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FY 2011 Second Chance Act Adult Offender Reentry Demonstration Projects: Evaluability Assessment of the New Haven (CT) Reentry Initiative

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Glossary

AA—Alcoholics Anonymous
BJA—Bureau of Justice Assistance
CPRI—Connecticut Prisoner Reentry Initiative
CRA—Community Reentry Advocate
CSG—Council of State Governments
CT DOC—Connecticut Department of Correction
EA—Evaluability Assessment
EOS—End-of-Sentence
ESGI—Easter Seals Goodwill Industries
ETO—Efforts to Outcomes
GRA—Gender Responsive Assessment
MIS—management information system
NA—Narcotics Anonymous
NIJ—National Institute of Justice
NHCC—New Haven Correctional Center
NHRI—New Haven Reentry Initiative
OAP—Offender Accountability Plan
OMS—Offender Management System
PO—probation/parole officer
PTP—Probation Transition Program
RTI—RTI International
RWP—Reentry Workbook Program
SCA—Second Chance Act
TPAI—Treatment and Programs Assessment Instrument
TTA—training and technical assistance
UI—Urban Institute

Evaluability Assessment of the FY 2011 Bureau of Justice Assistance Second Chance Act Adult Offender Reentry Demonstration Projects

New Haven Reentry Initiative

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Evaluability Assessment of the FY 2011 Bureau of Justice Assistance Second Chance Act Adult Offender Reentry Demonstration Projects

New Haven Reentry Initiative

Evaluability Assessment Summary

In 2008, the Second Chance Act (SCA): Community Safety Through Recidivism Prevention was signed into law with the goal of increasing reentry programming for offenders released from state prisons and local jails. Programs funded through Title I of the SCA must create strategic, sustainable plans to facilitate the successful reentry of individuals leaving incarceration facilities. Other key requirements include collaboration among state and local criminal justice and social service systems (e.g., health, housing, child services, education, substance abuse and mental health treatment, victim services, and employment services) and data collection to measure specified performance outcomes (i.e., those related to recidivism and service provision). Further, the SCA states that program reentry plans should incorporate input from local nonprofit organizations, crime victims, and offenders' families. It also requires that grantee programs create reentry task forces—comprised of relevant agencies, service providers, nonprofit organizations, and community members—to use existing resources, collect data, and determine best practices for addressing the needs of the target population.

Consistent with the objectives of the Second Chance Act, the Bureau of Justice Assistance (BJA) funded 22 adult offender reentry demonstration grants in FY 2011. Eight FY 2011 SCA projects¹ were selected by BJA for this evaluability assessment (EA). These projects target adult offenders under state or local custody (and about to return to the community) for comprehensive reentry programming and services designed to promote successful reintegration and reduce recidivism. Intended to proactively address the multiple challenges facing former prisoners upon their return to the community, the grants may be used to provide an array of pre- and post-release services, including education and literacy programs, job placement, housing services, and mental health and substance abuse treatment. Risk and needs assessments, transition case planning, case management, and family involvement are key elements of grantees' SCA projects. The goals of the SCA projects are to measurably (1) increase reentry programming for returning prisoners and their families, (2) reduce recidivism and criminal involvement among program participants by 50 percent over five years, (3) reduce violations among program participants, and (4) improve reintegration outcomes, including reducing substance abuse and increasing employment and housing stability. (See Appendix A for the initiative's SCA logic model.)

¹ Boston Reentry Initiative (MA); Hudson County (NJ) Community Reintegration Project; Johnson County (KS) Reentry Project; Minnesota DOC Revocation Reduction Demonstration; Missouri DOC Second Chance in Action Initiative; New Haven (CT) Reentry Initiative; Ohio DRC Healthy Environments, Loving Parents (HELP) Initiative; and Solano County (CA) Women's Reentry Achievement Program (WRAP). In March 2013, the EA study expanded to include two additional FY 2011 sites: the Beaver County (PA) ChancesR program and Palm Beach County (FL) RESTORE Initiative.

