



The Potential of the Open Table Model for Recidivism Reduction

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Impetus for this effort. Recently, U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) sponsored a conference titled *One Voice, One Community, One Purpose: A 2016 Gathering of Community, Tribal, Spiritual, and Faith-based Coalitions.* Jon Katov, CEO of Open Table, spoke at this conference (August, 2016), which was coordinated by AFYA. Recently, Jon visited Coalition sites in Missouri and began conversations around the use of the Open Table model for reentry efforts. This paper is an exploration of that potential.

Introduction. The Open Table model involves a group of 6-8 volunteers giving a year of their lives to provide direct support to an individual (10-12 for a family) who is committed to getting out of poverty. These groups are typically based in a faith community. The model has grown to demonstrations in over 20 states in the US, and is currently being used in multiple populations, including young adults aging out of foster care, persons with complex behavioral health and substance abuse needs, domestic violence, trauma survivors including youth who have been sexually trafficked, and others. Now, the Open Table model is being considered for use in recidivism reduction for adult offenders coming out of prison.

Status of National Recidivism Reduction. The work of Corrections has undergone many changes in the last decades. States have swung between “law and order” policies such as California’s “Three Strikes – You’re Out”, which produced a rapid rise in rates of incarceration. These efforts resulted in widespread state level acknowledgement that as the US incarcerates more adults than any western country, this level of prison growth cannot be sustained. The good news is that, as was recently documented by the National Reentry Resource Center (2014), state level progress on designing effective reentry tactics is substantial. The report showed that across eight states, recidivism had been reduced by an average of 4.5 percentage points, at a time in which recidivism is increasing in other states.

However, recidivism remains a major problem for most states. The 2013 California Department of Corrections and Rehabilitation comprehensive report cited that for felons released from all

departmental institutions during FY 2008-09, 61.0% returned within three years of release, with only 39% staying out of prison during this time. Most reentry efforts focus primarily on housing and jobs, when the reasons for return to prison are more complex and involve ex-offenders learning how to be part of a non-prison community.

FOUR TOP REASONS WHY RECIDIVISM REDUCTION OCCURS:

1. Investing in community-based treatment;
2. Promoting continuity of care from incarceration to the community;
3. Tailoring approaches to individual needs;
4. Providing incentives for participation in programs designed to reduce likelihood of a person reoffending.

Source: The National Reentry Resource Center, 2014

The History of Open Table. The Open Table (<http://www.theopentable.org>) began when a homeless man in Arizona asked a congregation if he could worship at their church. This initiated a relationship with members of the congregation who were also business people. These congregation members formed a “board of directors” to develop a business plan with the homeless man and to access the intellectual and social capital of the congregation’s members and personal networks. The man’s life was transformed and those who provided the support found themselves and their view of poverty changed by their relationship with the man. This experience led to the formation in 2007 of The Open Table, a 501c3 nonprofit organization that trains congregations and their members to form communities - called Tables - that utilize their vocational and life experiences as tools that individuals in poverty can use to develop and implement plans to change their lives. Table members commit to a year of service meeting at a specified time on a weekly basis. Open Table provides state of the art training and infrastructure support for these teams.

Open Table has worked with Table Members from faith communities in over 20 states and has transformed the lives of hundreds of individuals and families (called Brothers or Sisters). Addressing poverty remains one of the core features, but the movement has also served young adults (many transitioning from foster care), persons with HIV/AIDS, youth with mental health or other human service system involvement, and other populations. Open Table has served adults transitioning out of correctional placement, but not in an organized initiative.

Outcomes of Open Table. Studies have shown impressive outcomes of the Open Table Model. A recent longitudinal study (VanDenBerg, 2015) found that 95% of young adults and families served by Open Table maintained a long-term relationship with their Table members, and 85% of the graduates had a better job and/or were in a college or technical school a year after their Table experiences ended. In addition, 85% indicated that they have the skills needed to get through problems and crises better than before, and perhaps most tellingly, 95% indicated that they are currently self-supporting or confident that they will be self-supporting in the future.

Using a return on investment model, the City of Phoenix Human Services Department analyzed the economic impact of six completed Tables in the city. Results indicate that for every dollar

Open Table, government programs and other program partners invested in the families, the families benefited \$7.44.

The Theory of Change for Open Table. Open Table has developed a Theory of Change, as part of its ongoing path toward being granted evidence-based practice status. The following are the five core non-negotiable elements of Open Table. Each of the elements will be vital to successful recidivism reduction:

1. Relationship. Open Table is about a faith community being in direct relationship with those in poverty. The relationships between Table members and the Sister and/or Brother is at the heart of the effectiveness of the model, and the ability of the Sister and/or Brother to establish long lasting relationships with their Table and with other members of the community is crucial to success.

