The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:

Document Title: Evaluation of the Second Chance Act (SCA) Adult Demonstration 2009 Grantees, Interim Report

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Document No.: 243294

Date Received: August 2013

Award Number: 2010-RY-BX-0003

SOCIAL POLICY RESEARCH
ASSOCIATES

Evaluation of the Second Chance Act (SCA) Adult Demonstration 2009 Grantees

Interim Report
August 9, 2013

Prepared by:

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Findings in Brief

This report presents the results from an implementation study of 10 grantees awarded Second Chance Act (SCA) adult demonstration grants to improve reentry services for adult offenders. The implementation study was designed to learn how the 10 grantees operated their SCA projects. During site visits to each grantee lasting two to three days each, study team members interviewed program administrators, case managers, probation and parole officers (POs), fiscal and MIS staff members, and SCA service providers, asking questions about project management and service delivery. They also conducted focus groups with program participants, observed project services, and reviewed selected case files. These site visits largely took place in the spring and summer of 2012.

The grantees included state departments of corrections, county sheriff's offices, county health agencies, and other public agencies. Each SCA project targeted medium to high-risk adult offenders and enrolled participants, variously, well before release, just before release, or just after release.

Case management, involving needs-based service planning and service coordination, was the focal point of project services across all 10 sites. Depending on the site, case managers were (specialized) POs or employees of municipal departments or nonprofit organizations. Other SCA services included education and training, employment assistance, substance abuse treatment, mental health services, cognitive behavioral therapy, pro-social services, housing assistance, and other supportive services. These services were provided either directly by the case managers, through formal agreements with service providers (often including payment for services rendered), or through unfunded informal referrals to community agencies. The direct service model provided tailored services to participants, but required case managers to have specialized expertise and, for this reason, was used sparingly. The formal partnership model ensured priority access to services that participants needed but was costly. The informal partnership model provided participants with access to a wide array of community services but often without close coordination with the SCA project itself. Each grantee used all three of these service delivery models.

The grantees faced numerous challenges in developing strong projects, stemming partly from the intrinsic difficulty in serving offenders and partly due to the challenge of designing and implementing evidence-based reentry programming. These challenges included:

- needing substantial ramp-up time to operate smoothly,
- needing to train case managers (especially those without a social service background) on needs-based service planning, and

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- coordinating partner services.

The SCA projects that overcame these challenges created strong foundations for sustainable systems change. They:

- gained considerable experience in needs-based service planning and in coordinating pre-release and post-release services,

- strengthened partnerships between various government and community-based agencies, and

- came to embrace a rehabilitative philosophy to reentry that, in some cases, represented an important cultural shift.

An impact study that uses a random assignment design is separately underway, and results from it will be provided in a separate report.

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EXECUTIVE SUMMARY

The number of inmates being released annually from prisons and jails increased fourfold over the past three decades, and rates of recidivism for the formerly incarcerated have been disturbingly high (Travis and Lawrence 2002; Pew Center on the States 2011). Recognizing the importance of improving reentry success for offenders returning to their communities from jails and prisons, the U.S. Congress established the Second Chance Act (SCA) program with strong bipartisan support. Since the legislation was signed into law in 2008, more than $250 million has been awarded through 300 grants to government agencies and non-profit organizations to support reentry programming for adults and juveniles.

The U.S. Department of Justice (DOJ) National Institute of Justice (NIJ) awarded Social Policy Research Associates (SPR) and its subcontractors, MDRC and the National Opinion Research Center (NORC), a grant to evaluate a subset of SCA grantees. The purposes of this evaluation are twofold:

1. Conduct an implementation study of selected SCA grantees, to learn their strategies for developing program services and the challenges they have encountered in making their programs effective.

2. Examine the impact of SCA services on participants' recidivism, employment, and other outcomes and determine the cost-effectiveness of SCA services.

This report presents results from the implementation study.[1]

About the Evaluation

This evaluation is studying 10 adult reentry demonstration grantees that received fiscal year (FY) 2009 funding and were selected by NIJ and DOJ's Bureau of Justice Assistance (BJA) to participate in the study. Of the 10, seven grantees also received 2010 (and, later, 2012) supplemental funding with the expectation that they would participate in an impact and implementation evaluation; they were chosen because BJA had determined that they had made adequate progress towards establishing strong SCA projects and meeting program goals. Three

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[1] Findings from the impact and cost-effectiveness studies will be described in the final report due in 2015.

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other grantees, also selected by BJA, were asked to participate in the implementation study (but not the impact study), because they were thought to display promising practices regarding reentry programming. These 10 grantees are the focus of the implementation study, which is described in this report.[2]

The implementation study was designed to learn how the 10 grantees operated their SCA projects. Study team members conducted site visits to each site lasting two to three days each. While on site, they interviewed program administrators, case managers, probation and parole officers, fiscal and MIS staff members, and SCA service providers, asking questions about project administration and management, partnership formation, staffing, targeting and enrollment, and service design and delivery. They also conducted focus groups with program participants, observed project services, and reviewed selected case files. These site visits largely took place in the spring and summer of 2012.

About the Grantees

Of the 10 grantees, three were state departments of correction, two were county sheriff's offices, three were county health agencies, one was a state department of justice, and one was a city department of public services. They submitted proposals for projects that were to build on previous reentry efforts within their communities by identifying gaps in the previous services and developing new service strategies. The grantees developed partnerships with a wide variety of agencies and organizations to carry out intake and enrollment and provide pre-release and post-release services, including case management. These partnerships were either formal (that is, characterized by a written agreement and usually the exchange of funds) or informal (that is, based solely on a referral system).

All the grantees limited SCA enrollment to individuals at medium or high risk of recidivism, as measured by a validated risk-assessment tool. Beyond level of risk, the projects differed in the criteria used to determine eligibility, targeting by gender (some served only males, others only females, and others both genders), age (one targeted younger adults and another those who were older), or other characteristics. Influenced by their service strategies, grantees also had different conceptions of when it was best to screen, enroll, and begin serving participants: at least three months before an individual's release date (four grantees), just before release (four grantees), or

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[2]   The seven grantees participating in both the implementation and impact studies are: the Allegheny County (PA) Department of Human Services, the Kentucky Department of Corrections, the Marion County (OR) Sheriff's Office, the Oklahoma Department of Corrections, the San Francisco (CA) Department of Public Health, the San Mateo County (CA) Division of Health and Recovery Services, and the South Dakota Department of Corrections. The three additional grantees participating only in the implementation study are: the City of Memphis (TN), the City of Richmond (VA), and the New Hampshire Department of Justice.

after release (two grantees). They also varied in what they considered the maximum duration of
SCA participation, from a low of three months to a high of 18 months, but with most projects
falling approximately midway between these extremes.

Case Management Services

Case management was perceived as a critical, value-added feature of each of the SCA projects,
with case managers acting as advisors, coordinators of services, and sounding boards for
participants. The eight projects that enrolled participants prior to release provided both pre- and
post-release case management; the remaining two provided only post-release case management.

SCA case managers came from a variety of organizations, including departments of corrections,
municipal departments, and nonprofit organizations. In some projects, probation or parole
officers (POs) also served as SCA case managers and typically had smaller caseloads than
regular POs. In general, there were advantages and disadvantages to combining supervision with
case management functions in the PO role. On the one hand, blending the two roles eliminated
the need for service coordination between POs and separate case managers and promoted
participant retention in SCA (because project participants knew they might face re-incarceration
if they did not show up for appointments and services post-release). On the other hand, some
project administrators felt that the negative perceptions of POs held by many participants could
impair the effectiveness of POs acting as case managers, and others found that it took some work
to reorient POs toward a social-service model. Some projects tackled these challenges by
providing SCA POs with special training on change management, and others hired SCA case
managers who were not from the correctional system.

Fundamental to the case manager's role was planning for client services based on identified
risks, needs, goals, strengths, and barriers. To inform service planning, case managers relied on
parole/probation requirements, as well as on formal assessment tools. However, case managers
also found it valuable to rely on informal conversations with participants, because they believed
that formal assessments, by themselves, were inadequate for fully understanding an individual's
needs and goals. In the course of service planning, case managers also often served as critical
personal supports. Project participants frequently shared frustrations and emotional issues that
arose naturally in the course of discussing service needs, and a sense of personal connection with
case managers could motivate participants to succeed.

In most projects, case managers' greatest focus was on planning for the post-release period.
However, post-release service planning typically began before release, because this had the
advantage of building relationships between case managers and participants, and between
participants and partner providers, early in the reentry process. Overall, case managers met
approximately once a week with participants after release, a frequency that was similar to that of

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pre-release meetings. However, the length, intensity and focus of case management sessions were highly variable, and depended on the relative stability and particular needs of the participant.

Additional SCA Project Services

All 10 projects provided participants with a variety of services other than case management, both prior to and after release from jail or prison. These additional services were quite varied, covering seven general areas:

- *Education and training*, including basic literacy, GED, and vocational training in fields such as culinary arts and healthcare support;

- *Employment assistance*, including one-on-one or group sessions on resume development, goal setting, interview preparation, and other job finding topics;

- *Substance abuse treatment services;*

- *Mental health services*, as exemplified by one grantee who arranged for participants to have access to mental health therapeutic sessions both pre-release and post-release;

- *Cognitive behavioral therapy*, including Moral Reconation Therapy and access to courses such as Thinking for a Change;

- *Pro-social services*, including mentorship and courses on good parenting, life skills development, communication skills, anger management, healthy leisure, and other topics; and

- *Housing assistance and/or other supportive services*, such as placing participants in transitional housing and providing vouchers for housing expenses, transportation (bus passes), food, work clothes, or other necessities.

While most grantees offered access to each of the above-listed types of service, not all participants in each site engaged in services from all service categories; most grantees placed a strong emphasis on "needs-based" services, wherein staff determined participants' needs through the service planning process described above and arranged services accordingly.

The ways in which the grantees provided or made available these services also varied in structure and strategy. Overall, three service delivery models were used by each of the grantees: direct service provision, formal partnerships, and informal partnerships. In the *direct service* model, case managers provided the additional service themselves. This model of service delivery provided projects with the ability to offer exclusive services to participants and the benefit of a high degree of monitoring and control of the services participants received. On the other hand, it required specialized expertise that case managers did not always have; for this reason, the direct service strategy was used sparingly.

Under the *formal partnership* model, SCA grantees arranged with other providers to deliver services on the projects' behalf, either by paying for the services on a fee-for-service basis, funding a service provider in a lump sum to increase that provider's capacity to serve participants, or making some other formal agreement with a provider to ensure that SCA project participants had priority of service. In these instances, the partner organizations would also typically be required to report to the grantee and coordinate with project case managers about the services they provided to SCA project participants. This model of service delivery ensured participants' access to needed services and promoted a high level of service coordination. But formal partnerships could be costly, which limited their use to some extent.

Under the *informal partnership* model, case managers made "unfunded" referrals to community organizations with which they had relationships of varying strength. This model of service delivery allowed SCA projects to offer a wide array of services, as the need arose, at no real cost to the project. The downside of this model of service delivery is that it offered relatively little benefit (beyond the value of referral itself) to an SCA participant over what he or she may have experienced if not enrolled in SCA, since informal partner provider services were available to non-participants who were otherwise eligible. SCA project staff members also tended to coordinate less closely with informal partner providers than they did with formal partner providers.

The SCA projects weighed the various advantages and disadvantages of each service delivery model somewhat differently based on their priorities, provider networks, and budgetary constraints. They thus made different decisions about which models to use for which services. However, in general all projects made widespread use of the informal partnership model, especially for pre-release services, and made limited and more targeted use of the direct service and formal partnership models.

Lessons Learned in SCA Project Implementation

The grantees faced numerous challenges in developing strong projects, stemming partly from the intrinsic difficulty of serving offenders. Grantees noted the prevalence of barriers frequently seen in this target population, including participants' low levels of education, poor work histories, substance abuse, mental illness, weak personal support networks, and generally poor coping skills. Other challenges related to the effort involved in building reentry programs with all the desired features. Knowledge of the challenges in the latter category provides important lessons that can benefit similar efforts undertaken in the future.

- *Comprehensive reentry projects need ample ramp-up time.* Staff members at several grantee sites noted that it took them an unexpectedly long time to develop services and begin operating smoothly. Tasks that took significant time and effort were identifying community partners capable of providing project services; identifying and hiring skilled

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project staff members and training them on the use of evidence-based reentry programming; establishing effective communication patterns between project staff members at all levels; providing partners with opportunities to share information about project participants; and overcoming organization- and/or department-level tensions around project roles and responsibilities. Overcoming these challenges took projects anywhere from several months to a year.

- *Identifying and training case managers is a crucial program design step.* Case managers played a pivotal role in SCA project design. However, these staff members needed to be prepared to work with participants in ways that linked services to actual participant needs. Projects that employed POs as case managers needed to decrease POs' caseloads and provide the POs with significant training and support on activities such as using assessments and giving participants advice and support rather than merely monitoring them. The remaining projects, whose SCA case managers typically had experience in social services settings, often needed to find ways to have their employees work closely with correctional staff.

- *Reentry success might be improved if there were more housing and mental-health service providers.* Staff members from five projects noted the shortage of safe (and affordable) housing and commented that unstable environments tended to have negative effects on participants' reentry success. Similarly, staff members from three projects explained that, even though suitable mental health services existed, the demand for such services far exceeded the supply. These barriers to service provision highlight the potential importance of community factors outside the realm of case management over which reentry projects have little direct control.

- *Relationships with partners should receive focused attention to prevent underuse of their services.* While many partnerships appeared quite strong, certain partnerships for a few SCA projects were not that well used. Staff and study team members suggested that these low take-up rates might be due to weak communication between the grantee and the partner organization. Staff members also cited the lack of referral guidelines for case managers as a possible explanation.

- *Coordinating service delivery requires regular communication among partners and can greatly benefit from integrated management information systems.* In the SCA projects studied, coordination across partners and staff from different agencies was hampered by the lack of integrated data management systems. To some degree, this limitation was overcome when partners came together regularly to engage in case planning and general service refinement.

Creating the Foundation for System-Level Changes

An important goal of the SCA evaluation is to assess the system-level changes that occurred as direct and indirect results of grantees implementing their SCA projects. While it is too early to determine if the changes instituted by grantees will be sustained or if they can extend to the broader criminal justice and reentry systems in grantees' states and communities, it is possible to identify the ways in which SCA grantees changed "business as usual" and created practices worthy of continuation and emulation. These changes included increasing the availability of

reentry services and developing new service-delivery models; growing and developing
partnerships among organizations and agencies involved in providing reentry services; and
inculcating an important cultural shift within grantee communities in which those with a
traditional, correctional-system perspective adopt more transformative reentry practices and
approaches.

Increasing Reentry Services and Developing New Service Models

The assistance provided to participants by case managers formed the central component of the
SCA projects: case managers assessed project participants, planned pathways of appropriate
services, helped participants navigate through a profusion of other project services, and
supported participants with whatever issues arose during their project enrollment. SCA-
supported improvements to case management benefited offender reentry in four important ways.

- *The continuity of services from pre- to post-release improved.* Staff members in many
  sites remarked that a significant benefit of the grant was ensuring a greater continuity of
  services for participants as they transitioned from jail or prison to life outside the walls.
  In some cases, the improved continuity was due to the same case managers working with
  participants at both points in time. In other cases, it was a matter of coordinating pre- and
  post-release case management services so that the transition from one to the other was
  experienced by participants as relatively seamless.

- *The grant allowed POs serving as case managers to spend more time with participants.*
  One of the primary benefits of the SCA grant was to reduce PO case managers'
  caseloads, providing them more time to work closely with participants, network with
  providers, and share knowledge about resources.

- *Risk and needs-based assessments became a part of service planning.* Although assessing
  those who were incarcerated was not new in the communities being studied, needs-based
  service planning was greatly expanded and became a cornerstone of the SCA projects'
  approaches.

- *Case managers became more prepared to work with an offender population.*
  Administrators noted that their grants allowed them to provide training for case
  managers, thus building expertise in case management techniques and skills for working
  with offenders.

As noted, SCA projects also provided a variety of services to participants in addition to expanded
case management. Of interest in the context of system-level changes are those services that
grantees newly created or significantly expanded as part of their SCA projects. Conversations
with project staff members revealed several types of services or components of services that
seemed to be exemplary contributions of the SCA grant and which had the potential for lasting
beyond the period of the grant. These included incorporating job preparation assistance into
reentry efforts, developing vocational training and work opportunities, and using cognitive
behavioral therapy in a consistent way. The use of SCA grant funds to expand use of these

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services enabled communities to see the services' potential and, in some cases, yielded new curricula likely to be sustained beyond the specific period of SCA grant funding.

Growing Reentry Partnerships

Partnerships were crucial for the operation of projects since grantees lacked the capacity to provide most project services themselves. The SCA grants facilitated the growth of partnerships by increasing grantees' communication with project partners and strengthening interagency coordination. Regular, formal partner meetings, as well as the more frequent inter-personal communications among staff members, encouraged personnel at differing levels to discuss policy and coordinate service delivery. A few staff members mentioned that this regular communication built stronger partnerships that offered better resource networks for each of the partners to use in the future.

Cultural Shifts

Although permanent changes in system-wide structures and policies may be difficult to point to at this stage in the evaluation, project staff members reported that the implementation of SCA projects resulted in fundamental "cultural shifts," or changes in mindsets among many of the staff members of the grantees and their partner agencies. These shifts made staff members friendlier to the ideas and approaches promoted under the SCA grants. As staff members described it, reluctant individuals learned to downplay the prevailing view of their role as one of merely "enforcing regulations" and came to embrace a rehabilitative philosophy designed to support offenders throughout the reentry process.

Bringing about this cultural shift among staff members was not a simple process; it often involved confronting cynicism and skepticism that took a great deal of time and effort to overcome. What seemed to work best was a combination of regular communication, engagement in the SCA project planning process, and staff training.

Depending on the degree of reentry work they undertook before the grant, SCA grantees are in very different places in this transformative process. Moreover, this cultural shift is far from complete and conversations with project staff members suggest more work may be needed. However, regardless of how far along SCA projects are in changing local attitudes around reentry services, the transformation is an important one with an impact that will likely last well past the end of any formal funding.

I.   INTRODUCTION

The number of inmates being released annually from prisons and jails increased fourfold over the past three decades, and rates of recidivism for the formerly incarcerated have been disturbingly high. In recognition of the importance of improving reentry planning and implementation, the Second Chance Act (SCA) was signed into law in 2008, and the U.S. Congress has provided annual funding for SCA grant activities in the years since then.

To provide the first look at the SCA program's operation and impacts, the National Institute of Justice (NIJ), the research, development, and evaluation agency of the U.S. Department of Justice (DOJ), awarded Social Policy Research Associates (SPR) and its subcontractors, MDRC and the National Opinion Research Center (NORC), a grant to evaluate a subset of SCA adult offender reentry demonstration grantees. The purposes of this evaluation are twofold:

1. Conduct an implementation study of SCA projects, to learn their strategies for developing program services and the challenges they have encountered in making their programs effective.

2. Examine the impact of SCA services on participants' recidivism, employment, and other outcomes and determine the cost-effectiveness of SCA services.

This interim report describes findings from the first of these tasks, the implementation study.[1] This chapter introduces those that follow: it describes the nature of the problem that SCA projects[2] were designed to address, provides an overview of the SCA initiative, and describes the evaluation's purposes and methods. The chapter concludes by providing a snapshot of the SCA projects we are studying.

Background: Prisoner Reentry and SCA

In 2010, the total federal and state prison population declined for the first time since 1972. In that year, however, more than 1.6 million adults were under the jurisdiction of state or federal

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[1]   Impact findings and results from the cost-effectiveness study will be described in the final report due in 2015.

[2]   Throughout this report, we generally use the term "SCA program" to refer to SCA as the national initiative taken as a whole, and "SCA project" to refer to a specific instance of SCA as it is operated by an SCA grantee.

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correctional authorities (Guerino et al. 2012), and approximately 750,000 were confined at mid-year in local jails (Minton 2011). Other evidence shows that more than 4.8 million are under community supervision (Glaze and Parks 2012), and about 700,000 are released from prisons each year (Carson and Sabol 2012) — four times as many as were released annually 30 years ago (Travis and Lawrence 2002). Taken together, these figures suggest the burden on the nation's correctional system is extraordinary.

Adding to the challenge, those released from incarceration face daunting obstacles to successful reentry. About half lack a high school degree and many report problems with substance abuse and mental health or physical impairments (Ditton 1999; Hammett et al. 2001; Petersilia 2003). Upon release, they have difficulty finding jobs and housing, partly because of the stigma that comes with their status as former offenders, and they face challenges reintegrating with their families. Moreover, the formerly incarcerated tend to be released into a relatively small number of urban neighborhoods that are fragile at best, characterized by high rates of poverty and other social problems (Travis et al. 2001; La Vigne and Kachnowski 2003).

Not surprisingly given these challenges, about two-thirds of ex-prisoners are rearrested and about half are reincarcerated within three years of release, either for violations of parole conditions or new crimes (Langan and Levin 2002; Pew Center on the States 2011). This cycle of imprisonment and reentry has tremendous personal consequences for the men and women who churn in and out of the criminal justice system. But, the costs extend to many spheres of public policy and community life as well. High rates of recidivism impose a financial drain on federal and state governments, impair public safety, strain community resources, and impose physical and emotional harm on the families of those who are imprisoned. Reducing recidivism is therefore critical, both as a means of reducing corrections costs and as a strategy for addressing the interrelated problems of low-income families and vulnerable communities.

In recognition of the gravity of the situation and the urgency of the need, SCA was signed into law on April 9, 2008, with widespread bipartisan support. Since then, more than $250 million has been awarded through 300 grants to government agencies and non-profit organizations under various categories of competitions. One category includes adult reentry demonstration grants, awarded to state and local governments and federally recognized Indian tribes, for purposes of planning and implementing strategies to address the challenges faced by adults returning to their communities after incarceration.[3] Adult reentry demonstration grants have been awarded annually in fiscal years (FYs) 2009 through 2012 by the DOJ's Bureau of Justice Assistance (BJA), with a total of more than $55,000,000 awarded through more than 100 separate grants.

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[3] Other grant categories include mentoring grants, youth demonstration grants, reentry court grants, and others. For details, see http://www.nationalreentryresourcecenter.org/about/second-chance-act.

