

NARRATIVE EVALUATION

Harbour Area Halfway Houses

Long Beach

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The efforts that led to the Harbour House Narrative Evaluation were made possible through the continued support of many dedicated staff at A New Way of Life (ANWOL). We would like to express our never-ending appreciation for Susan Burton, Founder of ANWOL, because this opportunity for Harbour Area Halfway Houses is only possible thanks to her vision, commitment, and leadership.

We are deeply grateful for all ANWOL leadership's and staff's continued commitment to transforming the reentry process for women, families, and communities. Most importantly, we remain indebted to the women at ANWOL and commend their strength and courage as they experience reentry and transformation.

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Executive Summary

In 2019, A New Way of Life (ANWOL) partnered with Leap & Associates (L&A) to examine and evaluate the newest program to merge with the organization, the Long Beach Harbour Area Halfway Houses (HAHH). For HAHH, this represented not only a merger, but the start of a new approach to its program and service delivery. Prior to its alliance with ANWOL, HAHH operated under and was fully funded by the California Department of Corrections and Rehabilitation (CDCR). In 2018, when HAHH became a part of ANWOL, it was no longer affiliated with CDCR and was poised to change as an organization and a program.

The merger with ANWOL was the catalyst for dramatic shifts in philosophy, implementation of reentry supports, and overall culture of HAHH. In response to this transition, the present Narrative Evaluation was conducted to provide documentation of what occurred during the shift in HAHH philosophy and reentry supports, and to offer a comparison of the previous and new models. The following three questions guided the investigation, analysis, and synthesis of the HAHH Narrative Evaluation:

1. What are significant differences between the CDCR and ANWOL models in respect to philosophy, programs, and implementation processes?
2. How do residents and staff describe the transition process from CDCR practices to the ANWOL program model at HAHH?
3. How was the lived experience of HAHH under the direction of CDCR described in comparison to ANWOL?

NARRATIVE EVALUATION METHODOLOGY

Three methodologies were employed both to answer the guiding HAHH Narrative Evaluation questions and to document the merger of HAHH as a whole. The three methodologies are described briefly in Figure One.

Figure One:

IN-DEPTH INTERVIEW WITH INTERNAL EXPERT

A structured interview was conducted, transcribed, and analyzed to gather information about the merger from someone who experienced it.

FIELD OBSERVATIONS AND INFORMAL INTERVIEWS

L&A research team conducted observations and interviews throughout 2018-2020 regarding HAHH. Field notes were transcribed, coded, and synthesized into support for the Narrative Evaluation.

DOCUMENT ANALYSIS & LITERATURE REVIEW

L&A team conducted an extensive literature review and internet search for documents about halfway houses operated by CDCR and cutting-edge evidence about reentry as a whole.

The data collected throughout the Narrative Evaluation were then analyzed and synthesized into seven main findings. Beginning with the relevant guiding question, these are described in Table One.

Table One.

Guiding Question #1	What are significant differences between CDCR and ANWOL models in respect to philosophy, programs, and implementation processes?
<p><i>Evaluation Findings</i></p>	<ul style="list-style-type: none"> • <i>When HAHH operated under CDCR, residents were afforded little to no personal agency. This contrasts with the concept of agency and autonomy, a key component in ANWOL’s program model.</i> • <i>Before ANWOL, HAHH residents did not receive guidance or support on how to reenter mainstream society as demonstrated by the lack of consistent and adequate programming and resources.</i> • <i>Overall, the philosophy that HAHH operated under emerged as a key difference between CDCR and ANWOL. CDCR operated HAHH drawing upon a deficit perspective and treated the women as criminals who required monitoring. In contrast, ANWOL employs a strengths-based perspective to empower residents to grow and thrive.</i>
<p>Summary: HAHH changed dramatically when the Long Beach houses merged with ANWOL. HAHH was described as an extension of prison where residents were heavily monitored and lacked personal agency. Additionally, there was an absence of adequate guidance and supportive services that would enable individuals to easily reintegrate into society. Consistent with the majority of organizations operated by corrections authorities, HAHH was guided by an underlying deficit-based philosophy with residents treated as criminals whose success depended on being heavily monitored. In contrast, ANWOL draws upon a strengths-based perspective, noting individual assets and providing women with the tools to be empowered and thrive. The distinct and glaring contrast between philosophies led to a definitive change and profound impact on the atmosphere, programming, and lived experience of the women residing in HAHH.</p>	

Guiding Question #2	How do residents and staff describe the transition process from CDCR practices to the ANWOL program model at HAHH?
<i>Evaluation Findings</i>	<ul style="list-style-type: none"> • <i>The merger between HAHH and ANWOL was described as complex with sentiments that ranged from daunting, radical, but ultimately hopeful.</i>
<p>Summary: Residents and staff who experienced the merger described the transition process as complicated and difficult. ANWOL offered hope to receive the high-quality support residents desired. However, those involved feared the change would be too radical and its success uncertain. During this transition, ANWOL faced a significant challenge surrounding how to rebuild positive relationships and regain the trust that was hindered by the extensive monitoring previously practiced by HAHH. Although building positive staff/resident relationships amidst the transition represented a daunting task, ANWOL believed it was critical to the future success of the residents and HAHH.</p>	

Guiding Question #3	How was the lived experience of HAHH under the direction of CDCR described in comparison to ANWOL?
<i>Evaluation Findings</i>	<ul style="list-style-type: none"> • <i>Women were not satisfied with HAHH when it was operated under CDCR.</i> • <i>In stark comparison, HAHH under the direction of ANWOL was described as a “home” full of “love and hope.”</i> • <i>Physical renovation of HAHH symbolized the programming change.</i>
<p>Summary: After the merger, HAHH transformed in a deep and meaningful way. Residents had expressed deep dissatisfaction with the significant lack of programming and heavy monitoring that occurred when HAHH operated under CDCR. In contrast, after the merger, residents began to feel at home and gain a new sense of hope. To embody the programming change, ANWOL prioritized a renovation of the Long Beach houses to ensure the women felt welcomed, empowered, and inspired to build a better future. With the grand renovation came significant shifts in HAHH atmosphere as well. Residents were treated with humanity and dignity and were provided with a positive, caring environment to empower each woman to thrive.</p>	

Introduction

In 2019, A New Way of Life (ANWOL) partnered with Leap & Associates (L&A) to investigate the newest addition to the organization, the Long Beach Harbour Area Halfway Houses (HAHH). Originally founded in 1971, at the time of the merger, HAHH consisted of three homes in Long Beach, California within neighborhood blocks of one another. Each of the homes housed formerly incarcerated women for approximately sixty days or more, with no specified end date. Prior to its affiliation with ANWOL, HAHH operated under and was fully funded by the California Department of Corrections and Rehabilitation (CDCR). In 2018, HAHH became a part of ANWOL and was no longer affiliated with CDCR. In response to this transition, the present Narrative Evaluation was designed and conducted to systematically document what occurred during the shift in HAHH philosophy, reentry supports, and operation, describing the differences and similarities between the two models.

