transportation, identification, and other community resources. Discharge planning, resource fairs, community integration activities, and relationships with recovery and reentry partners helped participants identify treatment options, establish plans, and build connections before leaving custody. Some interviewees observed that participants who maintained these relationships after release were better able to find employment, manage daily needs, and navigate the transition back to the community.

At the same time, interviewees also explained that recovery plans could be difficult to sustain when basic needs remained unmet. Housing and transportation emerged as major barriers, particularly in rural communities and during unplanned or late-night releases. Interviewees also identified limited access to phones as an obstacle to post-release engagement.

> **Some people get released and don't have a phone. If you can't reach them, it's really hard to continue that support. – Peer support specialist**

Recidivism and risk reduction

Official recidivism outcomes (e.g., rearrest, reconviction, or reincarceration) were not accessible for this evaluation. Without a baseline recidivism rate for this region, VOA-NNE identified reductions in LS/CMI risk level, from medium/high to low risk of reoffending, as its primary indicator of progress toward the program's recidivism-reduction goal. The LS/CMI is a validated, 43-item risk and needs assessment that a trained professional scores across eight areas linked to reoffending, such as criminal history, education and employment, family relationships, and substance use; total scores place a person in one of five risk levels, from very low to very high. Because the tool is designed to be readministered over time, a lower exit score indicates reduced risk factors associated with future offending. This section presents changes in criminogenic risk using matched entry and exit LS/CMI assessments as the best available proxy for this outcome.

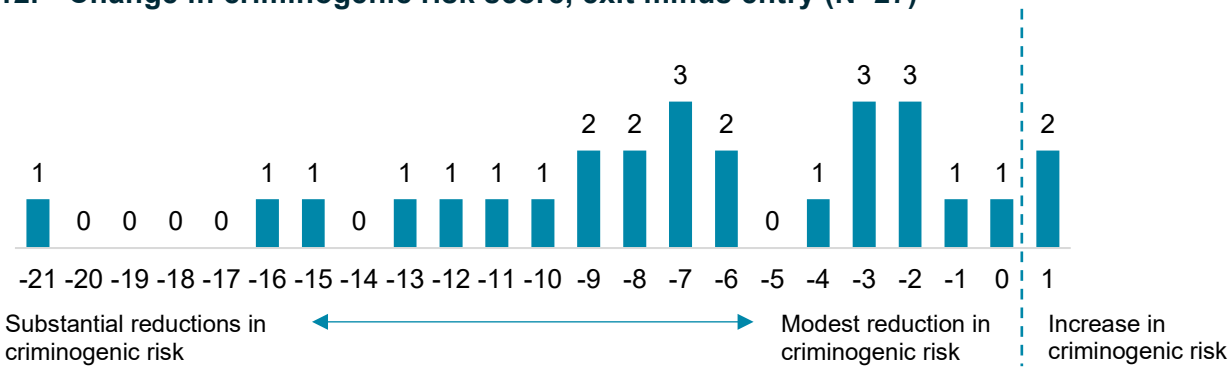
Program administrative records documented no new criminal offenses or justice-system involvement during participants' enrollment. After release, available administrative fields indicated limited documented post-release engagement. However, these fields may not capture all contacts or supports after release, including transportation, peer support, or informal follow-up; this measure is best interpreted as documented formal engagement rather than the full extent of post-release contact.

Change in criminogenic risk (LS/CMI scores)

Matched entry and exit LS/CMI assessments were available for 27 out of 148 participants (see Figure 12). Change scores were calculated by subtracting each participant's entry score from their exit score. Negative values indicate a reduction in assessed criminogenic risk, zero indicates no change, and positive values indicate an increase in assessed risk. Larger negative values represent greater reductions.

Among these 27 participants, most (24 of 27) showed at least some improvement in criminogenic risk. Nearly half (13 of 27) fell into a moderate range of risk reductions, with change scores between -6 and -13.