About the Evaluation

This evaluation will examine 10 adult reentry demonstration grantees that received FY 2009
funding and were selected by NIJ and BJA to participate in the study. Of the ten, seven grantees
also received 2010 (and, later, 2012) supplemental funding with the expectation that they would
participate in an impact and implementation evaluation. The grantees were chosen because BJA
determined they had made adequate progress towards establishing strong SCA projects and
meeting program goals. Three other grantees, also selected by BJA, were asked to participate in
the implementation study (but not the impact study), because they were thought to display
promising practices regarding reentry programming. These ten grantees are the focus of this
evaluation: seven are participating in the impact and implementation study, and three are
participating only in the implementation study. Because all ten participated in the
implementation study, the experiences of all ten are described in this report.

Exhibit I-1 identifies the 10 grantees, and also shows the shorthand names by which the grantees'
projects will be identified throughout this report. Their FY 2009 award amounts are shown,
along with subsequent award amounts if applicable. As important as the award amounts were,
funds for SCA programming were in actuality much greater than the amounts shown in the
exhibit, because the BJA FY 2009 grant solicitation specified a 100-percent matching
requirement, which could include cash and in-kind contributions.[4]

Our evaluation grant was awarded in the fall of 2010, with a 52-month period of performance
that runs from January 1, 2011, through April 30, 2015. This period was designed to provide
sufficient time to finalize the design of the study; engage in data collection, including follow-up
data collection of project participants' outcomes after they had received project services; and
conduct the analyses for both the impact study and implementation study.

The Impact Study

The impact study was designed to assess whether SCA boosts participants' outcomes compared
to what they would be under "business as usual" (that is, in the absence of SCA services). To
answer this question, we asked each of the seven sites that received supplemental funding to
randomly assign eligible project applicants to either a treatment group that could receive SCA
services or a control group that could receive other reentry services generally available but not
those provided as part of SCA. However, their task was complex, and so was ours. We were
studying mature programs that had been operating for more than a year before our evaluation

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[4]   Of this match, at least 50 percent needed to be made up of cash, and the remaining could represent in-kind
       contributions. A cost analysis, to be included in the project's final report, will describe in more detail the sources
       of the match funds and how the funds (both BJA grant funds and the match funds) were used.

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commenced, and we endeavored to study them as they operated, even though (as discussed in
this report) their project models — partners and staffing, target populations, and mix of pre-
release and post-release services, among other things — were quite different. This meant that an
appropriate point to insert random assignment — after eligibility was established but before
meaningful SCA services were delivered — represented a different place in the typical sequence
of reentry services for each project. We worked with grantee staff members to identify this point
and developed random assignment procedures that were intended to be minimally disruptive to
each project's normal project operations.

Exhibit I-1:
Grantees Participating in the Evaluation and their SCA Grant Funding

Grantee	Shorthand	FY 2009	Supplemental Amounts	
			2010	2012
Grantees Participating in Both the Impact Study and Implementation Study				
Allegheny County (PA) Department of Human Services (DHS)	Allegheny County	$608,339	$825,000	$1,220,000
Kentucky Department of Corrections	Kentucky	$750,000	$1,000,000	$1,500,000
Marion County (OR) Sheriff's Office	Marion County	$302,768	$400,000	$800,000
Oklahoma Department of Corrections	Oklahoma	$750,000	$1,000,000	$1,500,000
San Francisco Department of Public Health (CA)	San Francisco	$600,000	$800,000	$1,200,000
San Mateo County (CA) Division of Health and Recovery Services (DHRS)	San Mateo County	$677,674	$900,000	$1,360,000
South Dakota Department of Corrections	South Dakota	$749,749	$1,000,000	$1,500,000
Grantees Participating Only in the Implementation Study				
City of Memphis	Memphis	$394,500	---	---
City of Richmond	Richmond	$200,000	---	---
New Hampshire Department of Justice	New Hampshire	$400,000	---	---

Once these and other details were worked out in mutual agreement with the sites, we trained
grantee staff members on random assignment procedures, including procedures for obtaining
study participants' consent to be a part of the study.[5] Thereafter, we commenced random
assignment; random assignment began as early as the last week of December 2011 for two of the

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[5] An Institutional Review Board (IRB) reviewed study procedures to determine that they would not cause
participants harm and that participants freely participate. To comply with this latter condition, those that were
determined eligible for SCA were given an orientation to the study and could elect not to participate.

seven grantees, and as late as April 2012 for one grantee, with the start date determined by each
grantee's readiness to begin. Each grantee was asked to establish an enrollment target of study
participants, and random assignment was to continue until this target was reached, or until March
31, 2013, whichever came first. Further details on random assignment procedures will be
provided in the study's final report.

The Implementation Study

The other important component of the overall evaluation was the implementation study, which
was designed to learn how the SCA projects operated in the ten study sites and what services
were commonly delivered to project participants. It focused on these broad questions:

- *Administration and Management.* How was the grant managed and who provided
  leadership and oversight? What partnerships and linkages did grantees develop for
  delivering services, including partnerships with the criminal justice system, other
  state or local government agencies, and faith-based and other community-based
  organizations?

- *Staffing.* Who provided direct services to SCA participants as part of grant-funded
  activities? What were these staff members' roles and what were their backgrounds
  and experiences?

- *Targeting and Enrollment.* What eligibility criteria were established for SCA
  services? How were eligible individuals identified? What assessments were used
  to deliver needs-based services to each participant?

- *Services.* What services were provided as part of the SCA project, both pre-
  release and post-release? How were these services connected and coordinated?
  What was their intensity and duration?

- *Outcomes.* What performance outcomes for participants were emphasized by the
  grantees and how were these outcomes tracked? What system-level outcomes
  were achieved (e.g., improved partnerships, improved service models, etc.)?

- *Promising Practices and Challenges.* What promising practices and challenges to
  designing and implementing an SCA program can be identified? What lessons
  were learned?

For the seven sites selected for the impact analysis, the site visits carried out for the
implementation study also allowed the evaluation team to (1) document the implementation of
random assignment, including any departures from expected procedures, (2) document variations
in service designs across the study sites that might help explain why estimated impacts differ
across sites, and (3) identify service options available to those in the control group, to help us
understand the nature of the services that members of this group would generally receive.

For the impact-study sites, the visits lasted three days — two days at each site were spent
learning about the grantee and its services and partners, and the third day focused on
documenting alternative services generally available to control group members. To prepare for

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their visits, field staff members reviewed relevant written materials that the grantees provided, including grant plans and progress reports. While on site, they (a) conducted semi-structured interviews with program administrators, management staff members, intake workers, case managers, probation and parole officers, fiscal and MIS staff members, and SCA service providers; (b) conducted a focus group with program participants; (c) observed an intake session or other interaction of a participant with a case worker (only with the permission of both parties); (d) reviewed selected case files; and (e) interviewed representatives from organizations that were providing services to control group members. These site visits took place in the summer of 2012.

We conducted two-day visits to the three SCA grantees that were not participating in the impact study. Visiting these sites allowed us to examine a wider range of SCA service designs. Field activities at these sites mirrored those carried out at the impact-study sites, except that we did not spend a third day on site gathering data from alternative providers. These site visits took place in February and March of 2012.

The findings detailed in this report are drawn from these site visits and therefore capture portraits of the projects at the points in time when the site visit to each grantee took place. As noted, all of the impact study sites received supplemental funding that was expected to carry them through until the fall of 2014, and they may have changed their service designs subsequent to the time of the site visits. These changes will be documented in subsequent follow-up telephone calls and described in the final report.

What Do the SCA Projects Look Like?

Subsequent chapters of this report will describe, in detail, various aspects of the projects operated by the 10 SCA grantees: administration and partnerships (Chapter II), recruitment and tracking (Chapter III), case management services (Chapter IV), and other program services (Chapter V). The final chapter (Chapter VI) presents concluding observations.

As a preview, the remainder of this chapter presents a broad-brush look at the projects and describes in general terms how they used their grant funds. In this regard, note that the grant services that are a focus of the impact study — and which we therefore concentrated on during the implementation site visits — do not always perfectly overlap with the ways in which the grantees spent their BJA funds.[6] This disjuncture comes about for two major reasons. First, some of what we are examining was funded by sources other than the BJA grant itself. The clearest explanation of why this was so is that the grant solicitation imposed a matching requirement, as explained above. To comply, every grantee supported its SCA initiative by using cash or in-kind

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[6]   This distinction applies only to the seven grantees participating in both the impact and implementation studies.

contributions from other sources, including governments' general revenue funds, grantee or partner contributions, or other public or foundation funds. As examples of the latter, program administrators in New Hampshire secured a sizeable grant from the New Hampshire Charitable Foundation, which has a focus on substance abuse treatment services, and Marion County secured funding set aside by a state ballot measure, which earmarked money for treatment services for subsets of the offender population.

Second, some grantees used their BJA funding to support general improvements to their reentry processes or to enhance existing services that could not be denied to the general offender population. Kentucky and Marion County are examples of this. Both grantees used a portion of their SCA grant funds to enhance pre-release workshops or classes available to the general inmate population. In random controlled trials, those assigned to the treatment group are normally allowed access to the services supported by the intervention whose impacts are being examined, while control group members are not. However, control group members could not feasibly or ethically be denied access to the Kentucky and Marion County pre-release workshops, because denying access would have kept them from receiving services that they would have been allowed to receive, in some form, in the absence of the study. Moreover, some states mandate an inmate's participation in these services as a condition of release. Therefore, for these grantees in particular what we are examining as a part of the impact study does not encompass all the activities on which SCA grant funds were expended; put differently, some of the BJA-funded activities — such as pre-release workshops in Kentucky and Marion County — were likely accessed by both treatment and control group members.

Exhibit I-2 makes this distinction clear. The first column shows the services and activities for which the grantees used their grant funding,[7] while the second column shows specifically the nature of the intervention being examined as part of the impact study and on which we concentrated the greatest attention as part of the implementation study.

Note from the exhibit that by far the single most common way in which grantees used their funding was to provide case management to SCA participants. In some cases, the staff members providing these services were specially trained probation or parole officers (POs) who had smaller caseloads than regular POs, while for other grantees case management was provided by separate staff members who might work in concert with POs. Grantees also differed in whether case management was provided both pre-release and post-release or was predominately post-release. Regardless of these distinctions, to a large degree impacts of SCA might come about

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7   SCA funds were also used for administrative expenses in support of these services and activities.

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because treatment group members were far more likely to receive intensive case management than controls.

However, SCA was sometimes used to directly fund other needed services as well, through either fixed price contracts (where the SCA grantee provides a fixed sum to a sub-provider to make service slots available to SCA participants) or fee-for-service (where the grantee funds the provider on a per-participant or per-service basis). Some projects also used their funds to make supportive services available to participants, for example by providing vouchers that could be used to meet transportation, housing, food, and other needs.

Subsequent chapters elaborate on the above snapshot by describing SCA project management, recruitment, services, and outcomes in more detail. Project profiles for each of the ten grantees are provided in the appendix.

Exhibit I-2:
Overview of SCA Projects and the Elements Being Studied as Part of the Impact Study

	What SCA Funds	Focus of Impact Study
Allegheny County	• The grantee, Allegheny County Department of Human Services, provides pre-release and post-release case management. • Primary partners include Allegheny County Jail, which oversees pre-release services; Allegheny Correctional Health Services (ACHS), which conducts assessments and provides group therapy sessions; and Allegheny County Adult Probation, which operates day reporting centers. These partners provide assessments, case management, and service planning. • Secondary partners include Urban League, which provides job readiness and life skills training, and Goodwill, which provides job readiness and placement services.	Assessment, case management and service planning provided by primary partners, and priority of service for pre-release and post-release classes (control group members can access these services if space is available) (Closely matches how SCA funds were used.)
Kentucky	• Reentry Parole Officers (RPOs), who provided case management and parole supervision to SCA participants after release. • Prison reentry coordinators, who coordinate approval of home placements. • Software and training for the Level of Service/Case Management Inventory (LS/CMI) risk/needs assessment. • Bus vouchers for parolees • Some pre-release services, including Moral Reconation Therapy, Thinking for Change, Inside Out Dads, and New Directions. • Contracted services include: Reentry by Design, a job readiness program; Shawnee & Newburg Reinvestment Projects, providing community-based service coordination; Big Brothers Big Sisters, to provide mentoring for the children of offenders; Safe Locations, which provides emergency housing; Emergency Services Fund for indigent offenders; and Integrating Art into Justice Reinvestment Opportunities, with art sessions with children of offenders	The impact study primarily captures the effects of assignment to an RPO rather than a regular parole officer. RPOs have smaller caseloads and special training. Additionally, SCA bus vouchers are only provided to treatment group members. (Some disparity with what SCA funds, as access to pre-release and post-release workshops is not restricted to SCA participants—even for workshops that are partially SCA funded.)
Marion County	SCA provides partial support for: • SOAR class, a 12-week, full-time, post-release course with modules addressing topics of cognition, substance abuse, family support, job preparedness, and life skills. After the class itself, there are 12 weeks of "aftercare" classes, in 1-2 hour sessions (two per week) • Quest for Change House (a living facility for SOAR participants who need housing) • The Pine Street Resource Center (a drop-in facility for offenders, open to anyone) • Employment services apart from what is available in SOAR (generally only used by those not in SOAR) • Improvements to "reach-in" classes (available to all in jail within 6 months of release)	The impact study primarily captures the effects of the SOAR class, and, for those who need it, Quest for Change housing. (Some disparity with what SCA funds: access to pre-release "reach-in" classes is available to both treatment and control group members, and the Pine Street Resource Center, partially funded by SCA, is open to anyone.)

Exhibit I-2 (continued)

	What SCA Funds	Focus of Impact Study
Memphis	• Pre-release and post-release case management services • Job readiness training and life skills training provided by post-release case managers, and substance abuse treatment provided by a partner • Supportive services to be used for transportation (bus vouchers), food, and clothing	Not applicable
New Hampshire	• Post-release case management, service coordination, and assessment • Contracted services: — Peer mentoring — Job readiness training — The filling of prescriptions • Vouchers for bus transportation	Not applicable
Oklahoma	• Pre-release case managers (Program Specialists), a transition planning coordinator (Transition Specialist), and post-release case managers (Community Specialists or a dedicated PO, depending on whether the individual has a supervision requirement) • Program slots reserved for SCA participants (job readiness, vocational training, cognitive therapy, substance abuse) • Supportive services to be used for housing, food, medical, transportation, work clothes, furniture, and other things	• Pre-release and post-release case management services • The increased likelihood that an SCA participant would get other needed services • Availability of supportive services (Closely matches how SCA funds were used.)
Richmond	• Pre-release and post-release case management, service coordination, and assessment • Contracted services: — Temporary housing assistance, provided by Rubicon — Job readiness training, provided by Goodwill, both pre- and post-release — Food handler certification program and work experience slots — Substance abuse treatment • Vouchers for bus transportation and supportive services for work clothes and supplies	Not applicable

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Exhibit I-2 (concluded)

	What SCA Funds	Focus of Impact Study
San Francisco	• Health Right 360 provides intensive case management. • Homeless Prenatal Program, which helps participants to navigate the child welfare system. It has SCA funding for 12 clients • IRIS Center, an outpatient mental health and substance abuse treatment program, with funding to serve 15 clients • SF Clean City, which offers work experience (street cleaning) with work readiness training.	• Predominantly we are studying the impacts of the Health Right 360 case management services • SCA participants may also be more likely to get certain post-release services, since SCA funds some of them (however, these subcontracted services are not limited exclusively to SCA participants, so control group members could access them)
San Mateo	• The Achieve 180 program, which primarily offers pre-release and post-release case management, service planning, and mentorship services (through Service League). • Partners who provide screening for SCA eligibility (Sheriff's Office); post-release service coordination (e.g., County Probation); education, training, and job readiness (Job Train); and substance abuse (the grantee). • Transportation vouchers for participants.	• Pre-release and post-release case management and mentoring • Presumably increased likelihood that participants will receive job readiness training and substance abuse services. • Transportation vouchers (Closely matches how SCA funds were used.)
South Dakota	• Intensive case management services both pre-release and post-release, with post-release services provided by "enhanced" parole agents. • Moral Reconation and Thinking for Change, provided post-release and co-facilitated by enhanced parole officers. • Some additional post-release services are paid for by the program for participants with special needs (e.g., chemical dependency or substance abuse treatment, housing assistance)	• Pre-release and post-release case management • Increased access to post-release services (Closely matches how SCA funds were used.)

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II.   SCA PROJECT ADMINISTRATION AND PARTNERSHIPS

This chapter describes how grantees administered their SCA projects. It addresses the ways grantees built their projects on prior prisoner reentry activities, distributed responsibilities for running the projects, and developed partnerships. Key findings are summarized below.

- All 10 SCA grantees proposed to expand on existing reentry efforts within their states or local communities by fostering better connections between pre-release and post-release services and establishing and growing partnerships to provide services.

- All of the 10 grantees were government agencies, but they were of different types. Four were state agencies, while six were local (county or municipal) agencies. Five grantees were either departments of corrections or sheriff's offices, three were responsible for behavioral health, one was a state justice department, and one was a municipal agency responsible for public services and neighborhoods.

- Seven grantees designated individuals within their organizations to manage their SCA projects. The other three grantees served as fiscal agents but engaged other entities to manage project operations.

- The projects developed partnerships with a wide variety of agencies and organizations to carry out intake and enrollment and provide pre-release and post-release services, including case management. These partnerships were either formal (that is, characterized by a written agreement and usually the exchange of funds) or informal (that is, based solely on a referral system). Most grantees had between two and five formal partners, and partnerships for providing post-release services were most common.

- Projects developed procedures to ensure regular communication among key personnel within partner agencies. Interagency communication was important for resolving policy and procedural questions as well as for coordinating the delivery of services to individual participants.

Project Context and Background

All 10 of the SCA grantees submitted proposals for projects that would build on previous reentry efforts within their states or local areas. They proposed to expand their communities' previous efforts by identifying gaps in existing services and developing strategies to fill those gaps. They adopted two general approaches for the latter purpose.

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The first approach was to increase the coordination between pre-release and post-release services, which project staff frequently mentioned as one of the more important successes of their grant activities. Increasing coordination helped case managers who primarily worked with participants post-release to meet and get to know incarcerated participants so that they could cement relationships, begin planning for post-release early on, and gain the participants' trust, increasing the likelihood of take-up after release. Additional efforts that projects took to improve the connection between pre- and post-release services included increasing communication between pre-release and post-release case managers and facilitating the sharing of participants' information between these individuals through regular meetings and shared data systems.

Among grantees that were corrections agencies, this strategy involved strengthening the relationships between jail or prison staff and probation and/or parole officers (POs). For these grantees, prison or jail staff members fulfilled some functions necessary for the operation of the SCA projects, such as administering risk assessment tools, recruiting inmates for SCA project participation, or (in some cases) acting as SCA pre-release case managers. Meanwhile, SCA-designated POs, who managed the delivery of community services to meet participants' needs after release from the institutions, coordinated with institution staff to begin transition planning before participants were released. As noted by a staff member at one project, the ability of POs to "get inside the walls" of the prison to begin transition planning was an important strength of the project's design.

As the second broad strategy for building on their prior reentry initiatives, the grantees strengthened their partnerships with other organizations. In some instances, they did so by creating formalized agreements with providers. In other cases, project staff members expanded their knowledge of agencies to which they could make unfunded referrals, often identifying, reaching out to, and learning about additional providers in their communities. In some instances, these new partnerships (formal and informal) were with community-based organizations, but others were with public agencies, including those responsible for (among other things) public assistance, alcohol and drug treatment, mental health services, and education. An education agency, for example, was an essential planning and service delivery partner in Marion County, where the local community college provided the facility for many project services and offered employment counseling to project participants. An education agency was also crucial in Oklahoma, where the State Department of Career and Technology Education provided a month-long pre-release curriculum on life skills and job readiness at one of its campuses through a special training-release program. Through these efforts to grow and develop relationships with various community providers, SCA projects expanded the opportunities for offenders to receive a wide range of education, employment, substance abuse, mental health, housing, mentoring, and supportive services.

Administrative and Operational Responsibilities

Exhibit I-1, presented in Chapter I, listed the 10 agencies whose SCA grants are the focus of this evaluation. As summarized in Exhibit II-1, these grantees represented a variety of levels of government: four grantees were state agencies and six were county or municipal agencies. Grantees also varied by area of service provision:

- Five grantees were corrections-based agencies, responsible for jails, prisons, probation or parole.

- Three grantees were agencies responsible for behavioral health, which includes substance abuse treatment and mental health services.

- One grantee was a state justice department, responsible for the courts and the legal system.

- One grantee was a municipal agency responsible for public services and neighborhoods.

Exhibit II-1:
SCA Grantees by Governmental Level and Type of Organization

	Type of Organization		
	Corrections	**Behavioral Health**	**Other**
State Agency	Kentucky Oklahoma South Dakota		New Hampshire
Local Agency	Marion County Richmond	Allegheny County San Francisco San Mateo County	Memphis

The agencies described in Exhibit II-1 were the formal grant recipients, responsible for fiscal management and reporting to BJA on the use of program funds and outcomes for participants. Most of them also designated persons within their organizations to manage their SCA projects, giving them responsibility for overseeing and coordinating the projects' implementation and operation. However, three grantees subcontracted out some or all project management and operational responsibilities to other government agencies (two grantees) or a non-profit organization (one grantee). This delegation worked somewhat differently in each of these three projects:

- In New Hampshire, the State Department of Justice was the lead agency in applying for the grant, but the grant manager within the Department of Justice shared management of the project with a co-manager within the New Hampshire Department of Corrections, who was responsible for hiring and overseeing the project's case managers.

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- In San Mateo County, the grantee (the county agency responsible for substance abuse treatment and mental health) recruited and hired a full-time grant manager and placed that individual within the County Manager's Office rather than within the grantee agency, in order to increase the support the project manager might receive from other project partners.

- In San Francisco, the Department of Public Health applied for the grant and acted as the fiscal agent, but contracted with a non-profit organization with experience providing counseling and reentry services to manage the project and provide case management services to project participants.

Service Delivery Partnerships

Each SCA grantee depended on linkages with partner organizations to assist with a range of activities, from recruitment and screening of program participants to the delivery of services both pre- and post-release. These partnerships were either formal or informal, and partners had various ways of communicating.