HAHH CASE NARRATIVE EVALUATION PRIORITIES AND QUESTIONS

To conduct the Narrative Evaluation, L&A drew upon ethnographic observation and case study methodology after determining this was the most effective pathway to understanding the merger of ANWOL and HAHH. In particular, the case study methodology was determined to best capture what was occurring because the merger was in fact limited to one point in time and uniquely impacted a specific set of individuals. The following questions were designed in collaboration with ANWOL leadership to guide the Narrative Evaluation's methodology, analyses, and interpretation of findings:

1. What are significant differences between the CDCR and ANWOL models in respect to philosophy, programs, and implementation processes?
2. How do residents and staff describe the transition process from CDCR practices to the ANWOL program model at HAHH?
3. How was the lived experience of HAHH under the direction of CDCR described in comparison to ANWOL?

REPORT STRUCTURE

To guide understanding of the Narrative Evaluation, it is critical to understand that this report is structured around the following three core sections:

- 1. HAAH METHODOLOGY.** This section provides a detailed overview of the methodology employed for the present Narrative Evaluation. Data that emerged from the L&A research process was analyzed and triangulated to determine key findings and to document the merger.
- 2. HISTORY OF HALFWAY HOUSES & ANWOL.** Following the discussion of the methodology, the next section describes the history of halfway houses, the relationship between halfway houses and corrections facilities, and the ANWOL approach to reentry.¹ This section provides a critical understanding of the context of reentry housing in which this Narrative Evaluation is presented.
- 3. HAAH NARRATIVE EVALUATION FINDINGS.** To answer the guiding questions, this section provides detailed findings that emerged from the data. Together these findings demonstrate a comprehensive comparison of HAAH when operated under CDCR and ANWOL.

To complete the present report, the L&A team presents a brief conclusion which summarizes the HAAH Narrative Evaluation.

¹ The ANWOL approach has been well documented in two previous studies conducted by Leap and Associates: http://anewwayoflife.org/wp-content/uploads/2018/10/case_study_a_new_way_of_life_re-entry_project.pdf# http://anewwayoflife.org/wp-content/uploads/2018/10/case_study_a_new_way_of_life_replication_study.pdf

Narrative Evaluation Methodology

The HAAH Narrative Evaluation was initially undertaken in November 2019 and designed to conclude May 2020. Due to the COVID-19 pandemic, the evaluation was significantly adapted from its original design. To adjust to the unprecedented public health crisis surrounding the COVID-19 pandemic, data collection was limited and conducted virtually, with the exception of ethnographic observation that occurred prior to the pandemic and a site visit that occurred once public safety guidelines allowed for it. The following section describes L&A's research approach, methodology, and limitations to consider.

NARRATIVE EVALUATION: AN OVERVIEW

The L&A team used two specific approaches to implement the present Narrative Evaluation and answer the guiding questions stated above: Cultural Humility and Bottom-Up Theory approach. A combination of these approaches was used throughout every step of the study and informed all of the data collection and analyses. By relying on more than one approach, the L&A team was able to respond best to ANWOL's needs as well as apply practices that are integral to L&A's process of research and evaluation.

Cultural Humility

L&A believes in the value of research led by cultural humility. This consists of a humble and respectful attitude toward individuals of other cultures that pushes researchers to challenge their own cultural biases and approach learning about other cultures as a lifelong goal and process (Murry-Garcia, 1998). Each step of the Narrative Evaluation was taken with an emphasis on humility toward ANWOL, its residents, and the culture of liberation in the criminal justice space at large. It was particularly important to depend on cultural humility as a guiding force with formerly incarcerated women, a group that has long been marginalized, disrespected and stereotyped.

Bottom-Up Theory

The research team from L&A heavily utilized a bottom-up approach throughout the Narrative Evaluation. As apparent from its terminology, a bottom-up approach allowed the

research team to describe the HAHH transition from the people who know it best – ANWOL staff and residents. These individuals, particularly formerly incarcerated women, are regarded as the “real experts.” The bottom-up approach allowed the majority of the information to be derived from HAHH itself. With this participatory and community-based approach, L&A believed it was critical for ANWOL staff to help drive the Narrative Evaluation.

NARRATIVE EVALUATION AND THE CASE STUDY METHODOLOGY

Along with ongoing ethnographic observation, the case study approach represented the most appropriate methodology to draw upon due to the unique nature of the HAHH merger. The HAHH transition from the direction of CDCR to ANWOL impacted those involved in distinctive ways that are difficult to measure using other methodological designs. Additionally, this design allowed L&A to focus the investigation specifically on CDCR and ANWOL. By utilizing this approach, L&A gained a deep and qualitatively rich understanding of the merger and was able to describe the intricate details of the merger process as well as document the experiences of the residents before and after the merger. Three different strategies were employed by the L&A team to examine what occurred at HAHH. These are described in detail below.

Interview with an Information Expert

An interview with an information expert was a critical component of the Narrative Evaluation. Based on recommendations made by ANWOL, L&A interviewed Maria Ramirez to better understand HAHH’s transition from CDCR to ANWOL leadership. She had been a senior staff member at HAHH but, prior to working there, Ms. Ramirez – or Maria, as she preferred to be called – had a background in massage therapy. She was experienced at working directly with people and had honed her skills of personal interaction. In her role at HAHH, she was on the ground, working intensely with fellow staff members and residents. As HAHH transitioned to ANWOL, Maria remained on staff at HAHH. As events progressed, she continued working with the ANWOL staff on the transition and the new program implementation. After this, she transferred to the Los Angeles offices of ANWOL, serving as an informal expert on the merging of the two programs. Given her lived experiences, L&A determined Maria was one of the most knowledgeable “information experts” who could speak to what occurred at HAHH before and after the merger with ANWOL.

L&A conducted a structured interview with Maria. For the protection of both parties from the COVID-19 virus, the interview was conducted over the phone and recorded for later transcription. The information expert was asked a series of questions to better understand HAHH before ANWOL, during the transition, and after ANWOL was established at HAHH. Additional questions were asked when necessary to clarify or elaborate on explanations of what had already been discussed during the interview.

When the interview was completed, a member of the L&A team transcribed and analyzed the interview. Two primary methods of analyses were used. First, the L&A member transcribed the interview and memoed any thoughts or reactions to the interview – writing down ideas and perceptions of what had transpired during the interview process. These notes were later used to cross validate codes and themes that emerged. Second, the L&A member developed codes in accordance with the interviewee’s responses. Codes were used to organize the interview into key themes and themes were later triangulated with other data – including the ethnographic observations, document analysis, and literature review.

Observations and Informal Interviews

Ethnographic observation, which is rendered in a researcher’s notes and reflections during an event, is a powerful qualitative data technique that adds rich narrative and can help to answer evaluation questions. L&A was invited to three events held by ANWOL that provided crucial insight to the present Narrative Evaluation. At least two members of the L&A team were present at each event and at least one member took notes in real time. For the purposes of the Narrative Evaluation, these notes were reviewed and coded for relevant themes. Below is a description of each observation.