2. Faith and a shared purpose. Through a shared purpose, a faith community builds a powerful understanding of the human potential of each individual, and of how to actualize true love for each other through mutual and humble service. Through expression and deepening of their individual faith/spiritual perspectives, Table members and sisters/brothers affirm and deepen their own sense of wholeness, and of their humanity and shared purpose on the Table.

3. A Safe Place. A community creates Tables as a way of understanding that community and personal judgment may have contributed to poverty. We have to create a safe place for a community and Tables to recognize that poverty is not about character but rather about experience. We also have to create a safe place to supporting our mutual growth as a sister/brother out of poverty. The safe place is free from blame and shame, moves at the own pace of the sister/brother, and is based on the sister's/brother's own definition of success, culture, and support.

4. Transformation and Reconciliation. Transformation occurs when a community is released from preconceived notions of poverty, people in poverty, and poverty solutions, including transaction-based interventions. We understand the mutuality which is built through being in direct, face to face, and long term relationship with those in poverty. As the community moves into mutual, direct relationship to those who are in poverty, reconciliation between races, social groups, and families begins to occur and transformation builds a mutual community sharing of an abundance of heart, spirit, and of intellectual and social capital. This shift forever abandons the paternalistic, dependent model of change.

5. Local determination and ownership. The Open Table process provides a foundational, consistent, tested, and proven process for addressing poverty, and provides training for communities. However -- exactly how the community of business, non-profits, government and faith sectors form into a local movement, how expansion, focus on populations, and how the effort scope proceeds are all locally determined and managed as part of a community vision of their system of care and under a shared purpose. Individual faith communities are the implementers of Open Table at the sister/brother level and make final determinations at the model level.

Recidivism and Wraparound. The Open Table process is very similar to that of the Wraparound Process, which now is serving over a million families and adults in the US and Canada. Although both processes were developed independently, both involve very similar principles and procedures. Dr. John VanDenBerg was one of the co-founders of Wraparound in

1986, and is also a consultant to the Board of Directors of Open Table and to the Open Table CEO, Jon Katov. Since 2012, Dr. VanDenBerg has been helping Open Table move into national implementation, and learn from the lessons of Wraparound.

The Center for Health & Justice (2014) notes that Wraparound use in reentry efforts has been positively linked to reduced recidivism in Wraparound work done in Washington State and in California. Wraparound has been used extensively as step-down from juvenile justice facility placements (VanDenBerg, 2008). Wraparound Milwaukee, a recognized model of excellence in Wraparound use, has been proven to be effective in achieving lower recidivism for youth (Kamradt & Goldfarb, 2015).

In 2006, the Oklahoma Department of Corrections decided to experiment with a new re-entry track based on the Wraparound process, and contracted with Dr. VanDenBerg's training company to assist in this demonstration. Oklahoma Human Services for children and families had successfully used Wraparound to reduce the numbers of children who were institutionalized. The offenders selected for this effort were among the group in Oklahoma (approximately fifty percent of all Oklahoma offenders) whom are released upon the end of their sentence with no formal follow-up or community corrections efforts except for a plan which was created by a case manager at the corrections facility. Offenders in this effort were medium to high risk for recidivism as measured by the Level of Service Inventory-Revised (LSI-R), a standardized and validated tool which measures recidivism risk.

Two groups were formed. The first was a group of 95 offenders who were accepted into the Wraparound process. The second was a group of 78 offenders who received the standard case management plan upon release. The groups were matched by sex, age, race, crime type, and LSI risk scores. A survival analysis was carried out which examined recidivism up to the 27-month post release point. At the 27-month point, the Wraparound group had a recidivism rate of less than 4%. The comparison group had a recidivism rate of approximately 28%. No offender in the Wraparound group had gone back to prison after the 15-month point. What was not known is why the data is so positive. Anecdotal discussions with offenders indicated that a number of reasons for the positive recidivism reduction exist. Offenders said that this is the first time that they ran their own plan, choosing needs, the team, and the focus of the team. Offenders said that this was the first time their strengths have been assessed and used in the plan, making the plan culturally competent to the offender's unique culture. These conclusions are consistent with those from the National Reentry Resource Center. Unfortunately, the recession of 2008/2009 caused an enormous budget shortfall in Oklahoma, and Oklahoma was forced to abandon all reentry efforts to be able to keep the prisons staffed and as safe as possible.