Formal Project Partnerships

All 10 SCA projects relied on formal partnerships, or relationships in which organizations agreed to provide services to SCA project participants through a contract or memorandum of understanding. In many cases, these formal service delivery arrangements called for the grantee to pay the partner in exchange for the delivery of services. Examples of these monetary agreements included the following:

- awarding a contract for the staffing and delivery of services provided exclusively to SCA project participants;

- developing a fee-for-service arrangement to cover the costs of serving project participants on an individual referral basis; and

- providing grant funding to an existing program to reserve a certain number of service slots for SCA enrollees.

In other cases, SCA grantees developed non-monetary agreements or memoranda with partner organizations. For example, some partner organizations agreed to make in-kind contributions to projects to help meet the requirement for a 100-percent local match of SCA grant funds. In an example of this arrangement, one staff person located inside a corrections facility recruited and screened potential project participants, but was not funded through the BJA grant. In other cases, foundation funds or funds from other grants were available to cover some or all of the costs of project-related activities or services provided to SCA participants.

Formal partners played important roles in the delivery of various types of SCA project services.

- *Intake and Enrollment.* Three grantees partnered with a corrections agency to do much of the initial eligibility determination, recruitment, and program intake procedures (discussed in greater detail in Chapter III).

- *Case Management.* Five grantees provided case managers from within their own organizations, but the remaining five developed formal partnerships for providing some or all of their case management services. Of the five in the latter group, two grantees used case managers who were from departments of corrections, and the remaining three used those from non-profit organizations (discussed in greater detail in Chapter IV).

- *Other Pre-Release Services.* Four grantees formed formal partnerships to provide pre-release services other than case management. The other SCA projects did not provide pre-release services at all, provided only pre-release case management services, or had pre-release case managers deliver other services besides case management to participants (discussed in greater detail in Chapter V).[1]

- *Other Post-Release Services.* All 10 of the SCA projects developed formal partnerships to provide non-case-management post-release services (discussed in greater detail in Chapter V).

Overall, most SCA projects had formal service-provider partnerships with two to five organizations, but one had formal agreements with as many as 10 providers.

During site visits, evaluation staff members noted that many of the formal partners on which the SCA projects depended were based upon long-standing relationships. Brand new relationships, however, were also in evidence. The SCA grant helped at least six grantees develop formal service-delivery partnerships with organizations with which the grantees had little or no prior relationship. As one grantee staff member remarked about her agency's partners, "sharing information [with them] in this way would have been unthinkable [a few years ago]."

Informal Project Partnerships

In addition to formal partnerships, SCA projects depended on informal partnerships with large numbers of agencies and community organizations to provide services to project participants. These informal partnerships were often based on relationships that case managers or other SCA project staff members had developed over time with staff members from other agencies. Sometimes staff members of the informal partner agencies interacted with SCA project staff members on a regular basis, discussing general agency policies and services and arranging specific referrals. However, even if these relationships were friendly and involved frequent communication, there was no formal agreement between the agencies that established any

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[1]   All 10 SCA projects relied on various, existing pre-release services within jails or prisons to provide services for participants pre-release. However, most of these services were provided through informal, rather than formal partnerships.

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priority of service for SCA project participants. Furthermore, grantee staff members usually did little to track participants' use of the informal partners' services.

Communication among Project Partners

Communication among all project partners — the grantee, providers of case management services, and providers of other project services — was an important element of each SCA project. Overall, project staff members developed strong communication systems for both project management and service-delivery operation.

At the level of project management, communication among supervisory or executive staff members of various project agencies was important for clarifying policies and procedures and identifying and resolving inter-agency challenges. Pre-existing reentry task forces and coalitions in all of the communities provided vehicles for communication among agency executives, particularly in the planning phases of the projects. During the implementation phase, several projects convened advisory groups (which in some cases had evolved from initial planning groups) often consisting of leaders from corrections agencies and other community agencies and non-profit organizations. In Allegheny County, for instance, the program administrator reported to and coordinated with the Allegheny County Jail Collaborative. Similarly, in San Mateo County, the program coordinator reported to a Reentry Advisory Committee. A particularly well-developed structure existed in South Dakota, which had a "reentry management team" to provide regular input into policy and procedures. Also, leadership staff members in Marion County, Memphis, and Oklahoma all discussed project leadership issues, regularly reporting to some kind of task force, reentry council, or body of local elected officials with strong reentry agendas.

Opportunities for communication among the service delivery staff members who worked directly with participants were also important because they provided staff members from all organizations with opportunities to assess participant progress, brainstorm service needs and strategies, and coordinate service provision. Most SCA projects convened meetings between case managers and other providers on at least a monthly basis. A few SCA projects even scheduled weekly or bi-weekly partner meetings, or had additional standing meetings between supervisors of these staff members. Each of the projects also developed informal communication linkages between service provider staff members so that case managers and staff members of partner service providers could communicate as needed about the needs of particular participants.

Communication between case managers and partner programs was not always successful. In one project, for instance, respondents indicated that a relatively weak structure for communication hindered the referral of offenders to the project prior to their release and reduced the potential for coordinating the services provided by different service-delivery partners. Apart from exceptions such as this one, however, communication was generally quite strong across all the projects and

involved not only coordination of services but also reporting on the use of services, at least by formal partner organizations. A particularly strong example of case-level communication was reported by respondents in South Dakota, where staff members from several formal partner agencies were allowed access to the case management notes maintained by the case managers (parole officers) on the state Department of Correction's management information system.

In addition to the communication that occurred between case managers and the staff members of partner service providers, several projects arranged for regular communication between SCA post-release case managers and POs. This type of communication was specific to projects in which different individuals carried out case management and parole supervision (see Chapter IV). For example, POs in New Hampshire referred individuals in their caseloads to the SCA project for enhanced case management, and stayed informed about participant progress. This communication routine was aided by a leadership decision to locate these case managers in the same offices as the POs.

III.   PARTICIPANT ENROLLMENT AND TRACKING

This chapter discusses various aspects of the recruitment and enrollment process, such as which
subgroups of offenders were eligible to participate and how eligibility was determined. It also
notes what the projects established as the expected duration of participation and describes the
data systems they used to track participants' progress and outcomes. Key findings are
summarized below.

- Each of the 10 SCA projects limited participation to individuals assessed as medium or
  high risk of recidivism. Within this broad group, the projects used gender, age, criminal
  history, and other factors to target different subgroups for participation.

- Projects differed in whether they enrolled participants before or after release. Four
  projects enrolled participants three to eight months prior to release, four enrolled
  participants up to three months prior to release, and two enrolled participants after
  release.

- Projects set different time limits for what they expected to be the maximum duration of
  participation. These limits ranged from a low of three months to a high of 18 months. The
  majority of projects, however, limited participation to 12 months from the time of release
  from prison or jail.

- In the projects where SCA case managers also served as the participants' probation or
  parole officers, attrition was very low. In other projects, participants were more apt to
  sometimes (or often) fail to show for post-release case-management appointments.

- Few projects had integrated data systems that could track the services that participants
  received regardless of which provider delivered the service. Therefore, assembling data
  that could provide a comprehensive look at participants' services was difficult.

Subgroups Targeted for Project Participation

The announcement of funding availability under which grantees received their grant awards
specified that applicants should propose to serve "individuals aged 18 and older convicted as an
adult and imprisoned in a state, local, or tribal prison or jail."[1] Within this pool, grantees were
expected to target specific subsets for their projects — such as those with certain demographic
characteristics, those returning to certain communities, or those determined likely to have

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[1]   BJA-2009-2095, released February 27, 2009.

successful reentry — and were additionally encouraged to focus their efforts on those at high risk of recidivism.

The 10 projects in this evaluation shared some commonalties in whom they targeted for services. For example, all 10 projects targeted services to individuals being released to specific cities, metropolitan areas, or counties. For example, South Dakota targeted individuals being released to Sioux Falls or Rapid City, and Oklahoma targeted individuals being released to the greater Oklahoma City area. Similarly, all 10 projects also targeted individuals assessed as being at significant risk for recidivism, although they drew the line at somewhat different places: some served only those who were at high risk and others served those at moderate risk as well.

Beyond these general similarities, projects used evidence of service gaps or concerns about which groups needed additional services to define additional targeting criteria. One of these criteria was the offenders' expected time to release. Influenced by their service strategies, grantees had different ideas about when it was best to screen, recruit, and enroll participants in their projects: well before an individual's release date, just before release, or after release.

- Four projects identified the delivery of pre-release services as an important aspect of their projects' service designs, and, therefore, they required participants to have an extended period of incarceration remaining (at least three months and as many as eight months) at the time of project enrollment.

- Four projects had a primary focus on the delivery of post-release services, but arranged for case managers to begin meeting with study participants prior to release, so that they could establish trusting relationships and/or begin planning to address participants' reentry needs for housing, employment, and other services. These projects endeavored to enroll most or all of their participants up to a few months before scheduled release dates.

- Two projects did not begin serving project participants until after they were released.[2]

Other targeting factors also varied considerably across projects.

- *Gender*. Six of the 10 projects allowed participation by both men and women. Two served men exclusively, one served women exclusively, and one gave priority to women.

- *Age.* Eight of the 10 projects included adults of any age within the pool otherwise eligible for participation. Of the two remaining projects, one capped the age of enrollment at 30, and the second required participants to be at least 28 years of age.

- *Type of Incarceration Facility.* Three projects targeted individuals scheduled for release from county jails, six targeted offenders scheduled for release from state prisons, and one targeted individuals from a range of state, county, and tribal jails and prisons.

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[2]   For these two projects, it was not the case that study participants received no pre-release services. Rather, in each of these sites, pre-release services were either funded from other sources, or, if provided using Second Chance funds, were available more broadly, rather than being reserved for study participants.

A few projects used some additional criteria beyond the ones identified above, but these were
uncommon. For example, one project explicitly screened individuals for openness to change,
which was assessed using a formal biopsychosocial assessment instrument and a one-on-one
interview. Another project, also interested in evidence of commitment to change, required those
interested in enrolling to submit a formal letter of application. A few others took the nature of the
offense into account, with three excluding sex offenders, one exclusively serving those convicted
of property crimes (a condition imposed by one of the partners who contributed funds), and
another exclusively serving those assessed as needing treatment for drug or alcohol addiction.

Recruitment and Enrollment Practices

Once target groups were established, project staff members identified and enrolled offenders
who were SCA-eligible. One key step in this process was relying on an assessment instrument to
identify individuals who met the risk threshold the project had established for project
participation. Different types of instruments were used for this purpose, varying in their
complexity, and were either administered specifically by SCA project staff or were tools that had
been administered by prison or jail staff to determine the appropriate level of supervision to be
provided within correctional institutions and after release. The simplest such instrument was a
proxy indicator constructed from age at first arrest, number of arrests, and age. Other instruments
included the following:

- The Level of Service Inventory-Revised (LSI-R), which scores potential
participants on 54 risk items.

- The Level of Service-Case Management Inventory (LS/CMI), which includes a
case management module along with a static and dynamic risk and needs
assessment.

- The Arizona Offender Screening Tool (OST), which uses a 42-item scale.

- The Quick Correctional Assessment and Intervention System (QCAIS), which
uses an 11-item scale, and the longer Correctional Assessment and Intervention
System (CAIS)

It should be noted that many projects used one instrument to determine eligibility and others to
further determine service needs once participants were enrolled. (The role of risk assessments in
developing individual service plans is described in more detail in Chapter IV, and Appendix B
provides a list of the assessment tools that were used.)

Once risk levels were determined, SCA projects went about identifying eligible individuals and
informing those individuals of the availability of SCA services. The specifics varied depending
on whether enrollment occurred pre-release or post-release and the number of institutions from
which projects recruited individuals. However, many projects began by having institutions or
project staff members generate lists of potentially eligible participants from the full roster of
inmates on a weekly, semi-weekly, or monthly basis. Alternatively, the projects distributed flyers
about SCA or relied on word-of-mouth or referrals from partners to generate expressions of

interest from the offender population. Then, case managers, reentry coordinators, or other staff
members conducted information sessions, made final eligibility determinations, and endeavored
to convince those eligible to enroll.[3] Some projects conducted eligibility screening and
orientation sessions on an ongoing basis, whereas other projects' efforts were more episodic,
with orientation sessions occurring only when slots in the SCA projects opened up.

At the time of the implementation-study site visits, project managers at five of the seven projects
participating in the net impact study expressed concern over whether they would be able to meet
their enrollment goals for the study. Among the factors they described as constraining the
volume of enrolled participants were:

- a reduction in the number of individuals released on parole from state prison in
  comparison to what they had expected;

- eligible inmates who took advantage of the "right to refuse to participate" offered
  by the net impact study;

- fewer referrals from project partners than expected; and

- a high percentage of otherwise eligible inmates disqualified because they had
  taken previous cognitive behavioral change classes or pre-release services similar
  to the services offered by the SCA project.

However, all projects but one met their enrollment targets for the study without great difficulty.
(The final report will provide information about final enrollment numbers.)

Project Completion

Once enrolled in a SCA project, participants received case management and other services
provided by project staff members and partners. Projects set varying guidelines as to how long
participants were expected to receive post-release services. This section identifies three elements
of project completion: the time limits projects established for individual participation, how the
different projects defined successful completion, and project attrition.

Exhibit III-1 shows the maximum time participants could remain enrolled in each of the project
sites. This length of time varied dramatically. Two projects were at the short end of the
continuum, with maximum stays between three and six months. The remaining projects kept
individuals enrolled for longer periods — for example, one year after the beginning of services,
one year after release from jail/prison, or even longer.

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[3] All projects were required by the study to offer eligible individuals the option of declining study participation
before random assignment occurred. Effectively, the introduction of the net impact study therefore made
program participation optional.

**Exhibit III-1:
Terms of SCA Project Completion**

	Duration of Project Participation	Successful Project Completion
Allegheny County	12 months after release from jail	Completing the project without dropping out or returning to jail
Kentucky	After six months of special supervision/case management	Completing parole without violation or committing a new crime
Marion County	At the end of the three-month SOAR class	Attending all three months of the SOAR class, completing all assignments, and participating in discussions.
Memphis	After one year of receiving project services (counting both pre-release and post-release services)	Remaining engaged with the project for the full allowable period of participation
New Hampshire	After 12 months in the project (always post-release)	Securing employment and housing and learning to manage mental health and substance abuse challenges
Oklahoma	After receiving 18 months of pre- and post-release services	Not violating terms of parole; not going back to prison
Richmond	One year after release from jail	Completing all agreed-upon services/meetings within one year after release
San Francisco	Upon completion of parole	Meeting all three service plan goals
San Mateo County	One year after release from jail	Staying in touch with case manager
South Dakota	After six months of post-release supervision, or upon completion of parole, depending on need	Not violating terms of parole; not going back to prison

Projects also established different definitions for successful completion. Some projects defined successful completion as staying in contact with the project case manager as required and not returning to prison or jail during the defined period of project participation. Other projects considered a participant to have been successful only if he or she met specified milestones. For example, in the New Hampshire project, the milestones included securing employment and housing and learning to manage mental health and substance abuse challenges. In the San Francisco project, participants had to meet all of their individual service goals to be considered successful project completers.

Although data were not collected on the number of enrollees who had dropped out of the projects before completing, it is clear that the rate of attrition varied across the projects. Staff members at three of the projects reported experiencing very low levels of attrition. In these projects, the participants' SCA case managers also served as their parole officers. Case managers in these

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sites could compel participation because they had the power to send participants back to prison if they did not fulfill the conditions of their parole.

At other projects, staff members reported moderate levels of attrition. Some observed that attrition occurred most often in the early post-release period, with some participants simply not showing up for their first post-release appointments; others felt that attrition was more of a problem later on, as participants encountered problems adjusting to life in the community. In most situations, case managers made repeated efforts to reestablish contact with a participant before closing the case, usually after 90 days with no participant contact.

Methods for Tracking Participant Progress

SCA projects used a number of data systems for tracking participant progress and reporting on participant outcomes. This wide variation gave rise to a few novel approaches, but also presented several challenges.

Systems for Tracking Participant Progress

Most staff members working with SCA project participants used the tracking systems maintained by their employer agencies. These systems were as varied as the agencies that contributed to the projects, and included management information systems (MISs) used by corrections agencies and other public and non-profit agencies that contributed staff members to the projects. Staff members at partner service providers used their own data and tracking systems, and data sharing between the grantees and partner agencies could be weak. Further, case managers kept additional records in hard-copy documents or spreadsheets they developed on their own.

Because of the diversity of tracking and record-keeping systems, and the lack of integration of the systems that were in use, a key challenge of the SCA projects was coordinating participant data across the various partner agencies to ensure relevant staff members had access to the information they needed when coordinating services for participants. Having SCA project partners share data in a centralized system would have been the ideal situation, but was not always possible due to confidentiality rules and restrictions placed on sharing system data with outside agencies. Some grantees got around these restrictions by building separate systems for their SCA projects and/or other reentry efforts in which they were engaged. For example, South Dakota used SCA grant funds to assist in the development of a new, customized MIS that allowed the grantee to share access to data with project partner agencies.

With any of these data systems, the process of data sharing worked best when relationships between the different agencies were strong and well coordinated. Close communication helped to establish the trust needed to develop a well-coordinated data system in the first place, and allowed partners to see the value of contributing shared data. All parties seemed interested in contributing when they could see the immediate benefits of reporting data in such a shared data system.

The Participant Management Tool

Each SCA grantee was required to report on participant-level outcomes using BJA's Participant Management Tool (PMT). The PMT collects aggregate data on participant use and completion of program services on a quarterly basis. It tracks, for example, the number of participants who qualify for the program, enroll, receive a risk assessment, receive a substance abuse or mental health assessment, receive a case plan, are assessed to need additional services, receive additional services, and exit the project. The PMT also measures participants' outcomes by collecting information on employment, educational attainment, financial status, housing status, and recidivism.

Because of the diversity of the MISs in use, SCA administrative staff members gathered participant data from multiple sources — case management systems, correctional system databases with criminal justice system records, and partner provider databases — as best they could, and entered these data into a reporting form provided by BJA. Typically, SCA projects with more centralized data systems were able to pull together data for the PMT more easily than others, but staff members at most of the SCA projects had a number of concerns around the PMT. Some of them were:

- Staff members from most projects expressed frustration with how time-consuming it was to report PMT data. Staff members noted, more specifically, that reporting was "a very convoluted process" and that it was especially demanding on technical staff members who managed data and ran the many reports needed to complete PMT forms.

- They noted that BJA sometimes changed the reporting requirements, which caused them to spend additional resources on setting up new data queries.

- Some staff members expressed the view that they would have less resistance contributing to the PMT if it also functioned as an MIS that they could use to generate reports, track service usage, and manage their cases.

- Staff members from some projects noted that some of the data being collected seemed "extraneous" and did not seem to focus on the right priorities. They felt that items like "use of pro-social services" were difficult to quantify, and that the PMT failed to capture much of the more nuanced work that case managers did with project participants.

Of course, grantees recognized that the PMT was not developed to meet their needs, but, rather, to provide BJA with a means of monitoring grantees' achievements and promoting accountability. Still, grantees wondered whether all the PMT data items were needed for that purpose and how the PMT reports were being used.

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IV.   CASE MANAGEMENT SERVICES

Case management was perceived as a critical, value-added feature of the SCA projects. While considerable variation existed in terms of who provided case management and how this service was structured, SCA projects shared similar perspectives on the fundamental goal of case management — to help prevent recidivism by providing individualized support and service coordination based on identified needs and risk factors and, in some cases, by ensuring compliance with parole or probation terms. To further these goals, case managers in most projects functioned as mentors, as enforcers, and as brokers of services provided by the SCA grantee and project partners. While many services accessed by SCA participants were not reserved exclusively for them, case managers made service access more likely, efficient, and in keeping with a holistic view of participants' situations and needs.

This chapter explores the multi-faceted roles case managers played during different stages of participant engagement (from outreach to follow up), the challenges they faced, and the tools and strategies they had at their disposal. Specifically, it describes who provided case management, summarizes the case managers' roles in outreach and recruitment and then in service planning and plan implementation, and discusses how cases were closed. Key findings are described below.

- In five of the 10 SCA projects, case managers were from departments of corrections or sheriff's offices. The other five projects used case managers from other government agencies or non-profit organizations. Regardless of the agencies from which they came, nearly all case managers had prior experience working with offenders.

- Four projects had probation or parole officers (POs) serve as SCA case managers. Although having POs act as case managers had its advantages, some project administrators felt that participants often had negative perceptions of POs, which could impair case managers' effectiveness, and others found that it took some work to reorient POs toward a social-service model. Some projects tackled these challenges by providing SCA POs with special training on change management, and all reduced PO caseloads to accommodate the POs' expanded responsibilities.

- Fundamental to the case manager's role was planning for participant services based on identified risks, needs, goals, strengths, and barriers. Planning began when case managers assessed participants' service needs and risk factors through

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validated assessment tools and informal dialogue. Once a service plan was developed, it was routinely updated to reflect changes in the participant's circumstances, priorities, and needs.

- The earliest phases of most SCA service plans focused on the period of transition from incarceration to release, addressing issues such as the need for immediate housing and transportation. However, service plans addressed more deep-rooted issues as well, such as strategies for addressing participants' needs for long-term stable housing, employment, substance abuse treatment, and mental health services.

- Once case managers developed service plans, they worked with participants to carry out the plans. This process involved helping participants address pressing issues, brokering services provided by project partners, and coordinating the work of internal project staff, jail/prison staff, POs, and community service providers.

- Case managers often provided participants with critical personal support that, participants felt, was a significant factor in helping them to succeed. As part of this support, project participants frequently shared frustrations and emotional issues that would arise naturally in the course of discussing service needs.

Providers of Case Management

All 10 SCA projects provided post-release SCA case management services, and eight also provided pre-release case management (in the two other sites, personnel who were not SCA-funded could have provided pre-release case management). This section describes the types of individuals who provided case management and notes some particular issues associated with having POs also serve as case managers.

Characteristics of SCA Case Managers

The total number of case managers who worked for each SCA project ranged from two to eight. As shown in Exhibit IV-1, in half of the projects, pre-release and post-release case managers came from departments of corrections or sheriff's offices, while case managers in the rest of the projects came from other government agencies (e.g., health or public safety agencies) or non-profit organizations who served as subcontractors. In five of the 10 projects, pre-release case managers and post-release case managers were different individuals, and sometimes they also came from different agencies.

Case managers varied widely in terms of their professional backgrounds, but most had previous experience working with incarcerated or formerly incarcerated individuals. Such experience usually came through previous work with law enforcement agencies (e.g., as correctional or probation officers) or with government agencies that provided mental health or drug and alcohol counseling to a wide range of at-risk populations. The non-profit agencies contracted to provide

post-release case management also typically had extensive prior experience providing reentry services to an offender population.