8/22/18 Merger Meeting at ANWOL

L&A was invited to join and observe the merger meeting for HAHH that took place on August 22nd, 2018 at the ANWOL Los Angeles offices. In total there were around 10 people included in the meeting. Individuals that were present included staff from ANWOL, founder Susan Burton, CDCR staff at HAHH, and L&A researchers. The goal of the meeting was to introduce staff to one another, debrief on practices implemented in HAHH before ANWOL, and introduce HAHH to the ANWOL organizational model.

This was the first time all stakeholders were in a shared room able to ask and answer questions about the merger and anticipated changes.

11/22/19 Evaluation Kick off Meeting with ANWOL Staff

On November 22nd, 2019, two members of the L&A team met with the ANWOL staff leader of HAHH. The goal of the meeting was to discuss the intentions of the evaluation of HAHH that was going to take place in 2020. In addition to introductions, L&A took this opportunity to see one of the HAHH houses and, in an informal discussion process, ask HAHH staff to describe their experiences to date.

February 24th-25th, 2020 Training with ANWOL and Reveal of Remodeled HAHH

In February 2020, ANWOL hosted its second SAFE Housing Network training. L&A was invited to observe the training and witness the grand opening of the remodeled HAHH. There were nearly 40 people from across the United States in attendance, all concentrating on learning about the ANWOL organizational model with plans for replicating it at their own sites.

Document Analysis & Literature Review

To better understand what had occurred at HAHH in the past, the L&A team conducted a web search on HAHH to gather any available information on what HAHH was like and how it operated prior to the merger with ANWOL. L&A collected articles, newsletters, and website information that described how CDCR operated halfway houses in general. The purpose of collecting and analyzing relevant web searches served to best retrospectively understand what occurred at HAHH prior to ANWOL.

In order to assess the services CDCR offers and the gap in reentry housing and opportunities for formerly incarcerated women returning home, the L&A team conducted a documentary analysis of all information available. Search terms used include “*reentry services CDCR*,” “*CDCR reentry housing*,” “*CDCR reentry houses Long Beach*,” “*Long Beach reentry houses*,” and “*Long Beach reentry programs*.” From systematic and exhaustive searching on the internet, the L&A team concluded that within the Long Beach, California area, there were only a handful of program options and opportunities available for women facing the challenges of

reentry after incarceration, all with some association with CDCR. In addition, there was relatively little public information available specific to HAHH. The information that did emerge from the web search was compiled into a Microsoft Excel file used to complete the document analysis. The L&A team then reviewed the information from the web search and developed broad themes that are integrated into the present Narrative Evaluation.

In addition to a web search for CDCR related documents, L&A also conducted a rigorous literature review. The goal of the literature review was multifaceted. First, it was used to provide a context and offer a history of halfway houses. This included any studies and research literature about the history, philosophy, goals, and effectiveness of halfway houses. Second, L&A investigated empirical research to supplement any findings about CDCR's and ANWOL's different philosophies. Literature was also used to supplement the data that emerged from the interview and observations. Because of the material that it developed, the literature review was integral to understanding and explaining the Narrative Evaluation findings.

LIMITATIONS

Any evaluation effort has limits in what it portrays. The L&A team worked to rigorously collect, analyze, and present data in as holistic a manner as possible. However, while reviewing the findings of the Narrative Evaluation, it is important to keep in mind the following limitations.

Retroactive Data Collection

ANWOL's acquisition of HAHH officially began in 2018, two years prior to the completion of the present Narrative Evaluation. This means that all data collection for the evaluation study was conducted retroactively. Because of the nature of retroactive analysis there was limited access to staff and residents who experienced the transition. Understandably, their confidentiality was respected and efforts to contact them were limited. However, we were fortunate to have staff and residents present. Those that the L&A team had the opportunity to interact with and interview were asked to think retroactively to when the transition took place, drawing upon their recollections of their own experiences as well as what was happening at each of the homes in general.

Virtual Data Collection

Unfortunately, due to the nature of COVID-19, in-person interviews were prohibited for the safety of all parties involved. These public health concerns necessitated that arrangements be made for all interviews to be conducted virtually. In addition, virtual data collection limited the number of interviews that could be conducted. In-person interviews were required with residents that were unfortunately not feasible due to COVID-19.

Little Public Evidence of CDCR Operated Homes for Formerly Incarcerated Women

L&A's document analysis and literature review revealed that the public information available for CDCR-operated transition homes was and continues to be extremely limited. Thus, evidence drawn from the document analysis investigates the limited information that exists but does not offer a robust understanding of all CDCR-operated homes. There is no evidence that CDCR has ever evaluated its operations, the success of halfway houses, or its overall effectiveness in this endeavor. It is unfortunate that CDCR offers so little in terms of data or research surrounding its efforts and this represents a final limitation the narrative evaluation faced.

The California Department of Corrections and Rehabilitation and *A New Way of Life:* A Brief History

Beyond specific CDCR efforts, it is critical to situate HAHH in the larger context of reentry housing to best understand the HAHH merger. Stable housing is essential for successful reentry into society. However, it is considerably difficult for formerly incarcerated individuals to attain. The challenges formerly incarcerated individuals experience securing safe and stable housing range from a lack of guidance while in corrections facilities to systematic challenges renting an apartment with a criminal record (Cielo, 2013). When left with little to no guidance or support, many individuals only establish temporary or transitional housing arrangements post-release (Visher & Farrell, 2005; Visher, Yahner, & La Vigne, 2010). Without secure housing, formerly incarcerated individuals are at a much higher risk to return to environments where they may have experienced multiple traumas and where they *may* have subsequently engaged in criminal activity (Cielo, 2013). These issues are amplified for formerly incarcerated women as they face an even greater lack of services for their range of challenges. Few reentry housing options exist to support formerly incarcerated women returning to society post-release.

The following section provides contextual information about the history of halfway houses, CDCR's reentry housing and services directed toward women, and an introduction to ANWOL. Taken as a whole, this section will provide critical background to understand the landscape of reentry housing for women in the time of the HAHH merger.

HALFWAY HOUSES

Halfway houses, also referred to as community correctional facilities, are designed to serve as transitional housing that prepares an individual for independent living (Fontaine, 2013). In an ideal world, halfway houses are supposed to help formerly incarcerated individuals transition from incarceration to the community by providing a structured and secure environment. They are used as part of reentry requirements in both the federal and state correctional systems. Because of this connection to probation or parole, they are typically operated by corrections departments, community corrections, or community organizations that

are contracted through corrections departments. Some halfway houses offer supportive services and programs, while others function mostly as work-release centers (Fontaine, 2012).