Evaluability Assessment Objectives and Activities

Evaluability assessment is crucial in determining if a project is a candidate for meaningful evaluation (Wholey, Hatry, and Newcomer 2004). At minimum, an evaluable program must have well-defined program goals, target populations, and eligibility criteria, as well as reliable and accessible performance data, and a defensible counterfactual (Barnow and The Lewin Group 1997). The current EA study, conducted by the Urban Institute (UI) in partnership with RTI International, is designed to determine what level of future evaluation activity is supportable in each of the eight² SCA sites and to identify the most appropriate research design and methods for each site. While most EAs seek to determine whether a program is evaluable, the EA study's funder, the National Institute of Justice (NIJ), is interested in some level of evaluation in *all* eight adult SCA sites; therefore, EA data collection must support more nuanced evaluation recommendations than "Evaluate: Yes or No." Specifically, the EA aims to answer two questions: Is the program evaluable? And if so, how, and at what level of effort?³ Design options must address both the recommended level *and* type of evaluation, including the suggested mix of process, outcome, impact, and cost analyses.

The following criteria (Barnow and The Lewin Group 1997; Wholey et al. 2004) guided EA work in the eight SCA sites.

1. **Measurable outcomes.** Program goals must be clearly stated, consistently understood by staff and partner agencies, and translatable into measurable results.
2. **Defined program components and their hypothesized relationship to outcomes.** An underlying theoretical model and logic model must indicate how program components, both in-facility and community-based elements, contribute to outcomes.
3. **Case flow and attrition.** How clients enter the program, as well as when, how, and why they discharge (either successfully or unsuccessfully) from the program must be documented to inform sample size estimates, comparison group construction, and evaluation recruitment timelines.
4. **Precise target population and eligibility criteria.** The EA must document how eligible participants are defined in each SCA site and how closely projects and their partners adhere to delineated eligibility criteria, including when and why sites deviate from established parameters. Eligibility criteria must be well-defined and consistently applied to minimize selection bias that might arise from arbitrary enrollment rules.
5. **Intake procedures.** Related to items 3 and 4, it will be critical to map how potential participants are identified and referred to the program, including the point at which this referral occurs; this will have implications for planning

² Eight sites were selected by BJA and NIJ for study, however, one site (Johnson County, KS) declined further participation in the grant program after the EA study began. In March 2013, NIJ and BJA, in conjunction with the EA, identified two additional sites—Beaver County (PA) and Palm Beach County (FL)—for the EA. Ultimately, the EA study conducted site visits to nine projects and compiled nine site-specific EA reports. A brief memorandum describing the Johnson County program was also compiled.

³ If the program is not evaluable, we will indicate what would be required to bring it in line with evaluation requirements.

random assignment procedures (i.e., what point in program operations should random assignment occur) should the program warrant such rigor and for identifying appropriate comparison subjects if quasi-experimental alternative designs are necessary.

6. **Ability to collect and maintain data.** An accurate management information system that includes data needed for the evaluation must be available. For impact evaluations, comparable data must exist (or be possible to create during the evaluation timeframe) for both treatment and comparison group subjects; site support for primary data collection must be evident.
7. **Presence of a clear counterfactual.** Impact evaluation designs also must consider appropriate comparison or control groups. Clearly documenting the services that are available to such individuals is therefore critical.

Likewise, the EA examined whether the program was mature and stable enough to warrant evaluation (Zedlewski and Murphy 2006); core program elements must be sufficiently fixed (static) to allow for meaningful evaluation.

The forthcoming Evaluation of the FY 2011 BJA SCA Adult Offender Reentry Demonstration Project, which also will be conducted by RTI and UI, entails a research design (subject to revisions based on the Evaluability Assessment of the sites selected by BJA and NIJ for further study) that envisions (1) process/implementation evaluation in all eight sites, (2) recidivism outcome (treatment group only) or impact evaluation (treatment and comparison groups) based on administrative records (secondary data) of arrest and incarceration, (3) more intensive impact evaluation that collects primary data (three waves of interviews) for both treatment and comparison groups, and, where feasible, uses random assignment to construct treatment and control groups, and (4) two different levels of cost analysis (cost studies 1 and 2), in which the sites selected for the intensive impact evaluation would also participate in a more intensive cost study given the ability to use the primary interview data to generate more information about benefits other than recidivism outcomes.

Cognizant of this design,⁴ EA data collection activities consisted of

- **Review of program materials and documents**, including program and partner materials such as blank intake and assessment forms, orientation materials, program handbooks, redacted transition case plans, annual reports, and program logic models to document operations.
- **Analysis of BJA aggregate performance data** including process measures, recidivism outcomes, and other reintegration indicators that may underscore program performance.