12. Change in criminogenic risk score, exit minus entry (N=27)



From findings to action

Findings were consistent across administrative data, participant surveys, and staff and partner interviews. Participants engaged with the program's core components (e.g., cognitive behavioral therapy, individualized case planning, and peer and family support) and reported improvements closely tied to the program's intended outcomes. Most participants with matched risk assessments also showed a reduction in criminogenic risk over time.

Several aspects of implementation appear to have supported these outcomes:

- Starting services during incarceration, rather than waiting until release, gave staff time to build relationships and begin individualized care planning before the added instability of reentry set in.
- Using validated risk and needs assessments to guide case planning and program admission reflected an evidence-informed approach suited to a high-risk, high-need population.
- Consistent, in-person staff presence built collaborative relationships across facilities and community providers, supporting continuity of care and reducing the service fragmentation that often undermines reentry programming.

At the same time, these findings should be read alongside the evaluation's limitations:

- Much of what is known about participant experience comes from a relatively small group of survey respondents who self-selected into completing the survey after at least six weeks of engagement — likely capturing participants who stayed engaged longer, not those who disengaged early.
- Staff and partners described persistent structural barriers that limited the program's reach: unpredictable release timing, limited access to phones and transportation, and changes in facility operations, most notably Knox County Jail's shift to a 72-hour holding facility.
- These barriers point to the limits of what a single reentry program can accomplish without broader systems-level change.

These findings are consistent with a broader body of research on reentry and rural substance use treatment access, which documents that longer distances to treatment, limited public transportation, and behavioral health workforce shortages create structural barriers to engagement largely independent of program quality (Singer & Kopak, 2023; Wodahl, 2006). Combined with the growing recognition that recidivism alone is an incomplete measure of reentry success (Buck Willison, 2023), this suggests the gains in

well-being, coping, and relationships identified here represent meaningful progress, even where structural conditions limited what the program could achieve on outcomes like stable housing or verified recidivism. Sustaining this individualized, relationship-based approach, while continuing to address the structural barriers identified by staff and participants, is the clearest path toward strengthening outcomes in future iterations of this work.

Cross-agency collaboration – lessons learned

While interviewees viewed collaboration as one of the project's greatest strengths, they also identified challenges and areas where coordination could be strengthened.

Role clarity and overlapping responsibilities. Some partners described ambiguity regarding organizational boundaries, particularly when multiple agencies provided similar services such as recovery coaching, which occasionally created confusion for both partners and program participants about responsibilities and points of contact.

Facility instability. Changes in correctional facility operations and priorities could disrupt even well-established collaborative relationships. In particular, Knox County Jail's transition to a 72-hour holding facility altered service delivery opportunities and disrupted established partnerships, preventing VOA from continuing services in that setting.

Post-release coordination. Maintaining contact with residents after release remained a persistent challenge, particularly when release dates changed unexpectedly or communication systems were limited. Many interviewees viewed the transition from incarceration to community as the point where stronger coordination was still needed.

Staffing and capacity constraints. Limited staffing sometimes constrained opportunities for follow-up, outreach, relationship-building, and post-release support. Several interviewees suggested that additional peer recovery coaches, counselors, and dedicated reentry staff would strengthen future collaborative efforts.

Taken together, these findings point toward specific, actionable steps. The recommendations below leverage the strengths and address the gaps identified above, particularly regarding post-release continuity, participant voice, family connection, and cross-agency collaboration.

Recommendations

Strengthen post-release continuity

Although some participants maintained meaningful relationships after release, interviewees consistently identified post-release coordination as an area for improvement. Barriers included unexpected releases, limited notice from facilities, difficulty locating participants, lack of phones or transportation, and staff spread across several facilities and/or a wide geographic area. Interviewees recommended clearer follow-up plans, stronger facility coordination, more community-based staffing, and more practical post-release assistance.

Involve people with lived experience in program design

Interviewees recommended involving people with lived experience in program design and decision-making. Participant ownership was viewed as important for motivation, accountability, and sustained engagement.