Lessons from the Oklahoma Study. Dr. VanDenBerg proposes the following lessons from the five years of work with Wraparound and corrections, considering the similarity of Open Table and Wraparound, and from the Oklahoma study.

1. Get to the offenders prior to release if possible. In Oklahoma, we were most successful if the Wraparound team of the offender could meet at the prison prior to release. Again, this is consistent with the conclusions from the National Reentry Resource Center that pre-release participation in efforts to address recidivism was a factor in recidivism reduction.
2. Get buy-in to the effort from mid-level managers within the Corrections Department and the prison staff. Dr. VanDenBerg found that at times, staff who were responsible for Corrections regarded Wraparound as "coddling" offenders. Wraparound represented high levels of

individualization, which was one of the four top recidivism reduction variables noted by the National Reentry Resource Center.

3. Partner with existing prison ministries. Dr. VanDenBerg found that Wraparound was value added to the work of many prison ministries involved with the Oklahoma ex-offenders.

Benefits of Open Table to Prison Ministries. Prison ministries and the involvement of congregations have been the stalwarts of the long-term efforts to reduce recidivism. We know from a recent comprehensive study of Protestant pastors, that the faith world is very concerned with support to ex-offenders. This study, from LifeWay Research, summarized survey interviews with over 1,000 faith community leaders. Highpoints from this study, which are significant for considering Open Table as enhancement for prison ministries and overall reentry efforts, included:

- Over 95% of interviewed pastors agreed that churches should care for families of the incarcerated and agreed that churches should provide resources and support for youth and adults leaving correctional facilities. Open Table can build on this energy due to the transformation of the congregation which occurs when brothers/sisters succeed and are removed from poverty.
- For the churches represented by the 1,000 faith leaders, 45% of congregants already did some level of ministry in correctional facilities; 61% of congregants already ministered and provided support to family members of incarcerated adults; even though only 14% of those pastors interviewed managed formal ministries such as prison ministries. Open Table has proven, in hundreds of tables, that congregants with the right process to support, will do so with their own time and energy.
- Pastors identified lack of training for providing support to the incarcerated and their families as a major barrier. Open Table has a comprehensive, state of the art, on-line and coach mentoring system in place which is being constantly improved.

We think that congregations which already support prison ministries with formal reentry efforts can benefit from Open Table involvement. First, it gives these programs access to data and research that they may not have had available in the past. Next, Open Table has been proven to transform congregations and mobilize even more volunteers and those ministering to offenders and ex-offenders and their families. We see that Open Table can increase volunteerism because of volunteers learning to effectively provide support consistent with best practices in giving support to others. Open Table's training and support of participating congregations is extensive.

Potential guidelines to implementing Open Table as reentry strategy. Open Table staff and consultants, and local congregations have had substantial experience implementing the model with so-called "high risk" populations, such as teens who have been sexually trafficked. Out of these efforts come suggested guidelines for successful implementation of Open Table as reentry and recovery support.

- Participating congregations who are new to Open Table should start with offenders with less complex needs, learn the process, and gradually increase their capacity to provide support to those with more intensive needs.
- Each participating congregation has a volunteer Open Table Mission Leader. This person manages the implementation of Open Table in that faith community and is mentored by an Open Table Navigator, who provides technical support for launching Tables. Ideally, the Mission Leader would have had some experience ministering to offenders or ex-offenders.

- Participating congregations which already manage prison ministries should do strategic planning on how best to implement Open Table in conjunction with the prison ministry, to provide an integrated approach.
- Successful reentry can depend on getting to offenders while they are still incarcerated. Normally, Open Table uses community agencies who are involved with persons in poverty as referral sources. For reentry, the prison case managers/social workers can serve as referral points. In some instances, prison ministries will be the referral source. Open Table recommends a close relationship with the referring agencies so that appropriate referrals are made. Open Table has extensive tools, resources, and technical support for referral agencies.

Religious Freedom. Open Table is not a religious organization – it is a 501c3 nonprofit organization that licenses its poverty transformation model to faith communities and trains them to implement the model. Individuals who are supported by the Open Table process do not have to practice a religion, nor belong to any faith community. Faith is discussed at the Table only when a Brother or Sister requests it. Often, Table members say their faith journey and purpose deepen through the Table experience. The Open Table Model is a non-judgmental, non-blaming, and “never-giving-up” approach to help individuals deal with difficult life circumstances.