For each halfway house, the resident selection process is typically based on the residents' criminogenic needs score. The criminogenic needs assessment, and subsequent score, asserts individuals involved in criminal behavior demonstrate characteristics that are related to higher risk of criminal behavior in the future. Therefore, it is considered a metric used to determine the likelihood of which an individual will engage in criminal behavior in the future. But this needs assessment currently does not experience unconditional acceptance in ongoing analyses of reentry strategies and successes. Several researchers in both criminal justice and human services have also started to criticize the criminogenic needs assessment for being ineffective, racially biased, and outdated (Schlager, 2013; Ward & Maruna, 2007). Despite this critique, the criminogenic needs assessment and scores continue to be cited and used by corrections and rehabilitation facilities (Schlager, 2018) especially in regards to the operation of halfway houses.

Halfway houses vary considerably in who they are designed to serve. Some halfway houses only serve low-risk adults, formerly incarcerated individuals that have been determined to have a low chance of reengaging in criminal behavior as measured and determined by the criminogenic needs assessment (Fontaine, 2012). In contrast, other halfway houses are structured so that only individuals at the highest risk of recidivism are provided residency. A study by the *What Works in Reentry Clearinghouse* showed a large significant positive impact for individuals that were assessed as being at medium or high risk (Lowenkamp & Latessa, 2002). However, the same study found that those considered at low risk of recidivating experienced adverse effects when admitted to halfway housing. It was unclear why effectiveness was *not* consistent across all levels of risk. In the end, although halfway houses were supposed to be curated to the level of need determined by the criminogenic needs score, research findings surrounding their effectiveness were ultimately inconclusive (Fontaine, 2012; Lowenkamp & Latessa, 2002). Despite the lack of empirical support around the usefulness and effectiveness as well as the racial bias evident in this needs assessment process, halfway houses continue to recruit residents based on the criminogenic needs assessment.

HALFWAY HOUSES AND CDCR

Although there were several documents and empirical literature that provided context for the history of halfway houses, there was very little documentation or material on HAHH. To the disappointment of the research team, what existed was very basic and introductory. To supplement L&A’s contextual understanding of what HAHH might have been like, the L&A team collected and analyzed any documents that encapsulated CDCR’s post-release operations across Southern California. The information most useful for these purposes was found on the CDCR website. From there, it was determined that there were three of what were termed “Live-In” programs and two Residential programs that were specifically geared towards women rebuilding their lives after incarceration. The three CDCR Live-in programs consisted of the Alternative Custody Program (ACP), Community Prisoner Mother Program (CPMP), and the Custody to Community Transitional Reentry Program (CCTRP). All of these programs continue to be geared towards those eligible to serve a remainder of their sentence in rehabilitative housing in the community. The two Residential programs are the Female Offender Treatment and Employment Program (FOTEP) and the Transitional Housing Program (THP). These are programs that are not part of completing a sentence but instead serve as post-sentence housing for women reentering the community after incarceration.

According to the CDCR website, all of these programs are intended to offer an environment aimed at “*promoting community reintegration and reducing the rate of recidivism.*” At all five settings, services include drug and alcohol recovery, education and employment services, and family reunification. There are female-centered services – namely, the Community Prisoner Mother Program (CPMP), which is described as facilitating the mother-child bond – but all of these are limited in scope and availability. Analysis revealed that such services were presented as more of an afterthought, rather than programs designed from a trauma-informed care lens or with a gender-responsive approach. There was no integration of services, no discussion of mission or vision, and there had never been any external evaluation of their outcomes and effectiveness.

Aside from these five sites, there are additional halfway houses operating under contract with the Bureau of Prisons. All of these halfway houses were overseen by the CDCR Residential Reentry Management Field Office (RRM) in Long Beach. This office is described as being

responsible for monitoring Residential Reentry Centers – the more formal name for halfway houses. The website noted that there were facilities operating in Anaheim and Los Angeles. In all reviews of online and written material, the research team could not find any material or inventory of all the halfway houses specifically for women operating in Southern California. Ironically, HAHH was not listed anywhere.

It is clear that there were and continue to be few services either readily available or easily accessible for women reentering society from jails or prisons in the Long Beach area operated by CDCR. While there may be halfway houses and reentry services in Los Angeles proper, the CDCR website offers no prior documentation of its involvement with HAHH. The options that currently exist from CDCR are described as corrections facilities rather than supportive services or programs. Although the document analysis and literature review revealed a lack of information regarding HAHH, the current post-release services and their adherence to “corrections culture” provides important context to consider. There is an utter lack of any substantive programming or assistance to serve women at *any* of these sites. It is a deficit that continues to have implications for formerly incarcerated women, their families, and their communities.

A NEW WAY OF LIFE

In 1998 Susan Burton founded A New Way of Life (ANWOL) with a vision to provide a safe home for women reentering society after incarceration. As someone with lived experience and a deep personal knowledge of the needs of women coming home, Ms. Burton structured ANWOL to offer a comprehensive range of supportive services. ANWOL also offers organizing and advocacy skill-building in order to address the need for systemic and institutional change. Since its origins, ANWOL has built an impressive reputation as a nationally recognized model for women’s reentry.

ANWOL’s statement of philosophy is grounded in and embraces the underlying values and core beliefs of the agency. Serving as the foundation from which to envision, build and grow women’s reentry efforts, the statement of philosophy encompasses the following fundamental ideas: *Leadership, Dignity, Respect* and *Linking Promise with Opportunity*. To achieve its mission, ANWOL utilizes a number of strategic methods that comprise its best practices. These

involve providing housing and support for formerly incarcerated women, as well as focusing on family reunification and individual healing to prepare each woman for a successful community reentry. ANWOL offers support enabling each woman to navigate a complicated legal system, which includes obtaining a personal ID along with addressing issues of record expungement and child custody. Finally, the program envisions the empowerment of formerly incarcerated individuals in order to organize and mobilize against systemic injustice and advocate for social change.

Based in Watts, ANWOL operated a main office and five homes across Los Angeles in 2018. Its network of homes continues to grow. As part of this, in 2018, ANWOL was afforded an opportunity to expand its capacity as an organization and reach to impact more formerly incarcerated women than ever before with the acquisition of HAHH's three homes.

Narrative Evaluation Findings

The following section presents the key findings that emerged from the HAHH Narrative Evaluation. Each finding is associated with a guiding question and is described in detail below. The data collected throughout the evaluation was analyzed and used to identify these findings and describe the HAHH merger. Taken together, this section illustrates the stark contrast between the CDCR and ANWOL program models.

GUIDING QUESTION #1

WHAT ARE SIGNIFICANT DIFFERENCES BETWEEN THE CDCR AND ANWOL MODELS IN RESPECT TO PHILOSOPHY, PROGRAMS, AND IMPLEMENTATION PROCESSES?

When HAHH operated under CDCR, residents were afforded little to no personal agency. This contrasts with the concept of agency and autonomy, a key component in ANWOL's program model.