⁴ UI and RTI partnered on both the EA work (Focus Area 1 of the evaluation solicitation) and the full evaluation (Focus Area 2), and proposed to use the same teams for both evaluation projects to facilitate critical efficiencies (knowledge, resources, execution, celerity) while building a solid knowledge base of the sites and their capacity for evaluation to the benefit of Focus Area 2 work.

- **Pre-visit phone interviews** with SCA coordinators and project directors in each site were conducted to outline EA objectives and obtain updated project information.
- **Site visits and semi-structured interviews** with policy-level stakeholders and program staff and partners to assess capacity and readiness for evaluation across multiple EA domains and to collect supplemental information on training and technical assistance (TTA) needs. Specifically, interviews with individual stakeholders at the policy-level within the criminal justice system tracked the SCA initiative’s efforts, evolution, and adaptation over the earlier funding period, and the impact of the grant on cross-systems coordination, collaboration, and data exchange, as well as changes in policies and procedures. Semi-structured interviews with program and partner staff documented screening, assessment, case planning, transition planning, case flow, business-as-usual, and other critical program operations. Additional site visit activities included
 - **Review of program case files and administrative records** to determine data quality, verify the scope and content of client-level data routinely collected, and generate case flow and sample size estimates.
 - **Direct observation of program operations to determine logistics** that may inform subject recruitment and enrollment procedures for the full evaluation.

Drawing on the data collected from the above activities, this report (1) describes the SCA program including the implementation status of the site’s SCA program operations, activities, and characteristics, including adherence to stated policies and protocols and fidelity to the SCA reentry model, (2) examines program maturity, stability, and readiness for evaluation, (3) describes “business as usual” and identifies defensible, viable comparison groups, where possible, (4) documents site capacity for evaluation, including data availability (sources, data format, and technological capabilities) and quality to support process, outcome, impact and cost analyses, (5) examines the scope of any local evaluation efforts, and (6) concludes by presenting the range of viable study design options and evaluation recommendations.

The EA team conducted a site visit to the Connecticut Department of Correction’s New Haven Reentry Initiative (NHRI) project from February 14 to 15, 2013, meeting with departmental leadership, institutional staff, and community-based program and criminal justice partners to better understand project services and operation and to collect additional materials central to the EA. A debrief was held Friday, February 15, 2013 with project leadership. This report reflects the team’s best understanding of the program at that time.

New Haven Reentry Initiative Project Summary

In operation since the fall of 2010, the NHRI project builds on Connecticut’s extensive prior reentry work under the Connecticut Prison Reentry Initiative (CPRI) in 2006. The CPRI grant, which initially targeted Hartford and then expanded to Bridgeport in 2008, while generally regarded as highly successful, had limited eligibility requirements. One

outcome of the SCA grant was that it widened the pool of offenders eligible to receive services. Through NHRI, the Connecticut Department of Correction (CT DOC) established a functional cross-system collaborative, the Reentry Task Force, that includes the CT DOC, the Judicial Branch's Court Support Services Division, Board of Pardons and Paroles, Department of Mental Health and Addition Services, Office of Policy and Management, Department of Labor, University of Connecticut, Correctional Managed Health Care, City of New Haven, New Haven Reentry Roundtable, and the Annie E. Casey Foundation. Evidence-based practices throughout the CT DOC include: (1) routine and systematic risk assessment and re-assessment of all offenders using the Treatment and Programs Assessment Instrument (TPAI), (2) reentry preparation that begins at entry into the CT DOC, and (3) and Offender Accountability Plans (OAP) that address offender risks and needs, and guide pre- and post-release services and programming.

The NHRI program targets male and female offenders in four CT DOC facilities (York, Robinson, Willard-Cybulski, and Osborn) assessed as moderate to high risk for reoffending on the CT DOC's TPAI and who are returning to one of three locations: New Haven, West Haven, or Hamden. Post-release services are organized through an Easter Seals Goodwill Industries (ESGI) case manager and a community reentry advocate (CRA); these positions are funded through the grant via a contract between the CT DOC and coordinated jointly by the CT DOC's Division of Parole and Community Services and the Judicial Branch's Court Support Services Division of Probation.