Cost Benefit to the Community. The number of volunteers serving on a Table ranges between six and twelve. Using eight as an average, and calculating that each Table meets for 1.5 hours 48 times a year, there are 576 direct volunteer hours for each Brother/Sister served. In addition, there is another 130 hours contributed by Table Members and Mission Leaders in the extensive training required by Open Table. Using \$23.07 as an hourly value (the latest estimate by Independent Sector of the value of a volunteer hour) results in over \$16,000 worth of personal support for every single individual served by a Table. In addition, there are donated goods and services (attorney, accountant, car, mechanic, accountant, dentist, childcare, etc.) arranged for Brothers/Sisters by their Table Members. Open Table is successful because of the extraordinary investment of time, energy, and caring of Table Members.

When cost benefit of avoiding recidivism is considered (the cost of incarceration of an offender in a Federal prison averages more than \$30,619.85 a year in the United States), the return on investment is even greater. Exact figures do not exist now, but the societal cost benefit figure of \$16,000 for the typical Table brother/sister is much more in the \$45,000 cost avoidance range for ex-offenders who stay out of prison permanently. Open Table is launching more detailed ROI and cost avoidance studies.

Costs of Implementing Open Table. As with any training organization, there is significant personnel time and work products involved in bringing the Open Table model to a community. There are two components to the cost for Open Table, the cost to faith community and the cost to government and/or community organizations. For the faith community, there is an annual licensure fee of \$500 per congregation (\$1,000 for large congregations), and the individuals that serve as members of Tables pay a small fee of \$10 per month. These funds support initial development as well as on-going support for Tables. In addition, costs to implement Open Table involves “seed capital” cost (often provided by government agencies or grants) during the first two years to engage and train the new collaborative system, develop a demonstration project, and support the collaboration to expand Tables. This development work includes:

- At least two extended site visits to train the partnership to launch an initial demonstration project,
- Outreach and orientation for government faith communities,
- Community Exploration(s) where faith and government leaders are trained in the model and develop an initial community plan,
- Training a government and faith coordinator to co-manage the process,
- Training of coordinators in each congregation (Mission Leaders) to recruit, launch and expand Tables,
- Presentations to recruit Table members,
- Training Table members in the Open Table model (often in collaboration with government partners),
- Providing a year of launch training and technical support to licensed congregations as they learn to implement a structured model,
- A structured process to receive referrals from government partners that also employs an evidence based assessment model,
- Facilitation of the ongoing development of the faith-government process and other community partners,
- Development and support for implementation of a year two plan.

Open Table is intentionally a very “lean” national training organization with no offices and few staff, and much of the infrastructure provided by consultants on a project by project basis. Open Table therefore is highly cost-efficient but also must have funding for this type of development work. In some communities, these costs have been covered by SAMHSA grants, foundation grants, and state and local funds. The total cost of the development work varies, but often exceeds \$30,000 total per community, which is still under the cost of one offender being incarcerated for a year.

In addition, as SAMHSA or other government agencies elect to move the Open Table model into reentry implementation, Open Table will need to have additional organization infrastructure to manage an expanded effort. Currently, several of Open Table’s consultants have corrections experience and could be potential project managers.

Organizational Expertise. The Open Table staff, volunteers, and consultants have considerable experience in developing partnerships at the federal, state, county and local levels, including government-faith partnerships with SAMHSA, county systems of care in Florida, Michigan, New York, Pennsylvania and Virginia. Jon Katov, the founder and CEO of Open Table, a former marketing executive, serves to manage and direct the organization, and has worked extensively with faith leaders, communities and government agencies around the U.S. Dr. John VanDenBerg, manager of the Oklahoma reentry project and a co-founder of the Wraparound Process, which has served more than a million young adults and families globally, serves as a consultant to the Open Table board and to the CEO. Dr. Stan Mrozowski, former head of Children’s Mental Health for the state of Pennsylvania, consults with Open Table on the full scope of government partnerships. Dr. Jack Teitsma, Director of the Training Center for Poverty transformation, which provides collaboration training tools to Open Table. Other Open Table consultants and staff bring additional support to the faith/government relationship and to reentry and recovery efforts.

Research and Evaluation. The Open Table has been increasing the amount of empirical evidence on the model, and would continue to do so with any larger scale implementation of recidivism reduction Tables. During 2015, an initial longitudinal study was completed of 2013 graduates, and qualitative evaluation was done on core principles and processes of Open Table. The model is gradually moving to become certified by SAMHSA as an evidence-based practice. This includes recent completion of manualization of the model and development of a Theory of Change. Open Table is now launching a project which will taking the next steps of research and evaluation. These foundational steps are establishing The Open Table model as the standard for community-based poverty transformation through the cross-sector collaboration of faith communities, government, business, behavioral health, foundations and community agencies.