CDCR's model significantly reduced and controlled HAHH residents' personal agency which resulted in women being unable to complete everyday tasks without HAHH staff supervision or monitoring. This theme was corroborated by multiple data sources but was part of the vivid descriptions that occurred during structured, in-depth interviews. Maria, the information expert, illustrated the women residents' lack of agency when she reported that, "*If they were going on a short walk, even just around the block, they would need a pass.*" By monitoring residents' everyday actions, such as taking a break or a short walk, CDCR discounted residents' judgment, reduced women's personal agency, and limited their sense of freedom. This was not the only example of such practices. The information expert also recalled how "*they [the residents] didn't even have control of their over the counter medication like Tylenol. We have to record in a log each time a woman requested or took a Tylenol. I thought we were going to have to log in every time they used a tampon. We didn't but I'm surprised they didn't require that too.*" As this quote powerfully demonstrates, women were unable to take care of their most basic personal needs – like taking Tylenol for a headache – without the supervision of HAHH staff. A resident recalled how:

It felt like they were always watching us – no matter what. One time I was just thinking, sort of staring into space, and a staff member swooped in and said, “What are you doing? What are you thinking?” When I said “nothing” she kept after me – telling me she didn’t believe me and wondering what I was up to. I couldn’t have any peace.”

Another woman described difficulties seeing her family:

When my family came to visit or to pick me up to take me somewhere, I would have to go through so much checking and so much talking and so much trouble, I didn’t even want to see them. I missed them when I was locked up – but this was worse than being locked up. I expected it in prison; I didn’t expect it to happen when I got out.

Such heavy-handed monitoring and such a controlling environment gave rise to an atmosphere of tension between HAHH staff and residents which further reinforced the lack of trust that had already taken hold. In addition to residents having little agency or the ability to exert personal control over their day-to-day lives, they experienced further intrusion into their privacy as HAHH conducted weekly room searches and monthly fire drills. These strict regulations further perpetuated an environment where “*behavior problems*” were expected. As part of this, resources were dedicated to preparing for a problem rather than preventing any altercations from the beginning. Interviews and accounts of residents show how HAHH previously monitored the women significantly and provided little freedom for them to direct their own lives.

In contrast to CDCR supervision of such programs, ANWOL intentionally places an emphasis on fostering personal agency and accountability within their residents. Personal agency, independence, and accountability are critical tenets of ANWOL’s reentry approach. ANWOL’s recruitment process exemplifies this approach best: women who wish to enter ANWOL are asked to write Ms. Burton a letter while incarcerated to explain why they want to be a part of ANWOL upon their release. The letter they write is used as a reflection tool, holding women accountable for reaching their own goals. In addition to the letter, women who join ANWOL must read and sign a behavioral contract before moving in. In an observation meeting, Ms. Burton explained “*It’s meant to establish ground rules and accountability.*” The act of implementing a behavioral contract affords women freedom from monitoring and encourages self-accountability. Practices such as the behavioral contract exemplify the vast differences between how ANWOL and CDCR approached personal agency for the residents of HAHH.

There is a rationale behind the emphasis on agency and the behavioral contract: at ANWOL this is designed to prevent missteps and to support recovery.

Before ANWOL, HAHH residents did not receive guidance or support on how to reenter mainstream society as demonstrated by the lack of consistent and adequate programming and resources.

CDCR offered inconsistent programming and when it was offered it was driven by HAHH staff with little institutional support. The lack of programming at HAHH was apparent when the director at the time of the merger stated “*Right now, everyday programming is unclear. We’ve never had anything set up ahead, there’s nothing really written down.*” This was also mirrored by the information expert’s observation that:

“Programming was off and on. We really didn’t see too much happening at the beginning. The residents felt like they were on their own. Once staff heard complaints or were motivated to do it themselves that’s when they would add some type of program. They FINALLY started doing a little more by putting them [the residents] on a schedule but a lot of them did not like that.”

— Information Expert

Together these sentiments present HAHH as simply a place to live without any emphasis on programming or offering resources to help better the lives of residents. There were rules rather than resources and the structure of monitoring rather than the richness of programs. For women, this represented a missed opportunity and a systemic failure in their preparing to reenter mainstream life.

The lack of thought or programming expectations at HAHH materialized as a significant culture shock to both ANWOL and CDCR HAHH staff at the merger meeting. ANWOL staff expressed confusion about what an average day at HAHH looked like without programming or structure that are key components to ANWOL. When asked to explain further, HAHH staff described a phase system described in Figure Two. It was clear, however, that HAHH lacked structure or a clear sense of intended goals for each phase and that the phases were simply dates on a calendar. The lack of programming combined with heavy monitoring did not provide the resources formerly incarcerated women needed to succeed post-incarceration.

Figure Two

- **PHASE 1** was the first 30 days
- **PHASE 2** was 30-60 days
- **PHASE 3** was 60 days or until the women leave the program.

The conditions of HAHH resulted in lack of motivation and subsequent drug or alcohol relapse for some of the residents prior to the merger. During the merger meeting, the HAHH director described these obstacles explaining that *“our staff have had a significant problem motivating the women to participate in programming or housing functions altogether.”* She also expressed she *“didn’t know what to do with the women residents all day”* with a defeated tone in her voice. The ANWOL staff all reacted with confused faces and many questions. One ANWOL staff member asked *“What do the women do during the day? Why aren’t they going to school or work?”* HAHH staff responded *“a lot of them would hang out, honestly. A couple were motivated to work. Maybe three or four but those are the only ones who were self-motivated to do that.”* This interaction powerfully illuminated that before the merger, there were no supports implemented at HAHH to assist women to rebuild their own lives. Without support, women were lacking motivation and guidance necessary to succeed.

Overall, the philosophy that HAHH operated under emerged as a key difference between CDCR and ANWOL. CDCR operated HAHH drawing upon a deficit perspective and treated the women as criminals who needed monitoring. In contrast, ANWOL employs a strengths-based perspective to empower their residents to grow and thrive.

It is evident the philosophical approach of traditional halfway houses operated by corrections facilities and ANWOL differ radically. Corrections facilities and the field of criminal justice at large remains heavily saturated with the use of deficit-based models (Schlager, 2018). Such models, all using the perspective of deficits or problems, position incarcerated individuals as “*criminals*” who pose a certain level of risk to the surrounding community; as a result, formerly incarcerated individuals require monitoring. The corrections facilities use of the deficit-based perspective was confirmed by a theme that emerged from the document analysis. The L&A team discovered a theme of harsh, reductive, and negative language employed by CDCR to describe formerly incarcerated people. This includes frequent references to terms like “*offenders*,” “*non-serious, nonviolent females*,” and “*disorder treatment*.” CDCR perceives formerly incarcerated women as requiring guidance, as this quote illustrates:

“Female offenders who are within three years of release and demonstrate a willingness to maintain appropriate behavior may be able to benefit from the offered programs.”