Exhibit IV-1:
Number of Projects Providing Pre- and Post-release SCA Case Management from Various Sources

	Pre-release Case Management	Post-release Case Management
Provided SCA case management of this type	8	10
Source of case managers		
Departments of corrections/sheriff's offices	5	5
Other government agencies	1	2
Non-profit organizations	2	3

SCA projects formally referred to case managers by a variety of different titles, depending on the organizations the case managers worked for, their professional backgrounds, and their areas of emphasis. These titles included reentry specialist, reentry parole officer, program specialist, site facilitator, workforce development specialist, and enhanced parole agent.

Only two projects reported serious challenges with case manager turnover. In one of these cases, turnover was largely attributed to the fact that the case manager position was both very difficult and not well paid. In the other case, the high rate of turnover was attributed (by former case managers) to an extremely challenging and unsupportive work environment at the employing organization.

Parole and Probation Officers as Case Managers

One key difference between projects was whether POs also served as SCA case managers, as this dual role seemed to affect the nature of case management services provided.[1] In the four projects in which POs played this dual role, certain POs were designated to serve SCA participants and they had relatively smaller caseloads that allowed them to focus on case management in addition to supervision. For example, in one project, the maximum caseload for an SCA Reentry PO was 60, whereas regular POs in that agency had average caseloads of more than 100.

In general, projects experienced advantages and disadvantages in blending supervision with case management functions. On the one hand, blending the two roles could help head off potential "turf" issues between POs and separate case managers (the existence of such issues was

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[1]   Participants whose SCA case managers were not POs may nevertheless have had an assigned PO, depending on the participants' terms of supervision.

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mentioned by the staff members of one SCA project that did not blend the two roles). Also, having a PO as a case manager was beneficial for promoting participant retention because project participants knew they might face re-incarceration if they did not show up for appointments and services post-release.

On the other hand, participants often had negative perceptions of POs and this sentiment could adversely affect their ability to fully benefit from SCA (and from case management specifically) if their POs also served as their SCA case managers. In fact, staff members from one project cited these concerns in explaining why the project chose to have *non*-parole officers assume case management responsibilities.

Another challenge was that POs who were SCA case managers needed to embrace a cultural shift to make their work consistent with a social service model. In one project, for example, where the larger culture of the parole department was centered on surveillance and enforcement, SCA project leadership often struggled to convince POs that targeting services to identified needs and using evidence-based practices to improve post-release outcomes was part of a larger focus on reentry and "a new way of doing business."

The experiences of this same project also exemplified another challenge associated with having POs provide case management: simply reducing POs' caseloads did not necessarily result in fundamentally different service strategies for project participants. Although SCA POs at this project had smaller caseloads than regular POs, the nature and intensity of the services they provided to SCA participants did not appear markedly different from the services provided to parolees in this same community who were not SCA participants. This observation raises the question of whether reducing caseloads was sufficient for making POs more effective case managers.

South Dakota provides an example of a project that recognized and attempted to address these challenges. Anticipating that reducing caseloads would not be sufficient for making its POs effective case managers, this site's POs received special training to act as case managers. Its enhanced parole agents, as the case managers were known, were trained and certified on the use of what were considered the three pillars of effective post-release case management: Effective Practices in Community Supervision (EPICS), the LSI-R, and motivational interviewing. EPICS in particular was designed to develop the strengths of parole officers as "agents of change" and strengthen their working relationships with offenders in order to reduce recidivism. In addition to giving this special training, South Dakota required its enhanced parole agents to hold weekly office visits with participants, meet with participants' family members, and conduct one or two home visits per month.

The Case Managers' Role in Planning for Services

Among the most important roles that case managers played were helping to get participants enrolled in SCA and planning for the services participants would receive. With respect to the enrollment process (described in more detail in Chapter III), case managers in seven of the 10 SCA projects were instrumental in conducting outreach and determining eligibility. For example, pre-release case managers in some sites reviewed administrative records to identify potential SCA participants, conducted SCA orientation sessions, gauged participants' suitability and interest, and took responsibility for helping participants complete intake, enrollment and study forms. Besides serving basic recruitment purposes, case managers' involvement during the outreach and intake phase helped develop early rapport and trust with project participants. Case managers in Marion County, for instance, noted that it was this initial connection that sometimes convinced hesitant individuals to participate in the first place and to ensure that they showed up for services after they were released.

Once enrollment occurred, service planning commenced, which entailed having the case manager develop a plan for participant services based on identified risks, needs, goals, strengths, and barriers. In the sections to follow, we describe the assessment of service needs that guided service planning, the process of creating and modifying service plans, and the plans' contents.

Assessing Service Needs

To inform service planning, case managers relied on parole/probation requirements, as well as on a combination of formal tools and informal assessment strategies. As discussed in the previous chapter, initial assessments often were administered in the institutions for purposes of determining supervision requirements, and the results were used for establishing SCA eligibility and informing service planning. Once participants were enrolled, however, these assessments were sometimes re-administered or new ones were added. In addition to the instruments described in the previous chapter, ones used for service planning included the Correctional Assessment and Intervention System (CAIS), the Addiction Severity Index, and the University of Rhode Island Change Assessment (URICA). (These instruments are catalogued in Appendix B.)

In addition to administering recognized assessment tools, case managers used informal strategies to help inform service planning, because they believed that the formal assessments by themselves were inadequate for understanding an individual's needs and goals. For example, although San Mateo County made use of three different assessment tools to inform service planning, case managers for that project recognized the importance, particularly during initial sessions with participants, of building trusting relationships through dialogue and allowing participants to initiate conversation about their needs, obstacles, and strengths.

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Creating and Modifying Service Plans

Nine of the projects developed formal service plans in one form or another.[2] These service plans drew on the formal and informal assessments described above, but they varied in terms of how they were developed and what procedures were used for their modification.

Normally, case plans were developed in the course of one-on-one meetings between participants and case managers, sometimes building on service plans that had previously been developed by prison or jail staff members. Some projects, such as Allegheny County, also used input from team meetings. In Allegheny, a participant's pre-release service plan was developed during a phase-one meeting attended by the participant, the case manager, and other key project staff members, including the reentry supervisor and the staff person responsible for coordinating classes within the jail. As a group, the attendees reviewed assessment results and identified needs in order to determine in which jail classes and services the participant would participate as part of the pre-release service plan. Next, the participant's post-release service plan was created during a phase-two meeting attended by the participant, the case manager, a family support specialist, pre-release class instructors, and the reentry probation officer, as appropriate. As a group, these individuals reviewed the participant's progress and made recommendations for post-release services.

Both electronic and paper systems were used for recording plans. Kentucky and South Dakota documented service plans in online systems: Kentucky's system was the Kentucky Offender Management System (KOMS), and South Dakota developed electronic plans that were stored on its Wide Area Network, which facilitated access by parole agents and select community providers with granted access. By contrast, Oklahoma documented all (pre-release) case management needs in the Starting Point-Scoring Form and Intervention Plan paper booklet that comes with the Starting Point assessment tool. There, space is provided for case managers to assess and document participants' risk levels in eight areas and to take daily notes on participants' progress in pre-release classes.

Regardless of how the service plans were developed or where they were stored, the plans were viewed as living documents that needed to be updated to be responsive to participants' shifting circumstances and needs, particularly as key milestones were achieved. Case managers in San Mateo County indicated that such milestones and transition periods — such as entering or graduating from treatment programs — were the most vulnerable times for participants and served as natural points of plan modification.

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[2]   Marion County was the only project that did not produce any type of service plan. Doing without service plans was a reasonable strategy given that its project consisted of a highly prescribed, full-time, twelve-week class.

Content of Service Plans

Service plans prescribed SCA services for the pre-release period, the post-release period, or both. However, case managers were generally less focused on planning for pre-release services than for post-release services for a number of reasons. First, jail or prison programming may have occurred prior to enrollment. New Hampshire's and Kentucky's projects, in particular, enrolled participants after or just before release and thus all pre-release services participants received were not part of the SCA case managers' planning responsibilities. Second, participation in jail or prison programming was sometimes not required or even emphasized as part of SCA project enrollment. This situation was the case for both the San Francisco and San Mateo County projects. Third, when SCA projects did require certain pre-release activities (as was true in Marion County and South Dakota, for instance), these activities were rather standardized in nature, making it unnecessary for case managers to engage in a great deal of service planning.

In this context, Allegheny County, Oklahoma, and Richmond stood out with regard to their relative degree of emphasis on planning for pre-release services. In these projects, the customized pre-release service plans developed by case managers included lists of classes and services in which the participant was expected to participate while incarcerated. An emphasis on pre-release service planning in these sites reflected their emphasis on engaging participants in pre-release services in order to change mindsets, thinking, and behavior patterns as a critical foundation for post-release services and success, and getting participants accustomed to meeting expectations.

While not all projects had their case managers develop detailed service plans focused on pre-release services, all but one project developed plans for post-release services (as noted earlier, Marion County did not develop service plans due to the highly structured nature of its post-release services). Planning for post-release services typically began while participants were still incarcerated. According to a number of staff members at different SCA projects, beginning the process of planning for post-release services while participants were still incarcerated had the advantage of building relationships between participants, post-release case managers, and, sometimes, various project partners early in the reentry process. For example, in Oklahoma, many of the members of the project team (including community partners) who would work with participants both before and after release introduced themselves to participants at the project orientation. Project staff members cited this early relationship-building as one of the most significant contributors to the success of its project, because it helped establish trust and was felt to enhance project retention. Allegheny County had a similar practice of having staff members from one of its key post-release service providers, Goodwill Industries, come in during pre-release to start building bonds with inmates.

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Carrying out post-release service planning before release also allowed case managers to have a plan in place for the immediate post-release period. Participants in projects following this model often met more frequently with their post-release case managers as their release date neared, to be sure a plan was in place that addressed pressing logistical issues for the transition period. Such issues included identifying suitable post-release living situations, making initial appointments with parole/probation officers and case managers, arranging for transportation from the jail or prison, and documenting an individual's plan of action for the first day (e.g., meeting his or her case manager at a residential treatment facility). San Francisco described this type of logistical planning as covering "where they're going, who their support system is, who is going to pick them up, what is their reporting day."

Logistical planning during the transition period also occurred among SCA project staff members. When a participant neared release in Memphis, for example, the post-release case manager worked with the pre-release case manager to create a transfer packet that included the participant's demographic and contact information, arrest record information, list of pre-release services received, and a release/transition checklist. In South Dakota, enhanced parole agents — who took over case management responsibilities post-release — worked with the prison site facilitators to develop release plans for project participants. Similarly, Richmond case managers began developing a customized transition plan for each participant approximately 45 days prior to release. To create this plan, the pre- and post-release case managers and the project participant reviewed the services received while incarcerated and then focused on preparing for the first few months after release in terms of needed treatments and supports.

Of course, plans also focused on participants' longer-term goals and needs. Though plans varied greatly, just as participants' needs varied, case managers routinely focused on planning in four core areas: substance abuse treatment, housing assistance, employment services, and mental health services. Case managers indicated that a great proportion of their clientele had chemical dependency issues, sometimes co-occurring with mental health issues. Housing was also often a challenge, because participants frequently "burned bridges" with family members and other potential providers of support and because available housing that met parole conditions was often not affordable. Along with housing and treatment services, monetary concerns topped the list of post-release planning priorities, so case managers needed to help prepare project participants to find legal ways of supporting themselves and their families. Strategies for addressing additional needs and goals were identified as well. In Richmond, for example, the post-release service plan included the following sections: self-assessment, housing, personal identification needs, financial obligations, community reintegration, work, education, physical health, mental health, substance abuse, and expectations. Each of these sections covered participant goals, what supports were already in place, barriers, and an action plan.

Service Management and Service Delivery

Once service plans were developed, case managers' responsibilities shifted from planning towards plan implementation. Overall, across projects, case managers tended to meet approximately once a week with participants post-release, a frequency that was similar to that of pre-release meetings. However, the length, intensity and focus of case management sessions were highly variable, and depended on the relative stability and perceived needs of the participant, such as whether the participant was at high risk for recidivism or was perceived as being particularly "needy" or "high maintenance." For example, Kentucky's post-release case managers saw moderate-risk parolees once per month, while they met with high-risk parolees twice per month. Frequency of interactions also varied because case managers in some projects supplemented their service planning and coordination roles by acting as class instructors, support-group leaders, or therapy session facilitators. Acting in these capacities allowed case managers to capitalize on their professional training or backgrounds — for example, as workforce development specialists or trained therapists — and provided further opportunities for them to interact with project participants in meaningful ways.

As one case manager described it, "you really get your hands dirty post-release," because participants may require assistance with a diverse menu of immediate needs — such as transportation to appointments, family reunification, and medical care — before they can focus on larger goals such as employment. Moreover, because participants' needs constantly evolved with new life circumstances and with the achievement of more basic goals — such as completing a treatment program — post-release case management had to accommodate these changes and allow participants to progress to more substantive goals. At least two projects described the accommodation of these realities as a deliberately "staged" approach to case management that was intended to avoid overwhelming participants.

In addition to having case management address discrete needs (e.g., for housing or transportation assistance), case managers used the time during case management appointments to act as mentors, allowing participants to "vent" and share, and providing critical personal support. Project participants frequently shared frustrations and emotional issues that would arise naturally in the course of discussing service needs. When this level of personal sharing and connection with case managers occurred, it appeared to be an important factor in motivating participants to succeed. As one project participant stated, "They [case managers] are depending on me to do better."

In helping participants to implement service plans, case managers also engaged in service coordination. Coordination looked different depending on the service providers with whom such coordination was taking place, whether it was occurring pre- or post-release, and what vehicle was used for the coordination (e.g., regular staff meetings, formal sharing of service plans, or the

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co-location of staff). However, the coordination of services generally involved SCA project staff members working with each other, with jail/prison staff members, with POs, and with service providers.

Internal coordination. Internal to the SCA project, service coordination took place between case managers and other key project staff members, such as reentry supervisors, mentors, and family support specialists. Nearly all projects reported holding regularly scheduled meetings of such project staff members to review participant progress and to coordinate referrals and services. Additionally, there was a significant and frequent amount of informal communication about participants, particularly between case managers. A number of SCA projects reported daily (or nearly daily) case manager discussions about participants and brainstorming of service strategies, especially if case managers held different areas of expertise. For example, in New Hampshire, one of the case managers had a background in substance abuse counseling while the other had experience in housing, so they often traded ideas about coordinating services for participants. For projects such as the ones in San Mateo and San Francisco, these exchanges were greatly facilitated by shared office space and/or out-of-office time spent together (e.g., traveling to jails/prisons together).

Coordination with jail/prison staff. Case managers coordinated with institutional staff on the provision of pre-release services and/or on the facilitation of logistics that made SCA programming possible. For example, pre-release case managers in Oklahoma were co-located at Oklahoma City Community Corrections Center and coordinated with the facility to deliver pre-release classes onsite and to secure permission for project participants to attend life skills and job readiness classes offsite with a contracted partner. Weekly meetings between case managers and facilities staff members were established in order to clarify roles and responsibilities, build positive relationships, and ease initial frustrations around the process for securing permissions for inmates to receive services offsite. Similarly, in Allegheny County, the Inmate Program Administrator worked to ensure that SCA project participants had the highest priority to enroll in the jail classes and services designated in their pre-release service plans. Coordination and almost daily communication between case managers and jail staff — including class instructors — was further facilitated by the fact that case managers were housed within the jail's Reentry Center where classes took place.

Coordination with parole and probation officers. In the projects where case managers were *not* POs, case managers coordinated with POs with varying degrees of intensity. However, both the POs and the case managers generally benefitted from regular contact, as each contributed something valued by the other. For example, POs helped inform case managers' service plans (e.g., with court orders and parole/probation conditions, and/or with results of assessments they conducted) and provided "incentive" or assistance in getting participants to show up for project

services. Conversely, case managers kept POs informed of participants' performance and progress, and notified them if participants went missing or were struggling. As one PO noted, it was helpful to work with the SCA case managers because they served as "another set of eyeballs" and provided another link to community resources. Having the support of the case managers helped the POs realize that, as one PO remarked, "it takes a community to provide comprehensive services to rehabilitate an offender."

At the same time, the relationship between case managers and POs involved walking a fine line, as case managers needed to respect the authority of POs while retaining the trust of project participants. The projects in San Mateo and Allegheny Counties struck this balance in part by hiring specialized coordinators who served as the case managers' liaisons to the larger probation departments.

Coordination with project partners. As discussed in Chapter II, each SCA project depended on both formal and informal project partners to help deliver services to participants. Project partners — which included both public agencies and nonprofit organizations — were the key stakeholders with whom case managers coordinated services. Case managers sometimes contacted project partners for planning purposes while participants were still incarcerated, or to directly provide services during the pre-release stage, but usually engaged them for various post-release services — especially for housing, substance abuse treatment, and employment services, and also to fulfill needs for food or clothing. These providers were engaged not only to meet the basic needs of participants, but also with an eye towards larger goals — e.g., to "make participants work-ready," in recognition that employment was the single most important goal for many project participants and that its attainment required that multiple needs first be addressed.

The specific nature of the coordinating relationship with project partners depended partly on whether the providers were formal contracted partners or informal referral partners. In the latter case, the case manager could simply direct the participant to a particular provider in the community. In the former case, the case manager would usually contact the provider directly, alerting its staff members of a participant who would be referred over, and following up on participant progress. In some projects, there were frequent points of coordination. For example, in Oklahoma, the Transition Coordinator (part of the case management team) contacted a project liaison at the nonprofit partner, Hope Community Services, each Tuesday to regularly provide vouchers to participants for post-release support services including food, clothing, housing assistance, utilities, furniture and household items, medical services, and hygiene products.

With more formal partners, service coordination was likely to take place at least partially through regular meetings held between case managers, other SCA project staff members, and partner representatives. For example, in San Mateo County, case managers and partner representatives came together in bi-weekly taskforce meetings to discuss participant needs and progress. In

Marion County, every participant was reviewed during a weekly staff meeting, during which classroom facilitators discussed successes and challenges that occurred during the previous week. There were also opportunities for case managers to directly observe and interact with partner programs, such as by visiting participants at residential substance abuse partners.

Generally speaking, case managers did not coordinate services with others by sharing SCA service plans. Instead, the more typical model was for case managers to relay certain needs or goals from the case management plan to an appropriate provider, whether pre- or post-release, in order to provide for services. Subsequently, case managers might follow up with partners to determine if participants were following through with plans or attending classes, and to assess progress and ongoing needs. This level of ongoing communication often happened through some combination of formal meetings (between SCA project staff members and partner representatives) and frequent email and phone contact.

Closing Out Cases

When a participant successfully completed the SCA project (defined differently by each project, as discussed in Chapter III), his or her case manager usually had responsibility for closing out the case. This typically involved confirming completion with project supervisors, sending a formal letter of congratulations, and formally exiting the participant from the project database. In some projects, case managers also carried out follow-up tasks. In Oklahoma, for example, case managers administered a survey to project completers at 30, 90, 180, and 360 days post-release, usually by phone. The survey had a total of 33 questions across six topic areas including employment and education, housing, treatment, pro-social activities, and public assistance. Individuals who participated were rewarded with Walmart gift cards, a practice that contributed to a high response rate. In other projects, case managers continued to provide project completers with ongoing guidance, referrals, and information about job openings. As one case manager explained, "this [ongoing support] is something that is not required, but we do as professionals." In New Hampshire, for example, case managers were clear that strict exit criteria did not exist, and project participants often returned for additional assistance even after "graduation," which was defined as participating in the project for 12 months without recidivating.

In projects where case managers were POs, one additional step upon project completion was determining who should serve as the participant's PO when the individual's spell of SCA participation ended. In the Kentucky project, the specialized PO who provided SCA case management administered another round of the LS/CMI to each participant who completed the project and, based on this score, transferred the participant to a regular PO who handled either lower-risk or higher-risk individuals. In Oklahoma, by contrast, a participant remained on the SCA PO's caseload even if the participant's parole/probation term extended beyond the period of

SCA project services, in deference to the solid relationship that was assumed to have been established between the participant and the PO.

When participants were unresponsive or had "disappeared" from the project before completion, case managers also played a role. They would typically attempt to reengage missing participants by contacting any number of people who might know their whereabouts — including drug counselors, POs, listed emergency contacts, and family members — and making home visits to the last known physical address. As one case manager described, "When we knock on the door, family can give them the push or the finger-pointing they may need." In Memphis, this type of activity was part of a larger strategy of involving family members during the pre-release stage as key supports and possible "back ups" for case managers. Key challenges for re-engaging participants included their often transient nature or "house hopping" habits and outdated contact information (for both participants and their listed emergency/family contacts). For projects where case managers were POs, participant attrition was not considered a challenge, given the more dire consequences that individuals faced if they did not show up as scheduled.

V. DELIVERY OF ADDITIONAL PROJECT SERVICES

All 10 SCA projects provided participants with a variety of services other than case
management, both prior to and after release from jail or prison. This chapter discusses the
types of services provided and the models used for their delivery, and then examines how
each category of service was approached both pre-release and post-release across the
projects. Key findings are summarized below.

- Projects provided a variety of services beyond case management, including
  employment assistance, substance abuse treatment, cognitive behavioral therapy,
  and pro-social services.

- The grantees provided these services in three ways: they were provided directly by
  the grantee, through a formal contract with a partner agency or organization, or by
  referring participants to providers with which the grantee had no formal
  agreement. Projects relied most heavily on the last of these approaches,
  particularly for providing pre-release services.

- Three projects did not provide or coordinate any pre-release services, because they
  enrolled participants in SCA shortly before or just after the participants' release
  dates.

- All 10 projects made a range of post-release services available to participants.
  Adopting a needs-based approach to service delivery, project staff members used
  assessment results to determine which services participants needed and brokered
  connections or used formal partnerships to make those services available.

Types of Additional SCA Project Services

The additional services that SCA projects made available to participants were quite varied,
and covered such areas as job training, mental health, and basic needs like housing.
Although these services could be categorized in different ways, this report follows the
scheme used in the quarterly reporting requirements BJA produced for SCA grantees.
Under this scheme, non-case management services are divided into seven categories, as
listed in Exhibit IV-1.

SCA projects generally placed a strong emphasis on "needs-based" services, wherein staff
determined participants' needs through the assessment and service planning process

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described in Chapter IV. Therefore, participants generally engaged in only the services they felt were needed.