The Open Table Research and Evaluation Project includes six parts which would be modified to support recidivism reduction research should an Open Table recidivism reduction effort be established and research funding identified:

1. Fidelity Measurement. First is development of an Open Table fidelity index to measure Table level fidelity to the core principles of the model, as reported by Table members and Brothers/Sisters. Model fidelity is crucial to the prevention of drift in the model steps and principles. Any successful movement must have a way to establish that the core steps and principles/values of the movement are being carried out at the practice level. Fortunately, due to the similarity of the Wraparound process and the Open Table model, existing fidelity measures can be adapted. Since the early 1990's, Wraparound fidelity has been measured by the Wraparound Fidelity Index (WFI), which was developed by Dr. Eric Bruns, the national chairperson of the National Wraparound Initiative. Dr. Bruns and his team, including Dr. April Sather, working in part through the TA Network for Children's Behavioral Health at the University of Maryland, have agreed to work with the Open Table to adapt the WFI to Open Table.

2. Ongoing Longitudinal Evaluation of Graduated Brothers and Sisters. The 2013 study of graduated brothers and sisters produced a practical overview of the progress of graduated brothers and sisters at least one year after graduation.

This study will be repeated for 2014 and 2015 graduates, broken down by localities and population focus, and can be modified for recidivism reduction information purposes, which could include a greater focus on reentry variables.

3. Qualitative Study of Local Projects. The Open Table has produced protocols for performing qualitative analysis of local efforts. These have been tested in Phoenix and are ready for use in doing interviews with a variety of stakeholders, including faith leaders, community leaders, Table members, brothers/sisters, and others. These protocols would be individualized for corrections use.

4. Single Subject Design Controlled Studies. In addition to fidelity measurement and qualitative analysis, it is important to implement controlled studies of overall impact of the Open Table model, which move beyond the limits of self-report data. However, larger controlled studies are beyond the scope of organizations with limited funds, and another model of controlled research called single subject design is more appropriate. In single subject design, a series of small studies looking at key outcome areas will be undertaken, focusing on such areas as improvement in quality of life, functioning, and relationship skills. Some of these studies would focus on reentry variables.

5. Return on Investment (ROI) and cost avoidance. Early study of the economic impact of Open Table has been completed and is now being expanded using more rigorous ROI tools. The Open Table will be working with an ROI expert (TBI) who will help design a simple and elegant method of documenting the economic benefit of the model, and of costs that are avoided when brothers and sisters have success in the model. This study could include variables related to recidivism reduction, especially with collection of cost avoidance data.

6. Ripple Effect Study. During summer and fall of 2016, the Open Table Research team is launching an examination of an observed phenomenon. We have noticed that each successful graduate of the Open Table has a powerful and transformative effect on others who are in their family and friend networks. Even though these family and friend networks were not actually brothers/sisters on a Table, they are watching what their family members are going through and saying to themselves “I need this, too!”. Therefore, Open Table is beginning a study which will document and analyze this “ripple effect”, which can have a very positive effect not only on an extended family but on a community. We are beginning this study with a close look at several recent graduates, and could easily tailor this study to the variables of successful reentry.

Conclusion. The Open Table model will be effective in assisting States with reduction of recidivism. The core aspects of Open Table, expressed in the Open Table Theory of Change, are consistent with best practices in recidivism reduction. In the extensive development of the model over the last decade, hundreds of individuals with complex needs have come permanently out of poverty and have found supportive relationships that last indefinitely. Graduates of the model learn to manage life on their own, but with support and giving back to the community.

It is important to note that while Open Table is aware of the importance of housing and jobs for ex-offenders, Open Table is not a housing or jobs program. Open Table has found that the individuals coming permanently out of poverty need more than a job – one can get a job, lose a job, get another job and remain in a cycle of poverty. When Open Table measures success, we first look at how brothers and sisters learn to use support, how they integrate into a community, how they learn to give back to their community. Open Table’s Theory of Change emphasizes relationship; a community with faith and a shared purpose; creation of a safe place for change; transformation and reconciliation, and local determination and ownership. Finding housing and jobs will be a by-product of Open Table and reentry – but the real prize is transformation that allows an ex-offender to find their true place in the community. We believe that transformation of how a person views their world and their support network must be the true measure of success.

Even with progress in key states, the recidivism crisis is real. The figure from California of a 62% recidivism rate from a sample of over 100,000 inmates is an indicator that even more effective methods of dealing with reentry must be found and implemented. The Open Table model has great potential to serve this population.

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