— CDCR

Given the significant emphasis CDCR places on treating formerly incarcerated people as criminals needing rehabilitation, it is unsurprising HAAH was described as an extension of prison. As illustrated by a field note taken at the merger meeting in 2018, “*part of the tension between the merger seems to stem from a significant culture shift. HAAH said they utilize drug testing, criminogenic needs assessments, policing of the residents. And those approaches are not considered appropriate to ANWOL.*” Similar sentiments were reiterated when the information expert reported, “*it [HAAH] felt like they were still incarcerated.*” Halfway houses, in particular, have begun to be critiqued by researchers as an extension of prison. Together these data support the finding that HAAH, while operated under CDCR, drew upon a deficit-based philosophy which resulted in a prison-like atmosphere. The problem with these ideas and practices built on them are captured in the thoughts of one researcher:

“Seeing this work through the lens of critiques of the ‘total institution’, the prison wall is permeable not only in that it permits the interpenetration of material things (people, supplies) and intangible things (ideas, the internet, emotional attachments), but that the ‘carceral’ itself is not restricted to the space contained by the permeable wall of the prison; it is transported outside of the prison through the continued control of released prisoners across space, to take form elsewhere...I argue that inscriptions of incarceration thus become corporeal markers of imprisonment, blurring the boundary between ‘outside’ and ‘inside’ the prison and extending carceral control through stigmatization.”

— Moran, 2013

In stark comparison, ANWOL follows a strengths-based philosophy and prioritizes treating the residents with humanity and dignity. Unlike deficit-based perspectives, strengths-based approaches and assessments are not racially biased in any way and view individuals as assets who have or can develop their own abilities to help them navigate life (Burnett & Maruna, 2006). Critics of the deficit-based perspective argue it offers an incomplete picture in focusing on the obstacles and barriers formerly incarcerated people face (e.g., substance abuse, depression, aggression). Instead, they argue that the goals for formerly incarcerated people and services provided to them should be based in opportunities to attain human goods and build internal strengths (Ward & Maruna, 2007; Ward, Yates & Wills, 2012; Schlager, 2013; Mampham & Hefferon, 2012). Similarly, ANWOL asserts that formerly incarcerated women should be empowered and given opportunities to live their best lives. This was best illustrated in the following field note from a conversation with ANWOL staff who experienced the merger.

“She [ANWOL STAFF] gave a detailed example where she felt like she really adopted the ‘ANWOL way’ of interacting with residents. She also said she noticed one woman would shut down whenever she called her and realized that without preparation for her call she [the resident] would experience stress and other symptoms of PTSD. After noticing this, she adapted how she approached the resident and had someone else call beforehand to notify the resident when to expect a call from her. In addition to her earlier statement of how she adapted her language to be more trauma-informed, these examples all add up to her valuing the practice of adapting to the individual needs of the residents to help uplift them forward.”

— L&A Field Note

This story exemplifies the effort ANWOL employs to empathize with the residents and treat them with the humanity and dignity necessary to allow them to thrive. These contrasting philosophies are critically important as they revolve around the humanization of the women who live in HAHH and are returning to society after incarceration. The founder of ANWOL evokes its strengths-based perspective with its lack of any racial or ethnic bias in the quotation below.

GUIDING QUESTION #2

HOW DO RESIDENTS AND STAFF DESCRIBE THE TRANSITION PROCESS FROM CDCR PRACTICES TO THE ANWOL PROGRAM MODEL AT HAHH?

The merger between HAHH and ANWOL was described as complex with sentiments that ranged from daunting, radical, but ultimately hopeful.

“It’s looking at it from the lens of the humanity of each individual that we serve, the potential of the women that we work with. With the consideration of where they’ve been, what’s been done to them, and what can help them. These are the things that we consider first and the organization was developed from that lens – the humanity, their potential, and what their experiences have been.”

— Susan Burton

Ethnographic observation of the ANWOL and HAHH merger meeting revealed that the transition process would be complex. Tension between HAHH and ANWOL was immediately evident. The staff at HAHH were seen with their arms crossed and spoke with short and cold language, which clearly communicated their stress and uncertainty. This friction was made explicit when HAHH staff expressed confusion and hesitation about ANWOL’s instruction to discontinue drug testing of residents. The removal of drug testing was one of the many significant changes that occurred at HAHH and staff who experienced the transition viewed it as daunting and radically different. As the HAHH information expert stated in the interview “*I was pretty happy [about the merger] but also scared for the ladies back in Long Beach because they*

were used to it a certain way.... It was very scary!” Together these data indicate the transition from CDCR leadership to ANWOL was a significant task.

After the staff meeting, Susan Burton traveled with one of the research team to meet with the current residents at HAHH to discuss the merger with them. The women all met together in a large room at the back of the house; some had to drag folding chairs in to sit. Ms. Burton spoke honestly about what was going on and the women immediately thanked her for her candor. Several began to express how they were feeling, in what turned into a group discussion. Their words all voiced anxiety about the change and their faith in Ms. Burton’s intentions:

I’ve been scared about what’s going to happen – I’m glad you’re here to explain.

This sounds like a real change. What I want to know is will it really happen – it sounds so good, almost too good to be true.

We need there to be a change – I really like some of the staff but we can’t go on this way.

It’s too hard and it’s too depressing – promise you won’t tell I said that!

Although the merger of the HAHH presented challenges, from the beginning, several involved individuals believed it was a change for the better. When asked for her initial thoughts about the merger, the information expert said she was “*happy for change.*” She went on to explain that the reason the merger felt scary was not because of how ANWOL would change HAHH but because it represented a significant adjustment away from how HAHH had been operated under CDCR. Specifically, she explained, “*they didn’t have guidance when they first got out...and ANWOL will give them more programs and freedom.*” She said that many individuals felt that the HAHH transformation might have been scary but it was necessary and residents were hopeful. She elaborated that she along with other HAHH staff were looking forward to being led by a Black woman who had personal experience – this would give her deep understanding of the residents of HAHH. In reviewing what occurred at both meetings as well as interviews and informal conversations, it is unclear to what extent the sense of excitement and hope about HAHH’s change in leadership was due to the need for change or the positive record

Ms. Burton has gained with the success of ANWOL LA. Most likely it was a combination of both factors.

The dramatic differences in programming, philosophy, and culture greatly affected the transition of HAHH. This is best illustrated by a situation described by the information expert who explained “*because they [the residents] were very excited for the freedom, half of the ladies or more relapsed after that.*” It is important to distinguish how this quote once again reinforces the stark contrast between how CDCR and ANWOL operated. Under CDCR, HAHH had an impact on the sobriety of the women by control, but because there was no sense of freedom and no sense of choice, women were not actively working on recovery. They were simply obeying the rules. The interviewee also went on to say “*eventually they felt like they had to make a change for themselves and they did.*” This observation shows how, after relapsing, under the guidance of ANWOL women were able to return to sobriety. Although relapse could be viewed as a sign of a poor transition, ANWOL along with other experts in addiction view relapse as a part of the healing process and recovery from the continued trauma. Together, the data illustrates HAHH’s transition as complicated with both positive and challenging components.