Marion County serves as something of an exception to this generalization. This project developed a comprehensive post-release curriculum exclusively for SCA participants that integrated five of the seven types of post-release services. This program, called the Student Opportunity for Achieving Results (SOAR), took a holistic approach to re-entry services by covering vocational rehabilitation, motivation, cognitive behavioral therapy, substance abuse treatment, family re-unification, pro-social skills, and financial planning. All SOAR class components were required, but the interactive nature of the classes allowed each individual to tailor the lessons around his or her own situation and issues.

Exhibit V-1:
Seven Categories of SCA Project Services

Category	Service Description
Education and Training	GED preparation and testing, vocational and community college education
Employment Assistance	Job search and placement assistance, employment opportunities, soft-skills training, resume development, interviewing skills training
Substance Abuse Treatment	Intensive, outpatient, 12-step or change-model substance abuse treatment administered by licensed specialists
Mental Health Services	Mental health screenings, referrals to mental health services, and subsidized medication
Cognitive Behavioral Therapy	Psychotherapeutic approach that addresses dysfunctional emotions, maladaptive behaviors/cognitive processes and contents through a number of goal-oriented, explicit systematic procedures
Pro-Social Services	Stress and anger management services, peer support, leisure activities, family and parenting classes, and mentoring
Housing Assistance and Other Supportive Services	Subsidized housing, housing placement services, and vouchers for food, transportation and other needs

Models of Service Delivery

The ways in which SCA projects provided or made available these additional services to participants varied in structure, strategy and overall intensity. As shown in Exhibit V-2, the projects used three primary service delivery models: direct service provision, formal partnerships, and informal partnerships.

Exhibit V-2:
Three Service Delivery Models for Non-Case Management SCA Project Services

Delivery Model	Nature and Terms of Agreement	Treatment of SCA Participants	Advantages	Disadvantages
Direct Service Provision	Provided by grantee or contracted case managers	Exclusively for participants*	Specifically tailored to SCA participants; project controls access and engagement	Grantee and case managers typically do not have sufficient expertise to provide all services
Formal Partnership	Grantee pays for or has other formal arrangement to provide services, and partner reports on services provided	Participants given priority over others	Provides participants with priority access; services coordinated by the project	Typically costs the project money; requires regular communication; limited by the availability of capable providers
Informal Partnership	No specific terms or agreement; grantee or case managers provide referral	Participants are like all others seeking services	Most flexible and least costly and allows case managers to use any service available in the community	SCA participants have same access to services as non-participants; little formal follow-up on participant involvement in services

* The SCA projects in Marion County and Kentucky funded a small number of services, both pre- and post-release, with the SCA grant that were not part of the impact study and thus were available to any offender who otherwise qualified, regardless of their involvement in the study. This distinction between the services encompassed as part of the impact study and the services supported through the grant is discussed in Chapter I and noted, where applicable, below.

In the *direct service* model, the grantee (or the provider of case management services, if separate from the grantee) provided the additional services itself. This model of service delivery provided projects with the ability to offer exclusive services to participants and the benefit of a high degree of monitoring and control of the services participants received. However, grantee staff typically lacked the expertise required to deliver a wide range of services directly, so grantees used this service delivery model very selectively, reserving it for the services for which they were best set up to deliver.

Under the *formal partnership* model, SCA projects arranged with other providers to deliver services on the projects' behalf. The grantees did so by paying for the services on a fee-for-service basis, funding a service provider in a lump sum to increase that provider's capacity, or making some other formal agreement with a provider to ensure that SCA project participants had priority of service. In these instances, the partner organizations would also typically be required to coordinate with project case managers and report to the grantee on the services they provided to SCA project participants. Grantees used the

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formal partnership model widely, because it allowed them to ensure access to a wide array of services delivered by qualified providers with specialized expertise. At the same time, services delivered through formal partnerships could be costly, and this fact limited their use to some extent. In addition, quality providers of some services were not always easy to find.

Under the *informal partnership* model, case managers made unfunded referrals to community organizations with which they had relationships of varying strength. This model of service delivery allowed SCA projects to offer a wide array of services, as the need arose, at no real cost to the project. The trade-off of this model of service delivery is that it offered relatively little benefit to an SCA participant over what he or she may have experienced if not enrolled in SCA, since informal partner provider services were available to non-participants who were otherwise eligible. SCA project staff members also tended to coordinate less closely with informal partner providers than they did with formal partner providers.[1] Nevertheless, SCA project participants, in theory, should have been more likely than non-participants to engage in services offered through this model because their case managers identified their service needs and sometimes brokered connections.

Extent of Direct and Formal Partnership Services

The SCA projects weighed the various advantages and disadvantages of each service delivery model somewhat differently based on their priorities, provider networks, and budgetary constraints. Thus, they made different decisions about which models to use for which services. However, in general all projects made widespread use of the informal partnership model and made limited and more targeted use of the direct service and formal partnership models. Exhibit V-3 shows how projects used these latter two models for particular pre-release and post-release services. In this exhibit, a solid dot signifies a service that an SCA project provided directly, while a hollow dot signifies a service provided through formal partnerships.[2]

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[1] As with numerous aspects of program implementation, informal partnerships varied in strength, but tended to be less well coordinated and less tightly monitored than formal partnerships. The SCA project in San Francisco, however, was an exception: project staff members were able to maintain well-coordinated informal partnerships by relying on additional services run within its parent agency, HealthRight 360.

[2] Housing assistance is shown as a column for post-release services but not pre-release services, for obvious reasons. Additionally, the SCA projects in Kentucky, Marion County, and New Hampshire did not provide or coordinate any additional pre-release services for project participants, because they enrolled participants only after release or just shortly before release. While the grantees in Marion County and Kentucky did fund some pre-release services with their SCA grants, they offered these

Exhibit V-3:
Pre-Release and Post-Release SCA Services Delivered by
Direct Service or Formal Partnership

	Education and Training	Employment Assistance	Substance Abuse Treatment	Mental Health Services	Cognitive Behavioral Therapy	Pro-Social Services	Housing
Pre-Release							
Allegheny	○	○	○		○	○	
Kentucky	*(Did not provide or coordinate any pre-release services)*						
Marion County	*(Did not provide or coordinate any pre-release services)*						
Memphis				○			(Not applicable)
New Hampshire	*(Did not provide or coordinate any pre-release services)*						
Oklahoma	○	●/○	○	○	●	●	
Richmond	○	○					
San Francisco					●		
San Mateo						○	
South Dakota					●		
Post-Release							
Allegheny	○	○	○			○	
Kentucky		○					○
Marion County		○	○		○	●/○	○
Memphis		●	●				
New Hampshire		○	●	○		○	
Oklahoma	○		○	○			●/○
Richmond		●/○	○				○
San Francisco		○	○	○		○	
San Mateo	○	○	○			○	●
South Dakota			○		●/○	○	●

Key: A **solid dot** signifies a service provided through direct service-provision while a **hollow dot** signifies a service provided through a formal partnership. A solid and hollow dot divided by a slash indicates that both models were used by the project for that service.

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services to all incarcerated individuals equally, regardless of their involvement in the SCA project or the study. SCA participants of all three projects participated in various pre-release services provided in the prisons, but not due to efforts of the SCA projects.

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As the exhibit shows, with the exceptions of Allegheny County and Oklahoma, the projects generally relied predominantly on informal partnerships to provide project services for participants still in jail or prison, and made little use of direct service or formal partnerships. Project staff members gave two main reasons for relying so heavily on informal partnerships for pre-release services: services of various types were generally already available to offenders as part of existing jail or prison programs, and it was difficult to integrate unique SCA service components into the jail or prison environment. For the provision of post-release services, by contrast, projects more commonly used the direct-service or formal partnership models (although they still made very heavy use of informal referrals).

In the sections below, we provide examples of the use of direct delivery and formal partnerships for providing pre-release and post-release services in the seven service areas, but remind the reader that nearly every project additionally relied on informal partnerships for every service area.

Education and Training

While SCA staff members frequently mentioned the importance of education and training services, they spoke about the ready availability of adult basic education and GED classes in the jails and/or prisons and in the communities at large.

For this reason, only a few projects used formal partnerships to provide education and training services. For example, Allegheny County partnered with an education provider, Allegheny Intermediate Unit (AIU), to ensure that SCA participants would have priority access to education services in the Allegheny County Jail and upon release. These services covered basic literacy, GED preparation and pre-apprenticeship training in masonry, construction and electrical positions. Because most ex-offenders cannot focus exclusively on education due to work and family obligations upon release, AIU offered a variety of morning, afternoon, and evening classes to accommodate students. Similarly, Oklahoma relied on formal partnerships with TEEM and the Oklahoma Department of Career and Technical Education (Career Tech) to deliver pre-release and post-release literacy and occupational training, including industry-related certifications in workplace safety and training in construction fields. San Mateo County contracted with a partner to provide post-release occupational training in office work and health care, among other fields.

Unfortunately, while increasing the educational attainment of participants was an important goal for projects given the relatively low education level of the offender population, staff members often noted that post-release education services coordinated by the projects were not frequently used by participants. Even the projects mentioned above had only a small amount of take-up for their education services.

Employment Assistance

As with education and training services, most projects relied on existing pre-release work readiness and job search services within the existing correctional systems. However, as was shown in Exhibit V-3, three grantees developed services that were specific to the project and that were offered in addition to pre-existing jail/prison services. All three provided, at minimum, a work readiness class, which included training in soft skills (e.g., interpersonal communication skills, time management skills, etc.), resume development, job searching, and proper job interview attire. For example, Richmond partnered with Goodwill of Virginia to provide pre-release work readiness services, with topics such as "Working through Your Criminal History," rights restoration for employment, financial literacy, and resume development. Similarly, Oklahoma helped participants register in the state's job matching system and administered a WorkKeys assessment that helped identify skill sets and areas of need.

Employment assistance through direct service or formal partnerships was far more common after participants were released from jail or prison, with eight of the 10 SCA projects arranging for this service. Work readiness classes arranged by the projects covered topics such as critical thinking, résumé development, online job searching, and interview preparation, and sometimes also conflict resolution and team building. Kentucky arranged for such topics to be covered in its work readiness course, and participants received a $50 voucher for full attendance.

In addition to providing work-readiness services for groups, several projects provided individualized job search and placement assistance, which typically involved case managers or formal partner staff members working one-on-one with participants to assist them with finding jobs. For example, San Mateo County partnered with Job Train to provide a dedicated employment specialist and funded a special Caltrans Transitional Employment program (Caltrans is California's highway agency). The employment specialist provided each participant with a 30-day, one-on-one job-search and life-skills training, and some were selected to become part of a Caltrans work crew.

Substance Abuse Treatment

Pre-release substance abuse treatment services were frequently available within the jails and prisons that housed SCA participants, allowing most projects to forgo the development of their own unique pre-release substance abuse treatment services. These existing services were standard group-based Alcoholics/Narcotics Anonymous or similar programs.

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Only two grantees went beyond these standard pre-release offerings. One, Allegheny County, used in-kind match dollars to have Allegheny County Health Services (ACHS) offer a multi-modal Motivational Enhanced Relapse Prevention (MERP) program. The MERP program, based on cognitive behavioral therapy, was offered four days per week for three hours per day for 12 weeks.

However, the frequency of substance abuse issues among ex-offenders and the propensity of substance abuse to be a factor in recidivism were instrumental in inducing grantees to integrate substance abuse treatment services very heavily into their post-release SCA projects. In fact, nine of the 10 projects used formal partnerships or the direct service model for post-release substance abuse treatment. For example, Oklahoma had a formal arrangement with COPE, Inc., a local non-profit that provided substance abuse treatment with cognitive behavioral therapy-based services delivered in a combination of individual, group and/or family settings. Rather than limit substance abuse treatment services to a single partner, San Mateo County elected to allow SCA participants to access services from any of a number of providers contracted by the San Mateo County Health System's Division of Behavioral Health and Recovery Service (BHRS), on the premise that making a large number of substance abuse treatment options available would allow participants to access ones that addressed their specific needs and barriers.

Mental Health Services

Only three grantees provided mental health services directly or through formal partnership, with the others relying exclusively on services already available within institutions and communities. Among the three, Memphis contracted with a doctor to provide mental health/behavioral assessments to SCA participants while they were incarcerated and Oklahoma partnered with Hope Community Services to provide mental health therapeutic sessions both pre-release and post-release. San Francisco partnered with the IRIS Center to provide gender-specific outpatient mental health and trauma services.

Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) addresses dysfunctional emotions and maladaptive behaviors and cognitive processes through a number of goal-oriented, explicit systematic procedures. While CBT was often used in the delivery of substance abuse treatment services by SCA projects and was often used in other prison programming that projects may have promoted through informal partnerships, four projects developed CBT-specific classes to be delivered pre-release and two others offered such classes post-release.

These six projects employed a number of different CBT curricula. One was "Thinking for a Change," which addresses thoughts and beliefs that lead to anti-social and criminal

behaviors. In another project, the SCA case managers were trained in Dialectical Behavior Therapy (DBT), designed to help participants improve distress tolerance and emotional regulation. Another project required SCA participants to attend "Changing Offender Behavior" and "Victim's Impact" classes, and, in South Dakota, the case managers were trained to provide classes using Moral Reconation Therapy, a systematic treatment strategy designed to increase moral reasoning.

Pro-Social Services

As described in the Second Chance Act performance management tool, pro-social services include stress and anger management services, peer support, leisure activities, family and parenting classes and mentoring. As with many of the other services discussed, pro-social services were much more likely to be provided by SCA projects directly or through formal partnerships after participants were released from incarceration rather than before. San Mateo County was among those projects that offered services in this category pre-release; it partnered with Service League to provide pre-release mentoring services, with the mentor serving as a personal connection that the SCA participant could talk to while incarcerated, during the transition period, and afterwards.

Four additional SCA projects integrated a mentoring component into their post-release service menus using either the formal partnership or direct service model. The SCA project in New Hampshire, for instance, partnered with the National Alliance for Mental Illness (NAMI), which matched participants with a trained, paid peer specialist based upon each participant's goals, which might be short- or long-term and include things like getting a driver's license, opening a bank account, or getting support through substance abuse treatment. Peer specialists met with participants as long as they needed and provided both social and emotional support as well as practical assistance, such as driving participants to appointments. Peer specialists were required to document their interactions with participants; these records were reviewed by a mentor supervisor as well as the project case managers so that those staff members could help address any issues that arose out of the mentoring sessions.

An additional pro-social service directly provided by two SCA projects consisted of family reunification services and parenting classes. The SCA project in San Francisco, which served only women, partnered with the Homeless Prenatal Program (HPP) to help participants navigate the child welfare system, with the goal of ultimately reuniting participants with their children. Reunification programs at HPP included a Drug Dependency Court, which targeted parents in recovery who were reunifying with their children through the San Francisco Superior Court, and the "Keeping Families Together"

program, which assisted substance abusers who were alleged to have neglected or abused their children.

Marion County had a number of parenting services as part of its SOAR class. These included the "MATRIX Family Education Group," which occurred every Wednesday for one and a half hours during the entire 12-week SOAR program. When possible, participants' family members also attended some of these sessions. The SOAR class also organized weekly pro-social leisure activity field trips. According to SCA staff members, the purpose of these trips was to show participants wholesome social activities and to help them become active members of the local community.

Housing Assistance and Supportive Services

One of the most frequently cited post-release service needs among SCA participants was housing. Unfortunately, transitional housing and other housing services were often extremely difficult to secure for SCA participants. Most of the housing options available to participants were boarding houses, which were (as one case manager remarked) "often full of drug use and other ex-offenders who [were] not a good influence for someone trying to change."

In response to these issues, each of the 10 SCA projects incorporated some form of informal referral mechanism for housing services. Six projects, however, also developed more formal housing service components, using either formal partnerships or the direct service model to make housing available.

Kentucky, for instance, used SCA funds to support access for participants in the Safe Locations program, which provided shelter for parolees who unexpectedly found themselves in situations that could potentially be grounds for parole violation. In Marion County, the project used SCA funding to support the Quest for Change House, which was a transitional living facility where up to 12 SCA participants could stay during the SOAR class. Staff members then helped participants search for housing after the end of the class.

Other projects adopted a voucher-based approach or other direct payment model. For example, San Mateo County offered SCA participants emergency housing vouchers (in case they needed to stay at a motel for a short period until more permanent housing became available) and 60 days of transitional housing at one of the local transitional housing facilities. Oklahoma offered to pay for participants' down payments for housing (up to $250), rent (up to $1,200 total) and emergency housing costs (up to $400), and the South Dakota project paid for up to 90 days at a transitional living facility or up to $1,250 for startup housing costs (including down payments, security deposits, first month's rent, etc.) for an apartment or other long-term housing situation.

Vouchers to help participants meet other needs were also available. For example, most
projects provided participants with bus passes and some offered direct support for the
purchase of work clothing, groceries, or other necessities

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VI. CONCLUDING OBSERVATIONS

This chapter takes a broad view of the projects' efforts and achievements. To establish a clear
context, it begins by identifying the goals that projects established for their participants and notes
the barriers that impeded the realization of these goals. It next describes some of the lessons that
grantees learned in implementing their projects and discusses the steps they took to improve the
availability of reentry services, use evidence-based practices, build and grow project
partnerships, secure further funding to help support long-term sustainability, and inculcate a
cultural transformation regarding reentry planning.

The Context for Achieving Participant-Level Outcomes

Consistent with the initial grant announcement released by BJA, the major goal of the SCA
projects was to reduce recidivism by 50 percent.[1] Projects were expected to meet this goal by
achieving many intermediate outcomes, such as increasing employment, education, and housing
opportunities, promoting participation in drug and alcohol abuse treatment programs, and
reducing the incidence of violations of release conditions. Achieving these intermediate
outcomes mattered to participants because doing so helped them meet their immediate, basic
needs for food, clothing, housing, and emotional support and allowed them to meet supervision
requirements.

However, the study team also learned about the deep level of transformative change that many
projects expected of their participants, with the goal of having them come to think of themselves
as workers, family members, and all-around good citizens rather than as offenders. Many
participants embraced this change. As one participant explained, "I want to run my life. I had a
life before addiction. I want to live normal." Another participant discussed how he was changing
his mindset and taking responsibility for his own life, which involved reconciling his goals with

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[1]   The grant announcement defines recidivism as "a return to prison and/or jail with either a new conviction or as
      the result of a violation of the terms of supervision within 12 months of initial release."

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the reality of his past so that he could achieve the kind of social stability needed to avoid recidivating.

This interim report is not intended to analyze what outcomes participants achieved; that task will be deferred to the final report, due at the project's conclusion. Nevertheless, in evaluating the implementation of the SCA projects, the desired participant outcomes serve as an important backdrop against which to view the projects' efforts. What barriers did individual participants face in trying to achieve their goals? What broader societal factors stood in the way of both grantees' efforts and their participants' successes? Overcoming these obstacles was clearly at the forefront of grantees' efforts, and project staff members mentioned the obstacles frequently during interviews. They therefore constitute an important context for understanding what the projects achieved.

Individual-level Barriers to Positive Outcomes

As an extensive body of literature attests, the formerly incarcerated have many characteristics that constitute barriers to successful reentry. These barriers include generally low levels of education, high incidence of substance abuse and mental illness, and generally poor coping skills.[2] According to interviews with project staff members, these barriers were very much in evidence among SCA participants. Participants were often so far behind in their education that reaching even basic levels of educational attainment was a long-term goal requiring significant patience and time. Mental health and substance abuse issues also created frequent setbacks in participant progress, as did a variety of other skills-based, psychological, and physiological deficits.

- *Participants exhibited poor social skills*. In short supply, as noted by project staff members, were the abilities to interact civilly, dress appropriately, set goals, and handle stressful situations. A related challenge was "un-learning" certain behaviors. Project staff members mentioned that participants had learned from their experiences in prison or on the street to perceive making eye contact as threatening, and had difficulty shedding this orientation in business or employment situations. Participants often grew impatient at having to relearn what even they recognized were very basic social skills, and this impatience slowed their ability to find work and stabilize their lives.

- *Some participants lacked a willingness to change.* Some participants were simply not ready to accept the scope of the changes needed to turn around their lives. Furthermore, they had poor self-perceptions and low expectations about their abilities to succeed, and they often lacked the kind of self-reflection and sense of self-awareness needed to bring about change.

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[2] See, for example, Petersilia 2003.

- *Participants had weak or nonexistent support networks*. Lacking support networks, participants often had few people with whom they could share concerns, solicit advice, receive validation for positive efforts, or seek financial or other assistance.

- *Past trauma affected numerous participants, especially women.* The abuse and violence that participants had endured caused them difficulty in adapting and led them to act in unproductive ways.

- *Unknown issues affected some participants.* Several staff members discussed instances in which participants would unexpectedly disappear without any prior indication of stress or trouble, suggesting that sometimes barriers were so deep-seated that staff members (and participants themselves) were not always able to anticipate or understand them.

While SCA projects were designed to help offenders overcome many of these barriers and achieve the outcomes described above, success would clearly not be easy.

Community and Societal Barriers

Adding to the numerous personal barriers that participants faced were several conditions in the larger community that prevented offenders from achieving success.

- *Employment opportunities were scarce.* Finding employers who hired former offenders was a significant challenge. Even the employers ready to hire offenders often wanted only those with non-violent offenses, leaving SCA participants who had more serious offenses with few options. Further, the jobs that were available tended to be low-skill positions, such as those in landscaping and hospitality, which offered little money and few growth opportunities. As one staff member put it, "they are the jobs that others would not consider."

- *The economic downturn sometimes affected employment opportunities and services.* Interestingly, respondents at several of the SCA projects suggested that the downturn in the economy had little impact on the availability of jobs.[3] They noted that finding employment was difficult, but that the primary reasons were the well-established ones, like the limited experience and education of offenders and discrimination against them. Some staff members, however, believed that the downturn did seem to slow the hiring process and that job placement for offenders was taking longer than usual. They also noted that cuts in services made in response to local governments' budgetary issues affected the availability of both publicly provided services and those from non-profits, especially in the area of housing.

- *A changing policy landscape affected a few projects.* Four projects were affected by changes in laws or policies that aimed to decrease prison sentences and/or reduce the amount of supervision required of individuals after release. These changes affected

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[3] In the spring and summer of 2012, when the data collection for this study occurred, the U.S. had recently emerged from a recession but still posted a seasonally adjusted unemployment rate of more than 8 percent.

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projects' ability to identify and recruit participants, as well as their ability to support
them.