Expand opportunities for family contact

Both survey respondents and interviewees identified limited communication access, particularly reliable phone access during and after incarceration, as a barrier to staying connected with family. Building more structured opportunities for family contact, such as scheduled calls, family-inclusive programming, and, where feasible, in-person visits, could help sustain the family relationships that many participants described as central to their recovery.

Expand access to sober housing after release

Interviewees identified limited housing and sober living options as one of the most significant barriers to sustaining recovery after release, especially in a rural service area with few such placements available. Increasing the availability and affordability of sober housing in Knox and Waldo counties could help prevent participants from returning to unchanged social environments that contributed to substance use before the program began.

Clarify partner roles and points of contact

Interviewees described some ambiguity about organizational boundaries when multiple partner agencies offered similar services, such as recovery coaching, which occasionally created confusion for both partners and participants about who was responsible for what. Establishing clearer role definitions and points of contact across partner agencies, particularly where services overlap, could reduce this confusion and strengthen the cross-agency collaboration that interviewees identified as one of the project's core strengths.

Strengthen data tracking and data-sharing agreements

Several evaluation limitations point to opportunities to strengthen future data infrastructure. Official recidivism data could not be accessed for this evaluation because the informal data-sharing arrangement anticipated in the original grant narrative did not carry forward after staff turnover at the partner facility, and no formal agreement was established. No regional baseline recidivism rate was available for comparison. Post-release contacts and supports, including whether participants referred to medication-assisted treatment actually received it, were similarly not tracked in a way that captures the full extent of participant engagement after release. Pursuing formal data-sharing agreements with correctional and state partners and building more systematic tracking of post-release

referrals and contacts would strengthen the evidence base for future evaluations of this work.

Taken together, these findings and recommendations point to a broader story about what this program accomplished and what it took to accomplish it, which the closing reflection below brings into focus.

Concluding thoughts

> I got lucky here because my counselor I had back then is here. She was so good with me then and now I meet with her every week and it's just like we never stopped. I can't express how much they have helped me. You won't even believe how much [VOA staff] were my family when I had none. They are the reason why I am still alive today. – Program participant

The SUD Expansion Project set out to close a critical gap in the reentry continuum: the period between incarceration and community reintegration, when the risks of relapse, housing instability, and renewed justice involvement are highest. By starting substance use treatment, case management, and recovery support during incarceration, and continuing them after release, VOA-NNE built a program that met participants where they were and stayed with them through a difficult transition. As the reflection above illustrates, for many participants, the relationships formed through this work made the difference between isolation and connection during a time when both were hard to find.

This evaluation found that the program:

- Reached a substantial number of high-need individuals across three correctional and reentry facilities.
- Engaged most participants in cognitive behavioral therapy (CBT) and case management guided by validated risk and needs assessments.
- Helped participants build coping skills, emotional regulation, hope, and reentry readiness, based on consistent survey feedback.
- Strengthened relationships with peers in recovery and, for many, with family members.
- Saw reductions in criminogenic risk among most participants with matched intake and exit assessments, a promising signal in the absence of direct recidivism data.
- Built more coordinated, trusting relationships across corrections, treatment, and recovery organizations than existed before, a foundation for collaboration that can outlast any single grant cycle.

At the same time, the findings point to where continued investment is needed:

- Strengthening coordination after release.
- Expanding access to sober housing.
- Involving participants more directly in shaping the services meant to support them.

These are not signs that the program model fell short; rather, they underscore what it takes to sustain recovery and reentry support in rural communities with limited infrastructure. The SUD Expansion Project demonstrates that integrated, coordinated care, beginning during incarceration and continuing after release, can meaningfully support recovery, stability, and hope during one of the most difficult transitions in a person's life. Sustaining and building upon this model, and the partnerships behind it, represents an important opportunity to strengthen reentry outcomes for people with substance use disorders in Knox and Waldo counties and beyond.

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