GUIDING QUESTION #3

HOW WAS THE LIVED EXPERIENCE OF HAHH UNDER THE DIRECTION OF CDCR DESCRIBED IN COMPARISON TO ANWOL?

Women were not satisfied with HAHH when it was operated under CDCR.

Residents appeared depressed and discouraged with their experience living in HAHH when it was operated under CDCR. The information expert offered her own realization that, “*A lot of the women were depressed because they had higher expectations [for HAHH] and were told it was going to be a certain way but that’s not how it was.*” Her words illustrate how the experience of living in HAHH did not meet women’s expectations, ultimately leaving them unsatisfied and in despair. The information expert elaborated that “*most women were most comfortable staying in their rooms. And there were about two to three women per room.*” In an

informal discussion, one woman confided in a researcher, *“I had thought this would be the perfect place after prison. It turned out to be the really wrong place.”* Together these statements embody the experiences of women who were residents of HAHH prior to the merger – with their strains of disappointment and lack of motivation. Although it is difficult to determine the underlying cause, it is clear that that the atmosphere at HAHH under CDCR did not support the happiness and growth of its residents.

Multiple sources emphasized the absence of self-motivation demonstrated by the residents at the time; several individuals attributed this to their feelings of being unsatisfied. In one meeting the L&A researcher asked ANWOL staff *“What indicators do you believe will tell ANWOL that HAHH is turning in a positive direction?”* The staff member responded immediately and simply when she said *“movement.”* Asked to elaborate, she explained *“before ANWOL, women in Long Beach just stayed in their room. We know we’re doing something right when we see them get more involved and have expectations beyond the bare minimum.”* In a separate exchange, a resident remarked, *“It sounds like Miss Burton is going to get us going! I hope so.”* These exchanges highlight ANWOL’s belief that housing satisfaction and self-motivation are interlinked. Staff must work to increase the movement and growth of women residents, enabling them to feel more satisfied with HAHH.

Along with these feelings of dissatisfaction and despair, residents both described themselves and were portrayed as living in fear when CDCR ran HAHH. For example, in an observational meeting with an ANWOL staff member who was involved in the transition of HAHH, a member of the HAHH staff reassured the residents *“I’m not going to call your PO [parole officer].”* She emphasized that this exchange was frequent at the beginning of the transition as they worked to rebuilt trust. Officially, parole officers are tasked with monitoring those on parole. However, parole officers maintain significant implicit power that they often use to intimidate and instill fear in those on parole. Thus, living in an environment where there are ongoing threats that parole officers will be called further promotes a stressful and hostile atmosphere. The fear, disappointment, and lack of internal motivation all demonstrate CDCR created an environment at HAHH that was not conducive to the success and satisfaction of residents and, in reality, may have caused more problems for women as they attempted to adjust to life after incarceration.

In stark comparison, HAHH under the direction of ANWOL was described as a “home” full of “love and hope.”

The language used to describe HAHH after it transitioned to being an ANWOL house differs profoundly, pointing to significant improvements in operation and atmosphere. The information expert depicted this best when she said *“I see so many success stories! I can see a big difference, I feel proud to work for Ms. Burton and ANWOL...It [ANWOL] gives them the sense of hope.”* Here she enthusiastically spoke about the stark differences of HAHH. She used strong and positive language such as *“success,” “proud,”* and *“hope.”* In contrast, harsh language – including *“depressed,” “monitored,”* and *“extension of prison”* – was used to describe HAHH when operated under CDCR. The type and tone of language used to describe a setting is a critical indicator of what the environment felt like to the residents who experienced it.

ANWOL transformed HAHH to loving homes with the support necessary to allow residents to feel empowered and to thrive. When asked to describe the biggest difference before and after HAHH merged with ANWOL, the key informant powerfully described, *“the love that you feel is the biggest difference. I believe it because I feel it.”* Without being prompted she went on to explain a deeply emotional memory of ANWOL at HAHH. She began by talking about an instance when one of the original residents at HAHH relapsed shortly after ANWOL took over and described how *“instead of getting on her, Ms. Burton said ‘welcome home’. Immediately, that got me teary eyed. In that position it’s hard to imagine compassion coming from anyone, especially someone you see as an authority figure... she was expecting to be put you in her place.”* This anecdote beautifully paints a picture of how ANWOL transformed HAHH into a safe home that allows women the space to grow in a healthy and positive environment. In a site visit at HAHH that occurred after the merger, two women talked at length with the L&A researcher about how much their home had changed and how they felt *“alive for the first time”* and *“valued, I feel I am special.”* One of the residents went on to say:

For the first time in my life I feel I am a good person, a worthwhile person and that I can help change things in the world. And I actually feel lucky to be here – it’s a home, not a halfway house, it’s a place for women to be together, help each other and really change. And that way we can change the world.

ANWOL treats women with dignity – a philosophy and practice which has helped to transform HAHH into a loving home. Dignity, or being treated as worthy of honor and respect, is a critical component in the ANWOL program model and philosophy. Beyond this, evidence suggests treating the residents of HAHH with dignity represented a major change from when HAHH was operated under CDCR. One resident observed, “*all of us women are **now** treated with dignity and we are given more opportunities. I don’t even want to say more. I want to say, finally.*” Although all people should be treated with dignity, formerly incarcerated individuals often are not. Multiple stigmas, negative stereotypes, and systemic oppression (e.g., difficulty finding a job after incarceration) all make it extremely difficult for formerly incarcerated people to be treated fairly and gain the respect every human deserves. ANWOL intentionally embeds dignity, autonomy, and accountability in their program theory and implements it throughout its practices, even in the smallest interactions with residents. This philosophy and commitment has been critical to the success of ANWOL and the women who reside in ANWOL housing.

Physical renovation of HAHH symbolized the programming change.

As soon as the HAHH merger occurred, Ms. Burton and the rest of the ANWOL team prepared for significant renovations. There was no waiting period. Ms. Burton told the merged staff, “*We’re getting to this right away.*” A member of the L&A team spent time at the homes and observed how the atmosphere at HAHH was depressing and almost clinical. While the rooms were tidy and cared for, it had an almost-institutional feeling. It was not personalized, not bright, and was not inviting; HAHH did not look like a comfortable place to live. They were quite simply homes where women safely resided but that lacked the warmth and comfort that are important elements to a home. During another observation, one ANWOL staff member informally shared, “*Susan’s vision here, as with all of ANWOL, is for the women to be able to see what is possible and that starts right at home.*” The ANWOL team went to work immediately and by January 2020 HAHH was completely transformed.