- *Community support for some projects was weak.* Staff members from a few projects
  noted that community support for reentry efforts was not as strong as they would have
  wished, and they cited their communities' general intolerance of aberrant behavior as a
  possible reason for this lack of support.

Lessons Learned in SCA Project Implementation

Building and implementing the service components and partnerships needed to overcome these
challenges was not easy. While many of the challenges encountered in implementing the reentry
projects were expected due to the barriers of the population served and the overall complexity of
the programs, others were not — or simply presented larger-than-expected obstacles. Knowledge
of these unexpected challenges can benefit similar efforts undertaken in the future.

- *Demonstration projects need ample ramp-up time.* Staff members at several SCA projects
  noted that it took them an unexpectedly long time to develop services and to get them
  operating smoothly. In particular, it took significant time and effort to identify
  community partners capable of providing project services; identify and hire committed
  and skilled project staff members; train staff on the use of evidence-based reentry
  programming; establish effective communication patterns between project staff members
  at all levels; provide partners with opportunities to share information about project
  participants; and overcome organization- and/or department-level tensions around project
  roles, responsibilities and lines of authority. Overcoming these challenges took projects
  anywhere from several months to a year and needed to be addressed, at least in part,
  before projects could enroll participants and begin providing services.

- *Identifying and training case managers is a crucial program design step.* Case
  management played a pivotal role in SCA project design. Case managers coordinated,
  and in some cases delivered, the range of services made available through the projects
  and available elsewhere in the community. However, these staff members needed to be
  prepared to work with participants in ways that linked services to actual participant
  needs. Projects that employed POs as case managers needed to decrease POs' caseloads
  and provide the POs with significant training and support on activities such as using
  assessments and giving participants advice and support rather than merely monitoring
  them. The remaining projects, whose SCA case managers typically had experience in
  social services settings, often needed to engage in new efforts to have their employees
  work closely with correctional staff. Additional training on evidence-based practices was
  also involved.

- *Reentry success could be improved by funding more housing and mental-health service
  providers.* Staff members from five SCA projects noted the shortage of safe (and
  affordable) housing options and commented how unstable environments tended to have
  negative effects on participants' reentry success. Similarly, staff members from three
  projects explained that suitable mental health services existed, but that the demand for
  such services far exceeded the supply. These barriers to service provision highlight the

potential importance of community factors outside the realm of case management and over which reentry projects have little direct control.

- *Female offenders need reentry services and assessment methods that are different from those designed for male offenders.* SCA projects that served significant numbers of women drew attention to the unique needs of female offenders. Staff members characterized female offenders as having generally lower self-esteem than male participants and very different post-release needs (e.g., the need to be with family and children rather than finding work). The biggest challenge these projects had was with assessment tools that could assess women as being of low risk due to the genuinely lower risk they presented to others, a conclusion that completely missed their high levels of need. These projects also noted that reentry services worked best when they took into account that the factors leading women back to prison were often different from those causing men to recidivate.

- *Developing new partnerships takes time.* Many grantees had been working on reentry programming prior to the SCA grant and had certain partners readily available at the time of the grant award. Other grantees, however, needed time to seek out new partners. Staff members from these grantees noted that they did not always find providers that they deemed to be effective, and it often took a considerable amount of time — at least a year or two — before grantees felt that these relationships were substantially developed.

- *Relationships with partners should receive focused attention to prevent underutilization of services.* While many partnerships appeared quite strong, anecdotal evidence suggests that some partnerships were weak or not that well utilized by case managers. For example, although educational services tended to be readily available in the grantees' communities, take-up rates were low, which might have been due to the weak communication between the grantee and the partner organization. Staff members also cited the lack of referral guidelines for case managers as a possible explanation for the low use of some services.

- *Preventing staff turnover needs to be a high priority.* Turnover among case-managers was a significant problem for at least two projects. These staff members were sometimes not paid particularly well and were not always the most experienced with offender populations. Staff members at one project noted a lack of support from leadership around the challenging work that they do, and that this led to staff burn-out. Because staff turnover was highly disruptive for organizations and their clients, it would be wise for future reentry projects — and their leaders — to take steps to limit staff turnover. These efforts should extend to hiring practices, compensation policies, and staff development.

Creating the Foundations for System-Level Changes

An important goal of the SCA evaluation is to assess the system-level changes that occurred as direct and indirect results of grantees implementing their SCA projects. While it is too early to tell if the changes instituted by grantees will be sustained or if they can extend to the broader criminal justice and reentry systems in grantees' states and communities, it is possible to identify the ways in which SCA projects changed "business as usual" and created practices worthy of

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continuation and emulation. These changes included the following: (1) increasing the availability of reentry services and developing new service-delivery models; (2) adding evidence-based practices to the delivery of reentry services; (3) growing and developing partnerships among organizations and agencies involved in providing reentry services; (4) establishing financial and administrative bases for sustaining the SCA projects beyond the period of grant funding; and (5) inculcating important cultural shifts from a traditional, correctional-system perspective towards one that emphasizes transformative reentry practices.

Expanding Reentry Services and Service-Delivery Models

The SCA grant brought about new or improved case management services and made available additional project services, such as employment services, cognitive behavioral therapy services, and services targeted to women.

Changes to Case Management Services

As noted in previous chapters, the assistance case managers provided to participants formed the central component of the SCA projects. Case managers were the face of the project to participants and were the individuals responsible for ensuring that participants engaged in and completed project services. More specifically, case managers assessed project participants, planned pathways of appropriate services, helped participants navigate through a profusion of other project services and supported participants with whatever issues arose during their project enrollment. Whether the SCA grant fully or partly funded case managers, the case management services enabled and improved by the SCA grant greatly altered reentry services in grantee communities.

SCA-supported improvements to case management benefited reentry in three important ways.

- *The continuity of services from pre- to post-release improved.* Staff members in many sites remarked that a significant benefit of the grant was to ensure a greater continuity of services for participants as they transitioned from jail or prison to life outside the walls. In some cases, the improved continuity was due to the same case managers working with participants at both points in time. In other cases, it was a matter of coordinating pre- and post-release case management services in a relatively seamless way.

- *The grant allowed case managers to spend more time with participants.* One of the primary benefits of the SCA grant in some projects was to assign POs smaller caseloads than was typical, providing them more time to work closely with participants, network with providers, and share knowledge about resources.

- *Case managers were more prepared to work with an offender population.* Administrators for several projects noted the grant allowed them to provide training for case managers, thus building expertise in case management techniques and skills for working with offenders.

Valuable Services Other than Case Management

As discussed in Chapter V, SCA projects provided a variety of services to participants in addition to case management. Of interest in the context of system-level changes are those services that grantees newly created or significantly expanded as part of their SCA projects. Conversations with project staff members revealed several types of services or components of services that seemed to be exemplary contributions of the SCA grant and which had the potential for lasting beyond the period of the grant.

- *Employment assistance and training and work opportunities.* These services became well integrated into pre- and post-release service delivery. Most projects developed formal partnerships to deliver work readiness and employment related services and noted the importance of working with employment partners to identify offender-friendly employers as a way of overcoming the bias so often experienced by offenders seeking work. Other projects developed their own work readiness classes that helped participants prepare for the challenges of finding work. Half the projects also provided participants with formalized training and/or paid work experience, which both staff members and participants valued highly for the immediate income and the long-term skill and experience-building it provided.

- *Cognitive behavioral therapy-based services.* These services, often new, were typically highly valued. Several projects, including those in Kentucky, Marion County, Oklahoma, San Francisco, and South Dakota, had classes employing cognitive behavioral approaches. Numerous projects also incorporated these methods into substance abuse treatment services. Staff members were realistic about the level of change they expected employing these methods, noting that these approaches often did no more than "force participants to stop and look at themselves and what they were doing." Even this minor change, however, went a long way.

- *Mental health services.* Engaging in mental health services and staying on medication is often quite challenging for offenders without additional moral and financial support. Although changes in the availability of these services were more limited, a few projects endeavored to make this important feature of reentry a little less challenging. The project in New Hampshire, for instance, paid for prescription medication, while several projects helped to connect participants with mental health system providers or provided in-house therapy to participants, often in conjunction with substance abuse treatment services.

- *Pro-social services.* Services such as family reconnection services and mentoring programs provided much-needed support to participants while holding them accountable. Project staff members noted that such services were particularly crucial for many participants who had burned bridges with family members and needed a facilitated process for making repairs. In response, some projects held various pre- and post-release family reunification events and involved family members during pre- and post-release case planning. As an alternative, others employed peer support specialists, who were themselves formerly incarcerated, to serve as mentors and aids in the reentry plans of their participants.

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Employing Evidence-Based Service Planning

Overall, SCA grantees made significant strides in using evidence-based risk and needs
assessments in service planning. Commonly, grantees used some form of risk assessment tool
prior to the grant; however, at least one grantee used SCA funds to purchase risk assessment
tools and several other grantees used grant funds to purchase or develop additional needs-based
assessment tools to supplement existing risk assessments and better identify individual needs and
barriers. Many grantees also used grant funding to train their staff members on the use of these
various assessment tools, and some instituted additional points at which SCA project staff
members would assess participants. For example, they would assess at the point of project
enrollment and sometimes during program participation, rather than simply using assessment
scores from assessments administered previously by jail or prison staff.

The SCA projects used the assessment results to create service plans appropriate to participants'
needs, learning styles, and barriers. While changes to pre-release services other than case
management may have been less extensive than changes to post-release services, the use of
assessments in pre-release service planning, where it occurred, brought about important effects in
the ways services were delivered to participants inside jails and prisons. In one state's system,
for instance, participants were housed by "custody level" (i.e., minimum through maximum
security), which was tied to an offender's sentencing and behavior while in prison rather than his
or her assessed risk level. Furthermore, pre-release services were typically handled via
recommendations by prison staff members, and were often very "cookie-cutter" and not
particularly customized to need. As a staff member from another project explained, pre-release
services before SCA were more aptly termed "jail projects" than "reentry projects." After the
start of the SCA grant, however, project staff members began to weigh in and help customize the
slate of services offenders might receive pre-release, ensuring that services were customized to
individual risk-level and needs.

Changes to post-release service planning were more extensive than changes to pre-release
service planning and also made use of evidence-based practices. For most sites, the additional
use of assessment tools helped case managers more frequently customize a participant's post-
release services to his or her individual needs — both the slate of services and their sequencing.

Growth of Reentry Partnerships

Partnerships were crucial for the operation of SCA projects since grantees lacked the capacity to
provide most project services themselves. The Solicitation for Grant Announcements expected
that this would be so and therefore called for grantees to grow and develop project partnerships.
SCA grantees took to heart this call to action. In many cases, SCA project partnerships evolved

out of existing relationships grantees had with certain providers, although sometimes grantees also sought out new partnerships to deliver the full range of SCA services.

The SCA grants facilitated the growth of reentry-oriented partnerships by increasing grantees' communication with project partners and strengthening interagency coordination. Interviews with project staff members indicated that all but one SCA grantee held meetings with partner organizations on at least a monthly basis. The meetings, as well as the more frequent inter-personal communications, encouraged staff members at differing levels to discuss policy and to coordinate service delivery. A few staff members mentioned that regular communication was not just important for effective project operations and service delivery, but that it also built stronger partnerships that offered better referrals for each of the partner organizations in the future.

Project Continuation and Sustainability

The ability of these projects to sustain themselves after their BJA funding has ended is an important implementation study question but one that is difficult to answer, given that most grantees we studied have ample BJA funding remaining.

This implementation study, however, has the benefit of learning from three SCA projects (of the 10 we studied) whose BJA grants were expiring at the time we conducted our data collection. Although their specific stories vary, two of the three communities were able to draw on new grant funding from other federal agencies to continue serving reentering offenders in a similar way. Although the service mix was different and (because the new funding was not as generous as the old) somewhat diminished, at least a modicum of case management and needs-based service planning could be maintained. The third community was less fortunate, in that it could not secure new funding. Nonetheless, jail personnel made use of the partnerships they had grown under SCA and continued to refer participants to the various partner providers they had worked with under the grant; unfortunately, they were doing so without the benefit of coordinated case management or the guarantee of funded service delivery.

The other seven grantees had all received funding from BJA through 2014, which is well after the study's data collection occurred. Because of this, staff members' discussions of their projects' long-term sustainability were likely premature. Still, the study team found these conversations enlightening, with the different SCA projects falling along a continuum of certainty about their futures without SCA funding, and with several solutions to the problem of sustainability emerging.

Some projects indicated that they were avidly interested in pursuing alternative grant funding for the post-SCA era and at least one had already begun researching other grant opportunities. The

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others were less sure how they would proceed, but acknowledged that any funding provided by
the county or state agencies currently involved in administering their projects would not likely
match the amount provided through the grant. The tenor of these conversations with grantee staff
members suggested that the real decision before them was deciding which components of their
projects were worth continuing (and which would need to be cut), or whether there were other
strategic ways to cut costs. That said, these solutions may not be the only ones possible. For
some of the larger grantees, for instance, the size of the SCA grants is relatively small compared
to the parent agencies' overall budgets. While there are likely competing needs within these
larger agencies, the agencies are potentially capable of funding the projects — or components of
them — if the benefits can be shown to be great enough.

Cultural Shifts

Although permanent changes in system-wide structures and policies may be difficult to point to
at this stage in the evaluation, project staff members reported that the implementation of SCA
projects resulted in fundamental "cultural shifts," or changes in mindset among many of the staff
members of the grantees and their partner agencies. These shifts made staff members friendlier
to the ideas and approaches promoted under the SCA grants. As staff members described it,
individuals learned to downplay the prevailing view of their role as one of merely "enforcing
regulations" and came to embrace a rehabilitative philosophy designed to support offenders
throughout the reentry process using evidence-based practices.

This transformation was probably most significant among community corrections staff members,
especially when these individuals served as SCA project case managers. For example, one SCA
staff member noted that community corrections staff members came to see the work that they do
with offenders as something more like a social services job and less like one focused on
surveillance and policing. The challenge was learning to engage with offenders in different ways
than they had previously and to learn to use risk assessment tools as a vehicle for directly
communicating with offenders about their needs rather than as a screening tool.

This transformation was also apparent among community corrections staff members who were
not SCA project case managers, and among partner staff members in the jails and prisons. A staff
member from one project, for example, explained that correctional system staff members learned
through the SCA project that the reentry process needed to start within the correctional facility
and not within the community upon release. Because these correctional system staff members
needed to work closely with post-release case managers to ensure that participants were ready for
the transition to the community, they began to see that they were part of the solution. As

someone from a project put it, a transformation occurred that could be described as someone going from "jailer" to "change agent."

One reason it may be important for criminal justice system staff members to undergo this change in mindset is that it could have positive impacts on offender outcomes (which is the topic of the larger impact study). An intermediate outcome, however — one that is more germane to this report — is that it could change offenders' impressions of probation and parole. Offenders in the focus groups we conducted spoke about instances in which probation or parole officers liked to "show who's boss," were judgmental about a participant's offense, or provided only the most limited help with project referrals. In contrast, project participants nearly always described their SCA case managers positively, noting that they listened to their concerns and supported them in their various post-release efforts. To be clear, SCA projects are not proposing that the traditional criminal justice system approach is wrong or always inappropriate. As a staff member from one grantee noted, public safety and security "will always be the number-one priority." This new approach is merely offering up a carrot in addition to the existing stick.

Bringing about this cultural shift among staff members was not a simple process, however; it often involved confronting cynicism and skepticism and it took a great deal of time and effort. According to one SCA project staff member, some correctional department staff members viewed the types of change being promoted by the SCA project as a "waste of time" since offenders would simply come back into the system eventually anyway. They were also not receptive to the "warm and fuzzy" approach that they felt was being promoted by the SCA projects. Staff members from several different projects commented on this general reluctance by correctional system staff members to adopt these newer case management approaches.

What seemed to work best was a combination of regular communication, engagement in the SCA project planning process, and staff training. One staff member discussed having numerous meetings and discussions around the project and engaging reluctant correctional system staff members in the project decision-making and design process. Another staff member discussed the value of training in the cognitive behavioral therapy techniques and methods grantees expected case managers to use. Training gave these staff members the opportunity to understand the new methods and to notice that they changed the way they could work with offenders. Frequent meetings with partner organizations also helped, because it offered these more reluctant staff members the ability to learn new approaches to providing services and because it provided them with tangible, known referral options and opportunities to engage in discussions about service delivery.

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This cultural shift is far from complete in the communities involved and conversations with project staff members suggest more work may be needed. One correctional system staff member, for instance, conveyed only lukewarm praise for the local SCA project, at least in part because she viewed it as too coddling. Furthermore, depending on the degree of reentry work that preceded the grant, SCA projects are in very different places in this transformative process. Projects with stronger, prior reentry programming and more active task forces or coalitions often achieved a greater degree of transformation. Newer SCA projects have generally experienced less change, even if it is often more visible. Regardless of how far along SCA projects are in changing local attitudes around reentry services, the transformation is an important one with an impact that will likely last well past the end of any formal funding.

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Appendix A

SCA Project Profiles

ALLEGHENY COUNTY (PA) DEPARTMENT OF HUMAN SERVICES

About the Grantee and Its Partners

Grantee Organization: Allegheny County Department of Human Services (DHS) is the grantee on behalf of the Allegheny County Jail Collaborative for the Allegheny County Reentry Initiative.

Key Partners: The primary partnership of the Allegheny County Jail Collaborative is comprised of leadership from the DHS, the Allegheny County Jail (ACJ), the Fifth Judicial District Court of Common Pleas (Criminal Court), the Allegheny County Health Department, and Allegheny Correctional Health Services, Inc. (ACHS). Additional partners include various community service agencies, which provide specialized services.

What is the Second Chance Act Program?

How are SCA Funds Used? The SCA funds support: DHS Reentry Specialists, who provide service coordination to participants in the jail both pre-release and post-release, screening for SCA eligibility, and assessments for in-jail and transition planning; a Criminal Court Reentry Probation Officer, who assists with pre-release transition planning for SCA reentry participants; the ACJ Reentry Center, where many classes take place and whose staff oversee pre-release services; and ACHS, which conducts assessments for service planning and provides group therapy for drug and alcohol addiction. Some SCA reentry funds also support secondary partners, such as the Urban League for job readiness training and Goodwill for job readiness and placement services.

Intervention Being Evaluated with the Impact Study: The impact study is measuring the full range of SCA reentry services, including Reentry Specialists' service coordination and a Family Support Specialist who assists with family classes/reunification; assessments and needs-based service planning; and priority of services for pre-release and post-release classes and workshops supported with SCA funds. (Control group members can access these services if space is available).

Eligibility and Intake

Eligibility for SCA: Men and women serving a county (jail) sentence with at least five months left before release who are assessed as medium or high risk.

Enrollment Process: Individuals with at least five months remaining on a county jail sentence are administered the three-question proxy: age at first arrest, number of arrests, and current age. Individuals who are flagged as medium or high risk are invited to attend an SCA Reentry Initiative orientation. SCA enrollment occurs only pre-release and is voluntary.

Pre-release and Transition Services

Service Planning: After SCA reentry program enrollment, a full assessment is used (LSI-R, plus additional questions) to develop a Phase I (in-jail) plan of classes the individual should take while incarcerated. Then, 60 days prior to release, a Phase II LSI-R assessment is administered to begin transition and community planning.

Pre-release Case Management: A Reentry Specialist (four Reentry Specialists work full-time) meets at least once every two weeks with each SCA participant. Caseloads range from 30 to 50.

Other Services Available: SCA participants have priority for the services listed below (but others, including control group members, may also access them if space is available).

- **Cognitive-Behavioral Therapy and Mental Health Services**: Mercy Behavioral Health provides Thinking for a Change curriculum, which consists of 22 total classes that take place twice per week for about 1.5 hours per session.

- **Education and Training**: GED classes are provided by Allegheny Intermediate Unit (not SCA funded).

- **Employment Assistance**: An 11-week life skills and job readiness class (RAMP) is provided by Urban League (partially funded with SCA funds); classes meet one hour per week.

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- **Pro-Social Services**: Parenting classes are provided by Family Support Specialists (one FTE is supported with SCA funds) and Inside Out Dad is offered by Family Services. Family Services also provides support to the families of incarcerated men and women, coordinates telephone calls home to family each week for participants, and coordinates contact visits with children and family, to build stronger family ties for post-release. Life skills training is included as part of RAMP. Pre-release mentoring can be arranged by Christian Associates (not SCA funded).

- **Substance Abuse Treatment**: 12-week group sessions are offered using cognitive behavioral therapy. Classes provided by ACHS are offered four days/week for three hours/day.

Post-release Services and Case Closure

Service Planning: Guided by the Phase II LSI-R assessment, which is administered just prior to release, and updated thereafter as needed.

Post-release Case Management and Supervision: Reentry Specialists will make contact with an individual no later than one day after discharge from jail and at least monthly thereafter for up to a year post-release to provide transition and community supports. SCA reentry participants also are assigned to a community probation officer (not funded by SCA), who meets with clients once every two weeks.

Other Services Available: Services of a variety of types are available in the community. Some of these are listed below.

- **Education and Training**: GED preparation is provided by Allegheny Intermediate Unit (not SCA funded). Springboard Kitchens (also noted below) provides vocational training.

- **Employment Assistance**: While in jail, participants can be enrolled by Springboard Kitchens, Goodwill, or other providers for job readiness training, vocational training, and life skills training, and, post-release, they may enter that particular employment program from the community. (Goodwill receives some SCA funding).

- **Pro-Social Services**: Family Services of Western Pennsylvania provides parent education and relationship development services (not SCA funded). Mentoring services for women can be provided by Pennsylvania Organization for Women in Early Recovery (not SCA funded).

- **Substance Abuse Treatment**: ACHS provides an aftercare group; other services are available from other community providers.

- **Supportive Services**: SCA funds provide support for clothing, groceries, and transportation assistance.

Those on probation can also visit the Probation Office's Day Reporting Centers for a variety of services in a single location, including cognitive behavioral therapy aftercare, job search assistance, and GED classes.

Case Closure: Cases are closed at 12 months after release, if there has been no contact for 60 days, or if the client no longer wishes to receive services.

KENTUCKY DEPARTMENT OF CORRECTIONS

About the Grantee and Its Partners

Grantee Organization: Kentucky Department of Corrections (KYDOC) has the grant, which is managed by the Department's Reentry Branch.

Key Partners: KYDOC contracts with various partners providing specialized services. These include Kentuckiana Works, which in turn subcontracts with Goodwill; the Louisville Metro Reentry Task Force; Big Brothers Big Sisters; the Shawnee and Newburg Justice Reinvestment (JRI) Project; and others.

What is the Second Chance Act Program?

How are SCA Funds Used? SCA funds KYDOC's Reentry Parole Officers (RPOs), who provide case management and parole supervision for SCA participants; they have significantly smaller caseloads than regular parole officers (POs). Partial funding is also used to support KYDOC Reentry Coordinators, who are housed in institutions and who conduct intake for SCA and discuss home placements with those soon to be released. SCA also funds some pre-release services (but these services are available to all inmates, not just SCA participants). It also funds Kentuckiana Works (Goodwill), which provides job readiness training; Louisville Metro Reentry Task Force, which provides service coordination and partners for family engagement sessions; Big Brothers Big Sisters, which provides mentoring for the children of offenders; the JRI Project, which provides resettlement assistance to those relocating to the Shawnee and Newburg areas; Transitions, which provides emergency assistance; Safe Locations, which provides emergency housing; Emergency Services Fund for indigent offenders; and Integrating Art into Justice Reinvestment Opportunities, which provides art sessions for children of offenders.

Intervention Being Evaluated with the Impact Study: The evaluation captures the impact of being assigned an RPO rather than a regular PO. No other services are restricted or prioritized to SCA participants.

Eligibility and Intake

Eligibility for SCA: Targets men and women released to the Louisville metro area who are not sex offenders, are assessed as moderate or high risk, and are expected to be released within 90 days ("very high-risk" offenders are excluded from participation, because KYDOC did not feel the RPO intervention was appropriate for those offenders).

Enrollment Process: Enrollment occurs just prior to release, and is conducted by Reentry Coordinators. Enrollment is restricted to those just about to be released.

Pre-release and Transition Services

Service Planning: LS/CMI is used to identify pre-release needs for all inmates (not just SCA participants), to help with pre-release programming. Every offender has a service plan before going before the Parole Board.

Pre-release Case Management: There is no SCA-specific pre-release case management, as SCA enrollment occurs just before release. KYDOC caseworkers conduct assessment and provide case management and service planning to all inmates, although caseloads are very large.

Other Services Available: Enrollment occurs just prior to release, so all pre-release classes are available regardless of whether someone will eventually become an SCA participant. Nonetheless, some of these services are partly SCA funded.

- **Cognitive/Behavioral and Mental Health**: KYDOC offers Moral Reconation Therapy and Thinking for a Change, a 12-week program.

- **Education and Training**: KYDOC offers a variety of academic and vocational training in the institutions.

- **Pro-Social Services**: KYDOC offers Inside Out Dads, designed to help fathers learn parenting skills, and the female population receives a parenting program for mothers. Big Brothers Big Sisters provides mentoring services to the children of incarcerated individuals.

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- **Employment Assistance**: KYDOC offers New Directions, which includes a three to four-week component on job readiness and life skills.

- **Substance Abuse Treatment**: The KYDOC Substance Abuse Program (SAP) is available to all inmates.

Post-release Services and Case Closure

Service Planning: Reentry Coordinators work with all inmates to prepare them for release; RPOs help identify needed services through the LS/CMI.

Post-release Case Management and Supervision: SCA participants are assigned special, SCA-funded RPOs. Frequency of reporting is no different than for controls assigned regular POs (once or twice a month, depending on risk status), but RPOs have smaller caseloads, which may make for more personalized attention. Because RPOs serve as SCA participants' parole officers, reporting is mandatory.

Other Services Available: RPOs may refer clients to the programs below, among others. However, there is no priority of service for SCA participants, even for services that are partly SCA funded.

- **Employment Assistance**: Goodwill, partly funded by SCA through Kentuckiana Works, provides job readiness and job placement assistance, including Reentry by Design, a special two-week program for the formerly incarcerated.

- **Pro-Social Services**: Mandatory for all medium and high-risk parolees (whether or not an SCA participant) is the Parolee Orientation Rehabilitation Training Assimilation, a life skills program. SCA funds Big Brothers Big Sisters to provide mentoring to children of inmates.

- **Substance Abuse Treatment**: SAP is available to inmates and parolees, but typically individuals will not be assigned to an RPO while they are in SAP. KYDOC also refers parolees to providers to deliver outpatient services. KYDOC refers probationers to community-based substance abuse treatment providers.

- **Supportive Services**: RPOs provide bus vouchers to participants who ask for them. SCA also helps fund the Safe Location program, which provides emergency housing.

Case Closure: SCA participants are transferred to a regular PO six months after release (for those who still have time remaining on parole supervision).

MARION COUNTY (OR) SHERIFF'S OFFICE

About the Grantee and Its Partners

Grantee Organization: The SCA project is housed within the Parole/Probation division of the Marion County Sheriff's Office (MCSO).

Key Partners: MCSO coordinated the development of Student Opportunity for Achieving Results (SOAR). Key partners include the following: Chemeketa Community College, which provides employment specialist for the employment component of SOAR and provides classroom space for SOAR; Marion County Health Department, which provides substance abuse services as part of SOAR and counselors who serve as mentors to SOAR participants; and Mid-Willamette Valley Community Action Agency, which provides staff for the cognitive behavior component of SOAR and operates the Quest for Change House.

What is the Second Chance Act Program?

How are SCA Funds Used? Partial funding is provided for "reach-in" classes (available to all in the jail within 6 months of release); the SOAR class; Quest for Change House (a living facility for SOAR participants who need housing); the Pine Street Resource Center (a drop-in facility for offenders, open to anyone); and substance abuse treatment, and employment and mentoring services available through SOAR. The SCA grant funds none of these exclusively.

Intervention Being Evaluated with the Impact Study: The SOAR class and the housing provided in Quest for Change (for those in SOAR who need housing assistance).

Eligibility and Intake

Eligibility for SCA: Targets those with substance abuse issues who are released to Marion County, were convicted of a Measure 57 qualifying crime (a property crime), and who are medium or high risk. Enrollment predominantly occurs just prior to release, but the project will recruit post-release if it is having difficulty enrolling enough participants to make up a new SOAR cohort.

Enrollment Process: Enrollment typically occurs weekly during pre-release "reach-in" classes to fill the 25 slots for the 12-week SOAR class, but occasionally the SCA project staff will also recruit and enroll individuals based on a list of potentially eligible inmates nearing release. Additionally, recruitment and enrollment will sometimes occur for someone already released.

Pre-release and Transition Services

Service Planning: There is no pre-release service planning as part of SCA.

Pre-release Case Management: There is only very light touch pre-release case management, as SCA enrollment occurs just before release.

Other Services Available: "Reach-in" classes are partly funded with SCA funds, but attendance is not restricted to SCA participants. "Reach-in" classes occur once a month at each of the five prisons from which MCSO recruits. There are six reach-in topics, and each session focuses on one topic. All incarcerated individuals must attend at least one reach-in within the final six months, and anyone can attend any class. Each session lasts about an hour.

- **Cognitive-Behavioral Therapy and Mental Health Services**: One of the reach-in topics focuses on promoting behavioral change.

- **Education and Training:** Educational services are typically available at institutions, but are not SCA funded.

- **Employment Assistance**: Job preparedness is among the reach-in topics.

- **Pro-Social Services:** Fostering healthy relations and obtaining housing are among the reach-in topics.

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Post-release Services and Case Closure

Service Planning: Uses LS/CMI, Oregon Case Management System, Rhode Island Change Assessment, Bio-Psych-Social, TCU Criminal Thinking scale, TCU Drug Screen, and Michigan Alcohol Screening. Since the same SOAR classes are mandatory for all SOAR participants, the assessments do not influence service planning very much.

Post-release Case Management and Supervision: A pre-release parole officer makes first contact post-release and serves as case manager until the start of the SOAR class (which can be a month or more after release). Each participant will also usually have a one-on-one with a substance abuse counselor and must attend a pre-SOAR orientation with a mentor. Once SOAR starts, the SOAR case manager takes over, and will meet with participants as needed. After SOAR ends, the individual is transferred to a regular PO.

Other Services Available: Each SOAR class starts with around 25 participants. Classes last for 12 weeks and require full-time attendance (M, T, R, F from 8:30 to 5), with a leisure activity from 9 to 12 on W morning and a mentoring meeting W afternoon. There are also family group sessions T and R evenings. After SOAR, there are 12 weeks of "aftercare" classes, in 1-2 hour sessions (two per week). SOAR activities are as follows:

- **Cognitive-Behavioral Therapy and Mental Health Services:** Modules on cognitive change include ones entitled Motivation, Changing Offender Behavior, and Dependable Strengths Articulation (for building self-esteem).

- **Employment Assistance**: Modules for job preparation include resume basics, job search basics, soft skills, and career information.

- **Pro-Social Services:** Modules on good parenting include MATRIX Family Education and Parenting Inside and Out. Life skills topics include sessions entitled Healthy Leisure, Ideas for Better Communication, and Successful Transition and Community Integration. Group mentoring is a part of SOAR.

- **Substance Abuse Treatment**: Six weeks of non-residential alcohol and drug treatment is part of SOAR.

- **Supportive Services:** Quest for Change Housing is available, if needed.

Case Closure: Completion of the program is defined as completing all three months of SOAR. Reasons for dropping out can include getting a job (employment is typically not compatible with SOAR's full-time nature).

CITY OF MEMPHIS (TN) DIVISION OF PUBLIC SERVICES AND NEIGHBORHOODS

About the Grantee and Its Partners

Grantee Organization: The City of Memphis's Division of Public Services and Neighborhoods (DPSN) was the SCA grantee, operating the Second Chance Back on Track (BOT) Program.

Key Partners: The primary partners included DPSN, which oversaw the program and provided post-release case management, and Shelby County Division of Corrections (SCDOC), which provided pre-release services, including case management. Memphis Area Transit Authority (MATA) provided bus passes. The Workforce Investment Network (WIN) was viewed as a central partner in that it provided job readiness training by referral to many SCA participants, but it did not receive SCA funds. Other partners provided specialized assistance by referral, including HopeWorks, which provided GED assistance; the Cocaine Alcohol Awareness Program (CAAP), which provided post-release outpatient treatment; and various transitional housing providers.

What is the Second Chance Act Program?

How were SCA Funds Used? The grantee, DPSN, used SCA funds to provide Workforce Development Specialists (WDSs), who provided post-release case management services and job readiness training. Additional funds were provided to SCDOC to partly fund pre-release case management, MATA for bus vouchers, and CAAP for substance abuse treatment.

Intervention Being Evaluated with the Impact Study: Not applicable; this grantee is not participating in the impact study.

Eligibility and Intake

Eligibility for SCA: Served men and women with at least one felony conviction and 60-90 days remaining on their sentences who were assessed as high risk.

Enrollment Process: SCDOC identified those eligible and gave them an orientation to BOT. Those who were interested in enrolling were asked to submit a Letter of Interest form. Once enrolled, they signed a "Back on Track Re-Entry Program Participation Agreement," by which the participant agreed to comply with project requirements.

Pre-release and Transition Services

Service Planning: Offenders were administered the LS/CMI to help guide pre-release service planning, though no formal pre-release service plan was developed. As the release date neared, the DSPN WDSs met with SCA participants to begin developing a post-release service plan.

Pre-release Case Management: Case management was provided to SCA participants by SCDOC.

Other Services Available: Pre-release services were largely pre-existing under SCDOC's 3Rs Project (Rehabilitate, Renew, and Reconnect) and were available to all inmates without regard to SCA participation. These services included those listed below.

- **Cognitive Behavioral Therapy and Mental Health Services**: The project used funding to provide individual mental health behavioral assessments through a contracted doctor. SCDOC provided Moral Reconation Therapy and workshops on understanding the impacts on victims and anger management.

- **Education and Training**: GED classes were available.

- **Employment Assistance**: TN Department of Labor staff visited correctional facilities to give an overview of American Job Center services.

- **Pro-Social Services**: Inside Outside Dad provided advice on being a responsible father and SCDOC provided additional programming to promote healthy relationships and encourage family conferencing.

- **Substance Abuse Treatment**: A Drug and Alcohol Unit provided services to those who needed them.

SPR

Post-release Services and Case Closure

Service Planning: Post-release service planning began just prior to release, as noted above. SCA participants had to report to DPSN within 72 hours of release for a panel interview, which was a structured exchange between the participant and three panelists who helped to further refine the service plan. The participant later attended a full-day BOT orientation, which provided an introduction to job readiness services and had sessions focused on team building, conflict resolution, decision making, and other topics. The mayor of Memphis often attended the BOT orientation and personally greeted participants.

Post-release Case Management and Supervision: Post-release case management was provided by DPSN WDSs, who met regularly with participants by appointment.

Other Services Available: The services listed below were available to participants.

- **Education and Training**: GED classes were available in the community from a variety of sources.

- **Employment Assistance**: WDSs provided job readiness and life skills training to participants on their caseloads; additional services were available by referral to WIN.

- **Substance Abuse Treatment**: Required for about half of SCA participants and offered through CAAP.

- **Supportive Services**: SCA participants received MATA bus vouchers and could also receive assistance with food or clothing. A very small number were provided with transitional housing.

Case Closure: A participant was considered to have completed the program after receiving 12 months of pre-release and post-release services. Participants were also followed for one additional year, and could receive additional case management or referrals to needed services.

NEW HAMPSHIRE DEPARTMENT OF JUSTICE

About the Grantee and Its Partners

Grantee Organization: The New Hampshire Department of Justice (DOJ) managed the grant.

Key Partners: Key partners included the New Hampshire Department of Corrections (DOC), which provided case managers and assisted DOJ with project coordination; MHM Services, which provided psychiatric services; the National Alliance on Mental Illness (NAMI), which provided SCA participants with paid peer mentors; Goodwill Industries of New England, which provided work readiness and placement assistance; Child and Family Services (CFS), a non-profit organization that administered assessments for substance abuse; and the New Hampshire Charitable Foundation, which provided a financial match and assisted with project design.

What is the Second Chance Act Program?

How were SCA Funds Used? SCA funds were used to fund the partners and services listed above, including project management and coordination (DOJ and DOC), case management (DOC), health services (MHM), the coordination and salaries of peer mentors (NAMI), job readiness training (Goodwill), and substance abuse assessment (CFS). Grant funds were also used to provide staff training, such as in case management skills, conducting and interpreting assessment results, motivational interviewing, and cognitive behavioral therapy.

Intervention Being Evaluated with the Impact Study: Not applicable; this grantee is not participating in the impact study and is not currently in operation.

Eligibility and Intake

Eligibility for SCA: Served men and women coming out of state prisons to parole supervision in Merrimack County, who had more than six months to serve on their parole and were assessed as high risk.

Enrollment Process: Typically, applicants were referred to SCA by the offenders' parole officer. Enrollment exclusively occurred post-release.

Pre-release and Transition Services

Service Planning: This project enrolled participants after their release, so formal pre-release service planning did not occur. Case managers occasionally advised offenders pre-release during outreach.

Pre-release Case Management: Pre-release case management was not provided as part of SCA.

Other Services Available: This project enrolled participants after their release, so it did not provide or coordinate pre-release services.

Post-release Services and Case Closure

Service Planning: After an individual enrolled in the SCA project, the LSI-R was used to assess the participant's service needs (unless the participant had results from a recently administered LSI-R assessment already on file). Those with evidence of substance abuse were also referred to CFS for a Global Appraisal of Individual Needs (GAIN). An LSI-R assessment was re-administered every six months to update the service plan.

Post-release Case Management and Supervision: An SCA participant met with a DOC case manager (someone different from the participant's PO) at least once a month, but, depending on the participant's needs, as often as once a week. Sessions generally lasted about an hour and were focused on service planning and service coordination.

Other Services Available: The services listed below were available to participants.

- **Cognitive-Behavioral Therapy and Mental Health & Health Services**: MHM had a contractual relationship to provide funds to write and coordinate the filling of prescriptions, including prescriptions for psychiatric conditions.

- **Education and Training**: The case manager referred participants who needed this service to educational providers available in the community.

- **Employment Assistance**: Goodwill had a contract to provide a job developer who met individually with participants as often as weekly to provide job preparation assistance and job leads.

- **Pro-Social Services**: Case managers referred all interested SCA participants to NAMI for assignment to a peer support specialist, or mentor. These mentors provided a wide range of support and encouragement and were viewed as very valuable contributors to a participant's eventual success. Participants also generally received a review of financial assistance services, provided by Concord Hospital.

- **Substance Abuse Treatment**: Case managers referred to a range of treatment services available in the community. One of the case managers was a licensed alcohol and drug counselor and ran support groups for participants.

- **Supportive Services**: SCA case managers provided bus passes for participants who needed them. NAMI peer mentors also assisted participants by providing them with transportation to run errands or get to appointments.

Case Closure: A participant was considered to have exited the program 12 months after enrollment.

OKLAHOMA DEPARTMENT OF CORRECTIONS

About the Grantee and Its Partners

Grantee Organization: ODOC operates SCA through the Oklahoma Community Corrections Center (CCC), one of six CCCs in the state where inmates (SCA participants and others) go to serve the last months of their sentences and prepare for release.

Key Partners: SCA contracts with OK Career Tech, which provides career training and job readiness training pre-release and post-release for SCA participants. Other partners include COPE, which offers behavioral counseling; TEEM, an interfaith non-profit that provides education, job training, and social services; and HOPE, which provides outpatient services for participants with substance abuse or mental health issues. HOPE is also provided funding for a Community Specialist who provides case management to participants without probation or parole.

What is the Second Chance Act Program?

How are SCA Funds Used? SCA funds three ODOC Program Specialists (for pre-release case management), a Transition Coordinator (who engages in transition planning), a special PO and a Community Specialist (for providing post-release case management to those with and without supervision requirements, respectively), and a full-time Program Coordinator to oversee the delivery of the SCA funded services. SCA also provides vouchers for supportive services. Some program slots for job readiness, vocational training, or cognitive behavioral therapy and substance abuse services are also paid for through SCA.

Intervention Being Evaluated with the Impact Study: The focus of the impact study is on the case management services and supportive services uniquely available to SCA participants, as well as certain pre-release and post-release classes for which SCA participants have priority (if space is limited).

Eligibility and Intake

Eligibility for SCA: Targets males who meet these criteria: no sexual offenses, 3.5 to 5 years left on sentence (but time off reduces this to less than one year to actually serve), scheduled to be released to the Oklahoma City area, and are moderate to high risk.

Enrollment Process: Recruit from institutions until they have 20 study participants (which make up a cohort). Then, recruitment stops until the next month. Once enrolled in SCA, participants move to the CCC (along with others not in SCA who are also preparing for release). Enrolls only at pre-release.

Pre-release and Transition Services

Service Planning: LSI-R is administered at incarceration, and then Starting Point is administered upon enrollment into SCA. Starting Point reviews criminal and substance abuse history, and assesses the nature of friends, personality, family, attitudes, education, employment history, and other factors. These results are used to determine which optional CCC classes the participant should be assigned. As release date nears, participants are also administered the "Second Chance Act Survey" and a "Transition Assessment" for transition planning.

Pre-release Case Management: ODOC Program Specialists meet with SCA participants about once a week for a half hour and help determine which optional CCC courses a participant should take. As the release date nears, offenders meet with a Transition Coordinator, who develops a transition plan.

Other Services Available: A variety of pre-release classes is available at the CCCs. Some of these courses are core (mandatory) and others are optional, with enrollment for the latter depending on the assessment results. Some of these services are partly funded by SCA.

- **Cognitive Behavioral Therapy and Mental Health Services**: CCC courses include the following: Changing Offender Behavior, a core course taught onsite by a program specialist; and Victim Impact Class, a core course taught onsite by a program specialist. Additionally, ODOC provides onsite mental health services.

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- **Education and Training.** TEEM provides GED preparation (but this service is not funded by SCA). Vocational training is available upon request (paid for by SCA as pay-for-service).

- **Employment Assistance:** CareerTech provides WorkKeys Assessment and job readiness training to SCA participants as a core course; these services are provided offsite (a bus transports participants to the site).

- **Pro-Social Services:** CCC courses include On My Shoulders, a course designed to promote healthy parenting, and Associates for Success, anger management, financial literacy, and other optional courses.

- **Substance Abuse Treatment**: A 16-week program is provided onsite by COPE for those with an assessed need. (Post-release treatment and aftercare are available through community-based providers).

Post-release Services and Case Closure

Service Planning: Uses the assessment results administered in the CCCs, and, for those released under PO supervision, results from another LSI-R assessment administered within 45 days after release.

Post-release Case Management and Supervision: Case management is provided by SCA-funded Community Specialists (for SCA participants without supervision requirements) or a specially assigned PO (for those with supervision). Meetings occur about once a month.

Other Services Available: Case managers refer to a variety of available services, with priority for SCA participants in some cases.

- **Cognitive Behavioral Therapy and Mental Health Services:** SCA provides mental health services through community providers.

- **Education and Training**. TEEM provides GED preparation (but this service is not funded by SCA). Participants may receive SCA funding for vocational training provided by Career Tech.

- **Employment Assistance:** Can be referred to TEEM for work readiness training, including a six-week Ready for Work class (which is the same course that is available pre-release).

- **Substance Abuse Treatment**: SCA pays on a fee-for-service basis for substance abuse services provided by COPE.

- **Supportive Services**: SCA vouchers can be used to pay for work clothes or tools, transportation, furniture, medical expenses, food, utilities, and rent or housing deposit. SCA will also pay for transitional housing.

Case Closure: Case is considered closed after 18 months of pre-release plus post-release services. However, if parole supervision time remains, the same PO will stay with the participant (but there is no more access to SCA vouchers or other SCA-funded services).

RICHMOND (VA) CITY SHERIFF'S OFFICE

About the Grantee and Its Partners

Grantee Organization: The SCA grant was awarded to the Richmond City Sheriff's Office (RCSO).

Key Partners: Key partners included RCSO, which oversaw the grant and provided pre-release case management; Offender Aid and Restoration (OAR), which provided post-release case management and a variety of pre-release and post-release services; and Goodwill, which provided job readiness services. Additional partners provided specialized services.

What is the Second Chance Act Program?

How were SCA Funds Used? RCSO used the SCA funds to provide pre-release case management services; to fund OAR to provide post-release case management and pre-release and post-release services; and to fund Goodwill to provide pre- and post-release job development services. Additional funds were provided to Rubicon, for temporary housing and substance abuse treatment, and to other partners providing specialized services.