The radical improvement in the atmosphere of HAHH could be seen and felt as soon as one walked into any of the Long Beach homes. The walls were freshly painted with calming, bright, colors which made the rooms inviting at first sight. Each room was designed with

intentionality: to successfully uplift anyone who resides there or who visits. Art and messages meant to empower and affirm the strength of women are placed throughout each house in a thoughtful way. Whether it is a poster of Ms. Burton, a small rock with an uplifting message painted on it, or a calendar of women “sheros” – everything inside the houses works together to offer a positive and hope-filled atmosphere. Interviews and observations all support that women noticed this transformation and had a deep appreciation for the change. Specifically, women participating in the SAFE Housing Network training demonstrated awe, joy, and pride as soon as they were shown HAHH. During a site visit, several women told the L&A researcher:

You can't imagine what it's like being here, living here – it's changed and I feel wonderful. At night I can't wait to go to sleep in my room.

When you look at the rooms, you just feel happy. It is the complete opposite of prison and that's what we need.

It is clear the renovation of HAHH resulted in a significant physical transformation of the Long Beach homes that also symbolized the philosophical and programmatic change in the everyday operations of the homes. As the information expert observed, *“I feel like it would be more of a home for them, it would be like motivation for them to get something like that for themselves. I would be grateful to be in a very nice place like that.”* The idea that the residents can visualize and experience comfort, warmth, and a high-quality living space is a critical component in ANWOL’s mission. The information expert went on to explain, *“I can only imagine what the ladies feel like. It's a **HOME!** It's like they can come home instead of a stale program. I can just imagine...how the ladies will progress.”* Through the renovation of HAHH, ANWOL demonstrated their dedication to empower the residents and to treat them with the dignity and respect they deserve to build a positive future for themselves moving forward. The physical differences of HAHH provided a sense of hope and relief for the staff and residents and symbolizes the stark change from the merger.

Narrative Evaluation Conclusion

In 2019, A New Way of Life (ANWOL) partnered with Leap & Associates (L&A) to evaluate the newest addition to their organization, the Long Beach Harbour Area Halfway Houses (HAHH). Prior to ANWOL, HAHH operated under and was fully funded by the California Department of Corrections and Rehabilitation (CDCR). HAHH then became a part of ANWOL in 2018 and was no longer affiliated with CDCR. The merger resulted in dramatic shifts in philosophy, implementation of reentry supports, and in the overall culture of HAHH. In response to this transition, the present Narrative Evaluation was conducted to provide documentation of what occurred during the shift in HAHH philosophy, program and reentry supports, while providing a comparison of models. The Narrative Evaluation guiding questions and findings are summarized in Table Two below.

Table Two: Summary of Main Findings

Guiding Questions	Findings
<p>1. What are significant differences between the CDCR and ANWOL models in respect to philosophy, programs, and implementation processes?</p>	<ul style="list-style-type: none"> • <i>When HAHH was operated under CDCR, residents were afforded little to no personal agency. This contrasts with the concept of agency and autonomy, a key component in ANWOL’s program model.</i> • <i>Before ANWOL, HAHH residents did not receive guidance or support on how to reenter mainstream society as demonstrated by the lack of consistent and adequate programming and resources.</i> • <i>Overall, the philosophy that HAHH operated under emerged as a key difference between CDCR and ANWOL. CDCR operated HAHH drawing upon a deficit perspective and treated the women as criminals who required monitoring. In contrast, ANWOL employs a strengths-based perspective to empower their residents to grow and thrive.</i>
<p>2. How do residents and staff describe the transition process from CDCR practices to the ANWOL program model at HAHH?</p>	<ul style="list-style-type: none"> • <i>The merger between HAHH and ANWOL was described as complex with sentiments that ranged from daunting, radical, but ultimately hopeful.</i>

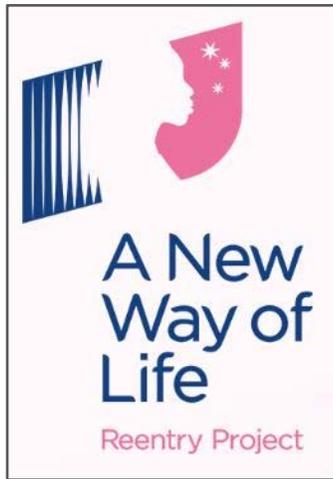
<p>3. How was the lived experience of HAHH under the direction of CDCR described in comparison to ANWOL?</p>	<ul style="list-style-type: none"> • <i>Women were not satisfied with HAHH when it was operated under CDCR.</i> • <i>In stark comparison, HAHH under the direction of ANWOL was described as a “home” full of “love and hope.”</i> • <i>Physical renovation of HAHH symbolized the programming change.</i>
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Taken as a whole, the findings of the Narrative Evaluation paint a significantly different picture of HAHH before and after being merged with ANWOL. Before the merger, HAHH were highly restrictive, small facilities where the residents were afforded little personal freedom. The atmosphere was one of control and monitoring, consistent with the fact that it was being operated under the supervision of CDCR. The women living there found themselves in an environment eerily similar: it felt like the corrections facilities where they served out their sentences. There was heavy monitoring, frequent drug testing, person counts and fire drills. Residents were unmotivated to work or engage in community services while they received little support and inconsistent programming from CDCR. The physical homes were stale and resembled an institution more than a home offering a fresh start. In addition to this, the deficit-based perspective that guided CDCR focused on the problems women were expected to pose – not the solutions that might be found. All of this together significantly contributed to the atmosphere of HAHH and what women experienced during their stays there. The transition from CDCR to ANWOL was complex and delicate. However, with the focus and guidance of ANWOL staff and their bridging work with merged staff, HAHH was transformed into safe homes for future residents.

Drawing upon its philosophy and its ingrained best practices, ANWOL transformed HAHH into homes where the residents felt empowered and hopeful. After the merger ANWOL implemented a structured program that treated women with dignity and respect, while it fostered accountability in all of the residents. But this did not occur overnight and the change process was carefully planned before it was implemented. Transformation began with the physical renovation of the Long Beach houses. No longer calling to mind institutions, HAHH is now welcoming, warm, and filled with affirmation – from the art on the walls to the intentionally designed rooms.

The women who reside in HAHH are no longer monitored or treated as though they will return to criminal behavior. When women relapse or experience other great challenges, ANWOL lifts them up with compassion, warmth, and safety. Far removed from the environment created at HAHH under the direction of CDCR, women are now provided a home to foster their personal strengths and the motivation to reach their goals.

The most overwhelming difference between HAHH before and after merging with ANWOL was the reintegration of humanity. As the results of the Narrative Evaluation reveal, the practices used by HAHH dehumanized the women who resided there. CDCR's restrictions and monitoring inherently treated women as problems that needed to be solved, stripping away their dignity, trust, and respect. In contrast, the guiding philosophy of ANWOL maintains that formerly incarcerated women deserve dignity and prioritizes treating its residents with warmth and reverence. The strengths-based approach ANWOL employs is fundamental to healing the consequences of trauma and dehumanization women have encountered, including but not limited to incarceration. ANWOL's underlying philosophy stands in direct contrast to that of CDCR. This Narrative Evaluation shows that it has paved the way for resident satisfaction, supportive services, and overall success for the women who reside in HAHH in the future.



**Narrative Evaluation of Harbour Area Halfway Houses
Long Beach**