Intervention Being Evaluated with the Impact Study: Not applicable; this grantee is not participating in the impact study.

Eligibility and Intake

Eligibility for SCA: Served men and women at least 28 years of age returning to the City of Richmond and who had at least three months before release and were high risk. Prior to being enrolled, applicants also had to demonstrate that they had a strong willingness to change.

Enrollment Process: The project used the Modified Offender Screening Tool (MOST) and biopsychosocial assessments to assess suitability for SCA. Based on these results and impressions from one-on-one interviews, the case manager enrolled those who were assessed as high risk but had a willingness to change.

Pre-release and Transition Services

Service Planning: SCA case managers developed an individual treatment/recovery plan based on one-on-one interviews with participants and the results from the MOST and the biopsychosocial assessments conducted as part of SCA screening. The program of services was divided into three stages: 1) Getting Ready, which began at SCA enrollment at least three months prior to release and attempted to address a variety of obstacles to successful reentry; 2) Going Home, which began 45 days prior to release and focused on transition planning; and 3) Staying Home, which occurred post-release.

Pre-release Case Management: Case management occurred in at least weekly sessions that began at least three months prior to release. Each month, the participant and case manager jointly reviewed the treatment/recovery plan to assess progress and make modifications.

Other Services Available: A variety of pre-release services were available.

- **Education and Training**: GED preparation courses were available to all those in the institutions.

- **Employment Assistance**: Pre-release work readiness training was a major focus of the SCA program, and was available to SCA participants. SCA additionally funded ServSafe, a food handler certification program.

- **Pro-Social Services**: The SCA project attempted to establish a mentoring component, but by the time mentors were identified, trained, and granted clearance, the grant ended, so this component was not implemented.

- **Substance Abuse Treatment**: Substance abuse services were available to all offenders, based on need.

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Post-release Services and Case Closure

Service Planning: During the Going Home phase, the pre- and post-release case managers would meet jointly with the participant and administer another MOST assessment in order to develop a post-release service plan, which covered the need for substance abuse services and housing assistance and plans for meeting financial obligations, finding work, and attending to mental and physical health needs.

Post-release Case Management and Supervision: OAR case managers were expected to meet weekly with SCA participants.

Other Services Available: The following services were funded by SCA and were available to participants.

- **Employment Assistance**: Work readiness and employment services were key components of the SCA post-release program. Both OAR and Goodwill offered special workshops for the formerly incarcerated. Additionally, SCA paid for 15 work experience slots.

- **Substance Abuse Treatment**: Every SCA participant was expected to attend at least one substance abuse support group each week for the first 90 days after release. Participants also received priority for services at Rubicon, an inpatient substance abuse treatment facility.

- **Supportive Services**: Participants who kept their weekly case management appointments would receive bus tickets. SCA participants could also receive funds for work clothes or supplies. Housing was available for a short duration from Rubicon, for those undergoing substance abuse treatment.

Case Closure: A participant was considered to have successfully completed the program after completing all required services and keeping in contact with the case manager for one year after release.

SAN FRANCISCO (CA) DEPARTMENT OF PUBLIC HEALTH

About the Grantee and Its Partners

Grantee Organization: The San Francisco Department of Public Health (SFDPH) is the fiscal agent for its SCA program, called With Open Arms. However, it subcontracts all services to other organizations, primarily Health Right 360 (HR360; formerly Walden House).

Key Partners: SFDPH contracts for services with HR360, the lead agency, providing case management and service planning services. Other entities receiving SCA funds are the following: Homeless Prenatal Program (HPP), which helps participants to navigate the child welfare system; IRIS Center, an outpatient mental health and substance abuse treatment program; and SF Clean City, which offers work experience (street cleaning) and work readiness training.

What is the Second Chance Act Program?

How are SCA Funds Used? SCA funds are provided to HR360, to provide case management services to SCA participants. Additional funds are used to procure service slots from Homeless Prenatal Program (HPP), which helps participants to navigate the child welfare system and has SCA funding for 12 clients; the IRIS Center, an outpatient mental health and substance abuse treatment program, which was funded to serve 15 clients; and SF Clean City, which provides work experience.

Intervention Being Evaluated with the Impact Study: The focus of the impact study is on the case management services available to SCA participants. Additionally, some participants will avail themselves of the service slots paid for by SCA from the above organizations (though non-SCA participants can be served if space is available).

Eligibility and Intake

Eligibility for SCA: Serves women sentenced to state prison who are released to San Francisco and are high risk.

Enrollment Process: HR360 caseworkers go to prisons and jails weekly to conduct intake. Those they recruit can have as much as a year left on their sentences. The program predominately recruits and enrolls pre-release, but some post-release walk-ins are also served.

Pre-release and Transition Services

Service Planning: Those enrolled in SCA are administered the Correctional Assessment and Intervention System (favored because of its gender-responsive assessment), and are also administered the Addiction Severity Index, the Rhode Island Change Assessment, and a special HR360 needs assessment. These are used to develop a service plan to guide what should happen upon release (there is no specific pre-release service component to this program). This plan is progressively refined as the release date nears, and is updated again within two days of release.

Pre-release Case Management: Case management is conducted by the HR360 case managers, who try to meet weekly with each participant. The central purposes are to build rapport and begin planning for release. Case management strategies include the use of Motivational Interviewing and Dialectical Behavior Therapy.

Other Services Available: The SCA program itself does not provide other pre-release services, and the case managers felt there were limited service offerings routinely offered in the prisons and jails from which they recruit. These options (depending on the institution) include the following:

- **Cognitive-Behavioral Therapy and Mental Health Services**: As noted, HR360 case managers are trained in Motivational Interviewing and Dialectical Behavior Therapy.

- **Education and Training:** GED preparation is available through a correspondence course.

- **Employment Assistance:** Some certificate programs, such as welding and optometry, are available. Institutions also typically offer resume writing and other job preparation classes.

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- **Substance Abuse Treatment**: Prison inmates with a history of substance abuse must participate in SAP, a treatment program operated by HR360 (but without SCA funding).

Post-release Services and Case Closure

Service Planning: The post-release service plan developed in the institution is progressively refined. As immediate needs are met (e.g., for immediate housing, health services, etc.), the service planning begins to focus on longer-term needs (e.g., securing stable housing, employment, etc.).

Post-release Case Management and Supervision: The expectation is that participants will have weekly meetings with their case managers. These are largely informal, walk-in meetings, driven by participants' need for bus tokens, which HR360 dispenses weekly. At these meetings, case managers also make referrals to other social service agencies, based on each participant's needs. However, a hallmark of this program is its non-judgmental approach, and there are no penalties for not showing up for case management appointments or for failure to follow up on referrals.

Other Services Available: Case managers will refer to a variety of available services, with priority for SCA participants in some cases. The most common include those listed below.

- **Cognitive-Behavioral Therapy and Mental Health Services:** HR360 offers this service onsite (access is not restricted to SCA participants nor is this service SCA funded).

- **Education and Training:** HR360 has onsite GED classes (not restricted to SCA participants).

- **Employment Assistance**: HR360 has an onsite Resource Center, offering work readiness and life skills training, and a computer lab. Additionally, SF Clean City is funded to provide a certain number of slots of paid work experience positions for SCA participants.

- **Pro-Social Services:** HPP is funded to provide family support services to SCA participants.

- **Substance Abuse Treatment**: HR360 has an onsite substance abuse program. Referrals can also be made to IRIS Center.

- **Supportive Services**: SCA provides bus tokens to participants weekly.

With Open Arms serves only women and the program prides itself on providing gender-responsive services.

Case Closure: A participant is considered discharged from With Open Arms upon completion of parole or if the case manager has had no contact with the participant for more than 90 days.

SAN MATEO COUNTY (CA) HEALTH SYSTEMS

About the Grantee and Its Partners

Grantee Organization: San Mateo County Health Systems, Division of Behavioral Health and Recovery Services (BHRS), is the lead organization for the Achieve 180 program, the initiative established with SCA funding.

Key Partners: Key partners include the County Manager's Office, which houses the Reentry Coordinator position; Service League, which provides case management and mentoring services for Achieve 180; the San Mateo County Sheriff's Office, which operates the local jails and provides screening for Achieve 180; San Mateo County Probation, which coordinates with service planning on Achieve 180 clients; and Job Train, which provides educational assistance, job training, transitional employment, and work readiness training. BHRS, the grantee, coordinates the partnership and provides mental health and substance abuse treatment.

What is the Second Chance Act Program?

How are SCA Funds Used? SCA funds were used to establish the Achieve 180 program, which primarily offers pre-release and post-release case management, service planning, and mentorship services to Achieve participants. Funds are also used for partners who provide screening for SCA eligibility (Sheriff's Office); post-release service coordination (e.g., County Probation); education, training, and job readiness (Job Train); and substance abuse and mental health services (BHRS). Bus tokens and housing assistance can also be provided.

Intervention Being Evaluated with the Impact Study: The impact study captures the array of services funded by the grant.

Eligibility and Intake

Eligibility for SCA: Serves men and women with at least 60 days remaining before release who are San Mateo County residents or are returning to the county post-release and are medium or high risk.

Enrollment Process: The Sheriff's Office uses a Quick CAIS (QCAIS) to identify those potentially eligible for services. These referrals are further screened by Service League. Enrollment only occurs pre-release.

Pre-release and Transition Services

Service Planning: Those enrolled in SCA are administered the full CAIS. A Treatment Plan is developed based on the CAIS results and the prior assessments that were administered during screening, as well as on court and probation officer requirements and the client's own goals. This plan focuses on post-release transition planning, and is updated as the release date nears.

Pre-release Case Management: Case management is conducted by Service League case managers, who try to meet weekly with each participant for about 30 minutes. The major goals of pre-release case management are to establish rapport and begin the planning for post-release services.

Other Services Available: SCA funds a mentorship program that is optional. However, a wide variety of other pre-release services are provided to all inmates, without regard to SCA participation (though availability depends on the institution or pod in which an individual is housed).

- **Cognitive-Behavioral and Mental Health Services**: Classes on anger and stress management are offered as part of CHOICES, as is a life skills program for the seriously mentally ill. Dialectical Behavior Therapy and cognitive behavior services are also available.

- **Education and Training:** GED instruction and other remediation services are available.

- **Employment Assistance**: The Sheriff's Office offers an inmate worker program.

- **Pro-Social Services**: CHOICES provides modules on parenting and other life skills topics. Service League offers a peer-mentoring program only available to Achieve 180 participants.

- **Substance Abuse Treatment**: Classes on chemical dependency and relapse prevention are offered as part of CHOICES. Alcoholics and Narcotics Anonymous support groups are also available.

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Post-release Services and Case Closure

Service Planning: Uses the Treatment Plan, which was developed pre-release. This plan is updated to focus on longer-term goals, once immediate needs are met.

Post-release Case Management and Supervision: Case managers (the same ones assigned to an individual pre-release) strive to meet weekly or every other week with each participant, in sessions that last 30-60 minutes. However, frequency and timing is very variable, depending on each participant's needs.

Other Services Available: Case managers will refer participants to a variety of available services, some of which are directly funded by the SCA grant.

- **Cognitive-Behavioral Therapy and Mental Health Services**. Achieve 180 participants are referred to county services.

- **Education and Training:** Job Train receives SCA funding to provide transitional employment (on a Caltrans work crew) to a small number of individuals. Also, participants can be referred to community partners, including Job Train, which offer basic skills remediation and GED and occupational skills training; however, these services are not SCA funded.

- **Employment Assistance**: Job Train is funded to provide Achieve 180 participants with work readiness and job placement services. As noted, Job Train also provides transitional employment.

- **Pro-Social Services**. Mentoring is an optional component available to Achieve 180 participants and will be provided by the same mentors who connected with participants pre-release. Job Train provides life skills training.

- **Substance Abuse Treatment**: The SCA grant provides funding for substance abuse treatment, a critical service need. These services are provided through contracts or fee-for-service arrangements.

- **Supportive Services**: At the discretion of the case manager, SCA provides bus tokens and housing assistance (motel vouchers and transitional housing assistance).

Case Closure: A participant is considered discharged from Achieve 180 after one year has elapsed since release or if the case manager has had no contact with the participant for more than 90 days.

SOUTH DAKOTA DEPARTMENT OF CORRECTIONS

About the Grantee and Its Partners

Grantee Organization: The grantee is the South Dakota Department of Corrections (SDDOC), with day-to-day
operations overseen by the Department's parole division.

Key Partners: SDDOC's key partners include Volunteers of America, which provides service coordination services
to participants released to Sioux Falls and operates a reentry center in that city, and the City of Rapid City, which
serves in a similar capacity for those released to this city. Additional partners include community service
agencies that provide services to participants by referral, and Mountain Plains, which serves as the project's
internal evaluator.

What is the Second Chance Act Program?

How are SCA Funds Used? Prior to receiving the grant, SDDOC conducted a gap analysis to identify unmet
service needs. Based on this analysis, SDDOC decided to focus its effort on intensive case management services
both pre-release and post-release, emphasizing service coordination and cognitive-behavioral therapy. Some
additional post-release services are procured on a fee-for-service basis, including substance abuse treatment.
Supportive services are also available for clothing, work tools, transportation, or to meet other needs.

Intervention Being Evaluated with the Impact Study: The focus of the impact study is on the case
management that participants receive, the Thinking for a Change and Moral Reconation Therapy provided to
SCA participants (pre-release and post-release, respectively), and the supportive services and other services that
participants may receive by referral.

Eligibility and Intake

Eligibility for SCA: Serves men and women with up to nine months remaining before release who are to be
released to Sioux Falls or Rapid City, are age 30 or younger, and are medium or high risk.

Enrollment Process: All inmates are administered the LSI-R and other assessment instruments after incarceration.
Every two weeks, an SCA staff member runs a query to identify those who are medium or high risk and meet the
program's other eligibility criteria. The SCA site facilitators then provide an SCA and study orientation to these
individuals, and, those who agree to participate in the study are randomly assigned. Enrollment only occurs pre-
release.

Pre-release and Transition Services

Service Planning: SDDOC uses the assessment results—including those from the LSI-R and assessments for
medical and other needs—to develop a master assessment priority system (MAPS) for prioritizing pre-release
services. As release date nears, a case management release plan is developed, focusing on transition planning and
community needs.

Pre-release Case Management: Intensive case management for SCA participants is conducted in individual
sessions, which occur once a month (for those with more than six months remaining to release) or twice a month
(for those within six months of release). This service is generally funded by SDDOC's in-kind contribution to
the SCA grants. Moderate to high risk inmates who are not SCA participants also receive case management, but
of lower intensity and lesser frequency.

Other Services Available: A variety of pre-release programming funded by SDDOC is available to all inmates
(with priority based on MAPS results). Additionally, SCA participants can participate in cognitive change
classes (Thinking for a Change). The exact SDDOC services that are available depend on the institution in which
the individual is incarcerated, but will generally include those listed below.

- **Cognitive-Behavioral Therapy and Mental Health Services**: Thinking for a Change is available to SCA
participants. The course is offered twice a week, lasts 11 weeks, and is followed by 12 weeks of aftercare.
Course facilitators are SDDOC staff trained in Motivational Interviewing.

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- **Education and Training.** GED instruction and other remediation services are available. Institutions also generally offer vocational training.

- **Employment Assistance**: South Dakota's Department of Labor and Regulation provides a Job Search Assistance Program (JSAP), consisting of six hours of instruction on resume writing, interviewing, networking, and other topics.

- **Pro-Social Services:** A Fatherhood and Families program is offered through Lutheran Social Services.

- **Substance Abuse Treatment**: South Dakota's Department of Social Services offers counseling and treatment. All persons are assessed for chemical dependency upon admission to the SDDOC; those assessed as requiring treatment (including those with co-occurring disorders) are referred for services.

Post-release Services and Case Closure

Service Planning: Service planning builds on the community/needs assessment and other elements of the service plan developed pre-release.

Post-release Case Management and Supervision: SCA participants are scheduled to meet with an enhanced parole agent every week, while others (i.e., those on regular parole) meet with their parole agents once or twice a month (depending on risk level). The enhanced parole agents have much smaller caseloads than regular supervision parole agents and have been trained and certified in the use of Effective Practices in Community Supervision (EPICS), Motivational Interviewing, Level of Services Inventory – Revised (LSI-R), and Moral Reconation Therapy (MRT). In addition, enhanced parole agents meet once each week with persons other than the offender who can provide information on the offender's adjustment, and make one or two home visits per month. The enhanced parole agents also co-facilitate MRT with community partners for their enhanced caseloads.

Other Services Available: Enhanced parole agents will refer offenders to a variety of available services, some of which are directly funded by the SCA grant or are provided directly by the enhanced parole agents.

- **Cognitive-Behavioral Therapy and Mental Health Services:** Moral Reconation Therapy is available to SCA participants, as is the aftercare component of Thinking for a Change. Community-based mental health services can also be provided.

- **Education and Training**. Participants can be referred to community partners. These services are not SCA funded.

- **Employment Assistance**: JSAP, similar to the program offered pre-release, is available upon referral, but is not SCA funded.

- **Pro-Social Services**. SCA funding was used to establish a drop-in center, where SCA participants can receive informal mentoring.

- **Substance Abuse Treatment**: SDDOC provides a variety of post-release substance abuse treatment services, and SCA participants can additionally be referred to other community chemical dependency counseling, which is paid for on a fee-for-service basis.

- **Supportive Services**: SCA participants can access Local Reentry Flexible Funds to meet specific needs for clothing and work tools, transportation, and other supportive services. SCA participants can be placed in transitional housing funded by the program, or can receive startup housing assistance (such as for down payments or security deposits).

Case Closure: Offenders may have their supervision contact standards reduced to standard supervision contact levels after a minimum of 90 days on enhanced supervision. After a minimum of 180 days on enhanced supervision, enhanced agents may request from their regional supervisor, that offenders who are on enhanced supervision and have completed all program requirements, graduate to regular parole agents. The regional supervisor must approve of the request for an offender to graduate from the enhanced supervision program.

Appendix B

Assessment Tools Used by SCA Grantees

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Appendix B:
Assessment Tools Used by SCA Grantees

	Instrument Used to Determine Eligibility	Other Risk/Need Assessments Used to Plan Services
Allegheny County	3-question proxy including age at first arrest, number of arrests, and age, resulting in an 11-point scale	*Montgomery Assessment*, used in Montgomery, North Carolina (LSI-R plus additional questions) is administered by project staff after enrollment
Kentucky	*Level of Service-Case Management Inventory* (LS/CMI)[a]	
Marion County	*Level of Service-Case Management Inventory* (LS/CMI)[1]	*Oregon Case Management System Assessment* (OCMSA) and *University of Rhode Island Change Assessment Scale* (URICA) are administered pre-release by prison staff
Memphis	LS/CMI[2] (modified version, then full version); multiple felonies may be used as a proxy for high risk level	Behavioral health assessment is conducted by a contractor prior to release. Panel interview is conducted by project staff post-release to guide the design of post-release services.
New Hampshire	*Level of Service Inventory-Revised* (LSI-R)[3]	*Global Appraisal of Individual Needs* (GAIN) is used to assess substance abuse risk and various mental health issues
Oklahoma	*Level of Service Inventory-Revised* (LSI-R)[3]	SCA project staff administer the *Starting Point* assessment—the initial step in the Changing Offender Behavior curriculum developed by The Change Companies—to guide the development of a holistic service plan
Richmond	*Modified Offender Screening Tool* (M-OST)[5]	A "biopsychosocial assessment" provides information on the offender's medical, psychiatric, psychosocial and family circumstances, and helps identify the needs of the potential participant.
San Francisco	*Correctional Assessment and Intervention System* (CAIS)[6]	*Correctional Offender Management Profiling for Alternative Sanctions* (COMPAS); *Addiction Severity Index*; the *University of Rhode Island Change Assessment* (URICA); and *Health Right 360 Needs Assessment* (covers education, employment, medical, mental health, criminal and relationship history)

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	Instrument Used to Determine Eligibility	**Other Risk/Need Assessments Used to Plan Services**
San Mateo County	*Quick Correctional Assessment and Intervention System* (QCAIS)[7]	*Correctional Assessment and Intervention System* (CAIS)
		STAR Community Transition Plan Risk Assessment
South Dakota	*Level of Service Inventory-Revised* (LSI-R)[3]	Community Risk and Needs Assessment is completed by pre-release case manager; the needs assessment portion is based on three factors: (1) "corrective thinking" scores; (2) release housing plans; and (3) employment plans

[1]   The LS/CMI is a proprietary tool available from Multi-Health Systems Inc. It includes eleven sections that measure risk and need factors and also provides a comprehensive case management tool. The tool is described at http://www.mhs.com/product.aspx?gr=saf&prod=ls-cmi&id=overview.

[2]   Probation officers are also given the authority to override an assessment score, if they deem an individual high risk.

[3]   The LSI-R is a proprietary quantitative inventory with 54 items available from Multi-Health Systems, Inc. The inventory can be completed in 30 to 45 minutes. More information is available at: http://www.mhs.com/product.aspx?gr=saf&prod=lsi-r&id=overview

[4]   Eligibility for the SCA project in Oklahoma is limited to individuals who have not escaped or violated parole, and who have abided by prison rules while incarcerated. Thus, although it is targeted to high-risk offenders, the opportunity to participate in the SCA project is also a reward for good behavior while in prison.

[5]   The Offender Screening Tool (OST) was developed and validated in Arizona. The OST contains 42-items related to risk/needs. The OST normally draws on information from a review of relevant file information and an interview with the individual. More information is available at http://www.azcourts.gov/apsd/EvidenceBasedPractice/RiskNeedsAssessment/OffenderScreeningToolOST.aspx.

[6]   The CAIS was developed by the National Council on Crime and Delinquency. The assessment employs a single semi-structured interview to derive assessments of risk, strengths, and needs. The results of the interview are scored by an automated response system that produces an individualized case plan including risk, needs, and supervision strategy classifications, as well as recommendations for evidence-based programs and services. Although the San Francisco grantee specified use of the CAIS to determine risk level and support service planning, the case management contractor stated that all otherwise eligible participants automatically met the criterion of being "high risk."

[7]   The Quick CAIS is an abbreviated version of the CAIS that uses eleven questions on the following topics: employment; address changes in the last year; offender's pattern of associates; age at first arrest; number of prior offenses; conviction for certain offenses; number of prior jail sentences; number of prior periods of probation or parole supervision; whether had probation or parole revoked; percent of criminal behavior related to alcohol abuse; and percent of criminal behavior related to other drug use.