Implementation

NHRI uses a collaborative strategy to address the challenges faced by offenders transitioning from prison to their home communities. The core program is a partnership between CT DOC's facilities, the divisions of probation and parole, and ESGI, although collaboration is much broader and includes pre- and post-release substance abuse providers and job readiness programs. The SCA grant funds the following elements of NHRI: a local evaluation through the University of Connecticut; ESGI's community coordinator, case managers, and community reentry advocates; a NHRI program manager; basic necessity items; and housing and transportation allowance. All other staff time (i.e., co-project director, dedicated facility staff, and parole/probation administrators and officers) is covered by the CT DOC as an in-kind match.

NHRI's pre-release component focuses primarily, but not exclusively, on employment. Core pre-release elements consist of the Reentry Workbook Program (RWP), a 12–13 booster session program that reinforces previous cognitive-behavioral programming and job readiness classes. Participants are also referred to the facility's job center. ESGI's community coordinator and case managers engage with participants in reentry planning prior to release. Offenders typically enter the program 2.5 to 3 months prior to release.

Under the program's furlough component, qualifying male NHRI participants may be transferred to the New Haven Correctional Center (NHCC) 30 days before release. During this period, participants may make furloughs into the community to attend programming or access services. This component is designed to foster greater engagement post-release by connecting participants to services and providers in the community before they are released. A portion of program participants transition to

halfway house services in lieu of the furlough; program case managers connect with clients while in the halfway house but do not work intensively with clients on transition issues until 30-days prior to release from the halfway house—in effect mirroring the furlough process. Participants may be released with parole supervision, probation supervision, or no supervision (i.e., end-of-sentence [EOS]).

Intensive, team-based case management forms the core of the post-release component. ESGI case managers and community reentry advocates (staffed by formerly-incarcerated individuals) team with NHRI probation and parole officers (POs) to supervise and engage clients in the reentry process. The offender's goals and objectives recorded in his or her RWP workbook guides the reentry process. A copy of the workbook is provided to the participant's case manager, PO, and CRA pre-release; the offender also retains a copy. In addition to case management services, ESGI case managers and CRAs facilitate gender-specific support groups. Clients may access a range of services through the ESGI Reentry Service Center. Post-release services are provided for 120 days, although support may be extended on an as-needed basis. Basic assistance is also provided with up to \$1,500 available for housing support and \$300 for other basic needs.⁵

The NHRI furlough component, parole/probation-case manager pairing, and the CRA are features exclusive to the NHRI program. This means they are not “business as usual.”

A total of 214 offenders have been served by the NHRI program since the program's inception in the fall of 2010. Given the project's current funding status, program leaders reported that program enrollment would conclude March 2013 to ensure that all new NHRI participants are released and in the community by May 31, 2013,⁶ and thus be able to receive the full 120 days of program support post-release before the grant ends on September 30, 2013. With that timeline, they estimate a total enrollment of 225 cases.

While current NHRI operations largely mirror those initially proposed, there have been some changes. Program leadership initially excluded those at the highest risk on the TPAI scale; however, these high risk offenders are now potentially eligible for the NHRI program. Likewise, NHRI clients were only required initially to produce a resume but now they are required to attend the entire pre-release job center training program. During the first year, there were some delays in the initial contact between the released offender and the ESGI case manager. That first post-release contact now occurs shortly after release to ensure the offender experiences dual supervision as early as possible. In addition to these changes, two are expected in the coming months: (1) family engagement, and (2) leisure development. The addition of leisure interventions has begun in some respects (bowling trips, group dinners) and is funded through a grant from the City of New Haven.

⁵ Assistance with basic needs is supported by both the SCA grant and matching funds from the Annie E. Casey Foundation.

⁶ Although the NHRI post-release component is designed to span a 120 days, through follow up correspondence with the site the EA team learned that NHRI is now using June 30, 2013 as a cut-off for from program enrollment to ensure a minimum of 90 days post-release services by September 2013.

Lastly, there has been some turnover in staff at the operations level. However, this has not led to confusion about duties or in the level of service received by NHRI clients. At both leadership and operations levels, staff roles and responsibilities seem well-defined.

Program Logic

The NHRI program largely reflects the key elements of the SCA Prisoner Reentry Initiative Logic Model with respect to its overarching project goals, design, operations and implementation.

The NHRI project seeks to address the challenges of urban reentry and the complex needs of offenders. The CT DOC chose to focus on those returning to the New Haven area for several reasons: (1) 50 percent of those released to New Haven are under 35 years of age, (2) a majority does not have a high school diploma, (3) and New Haven offenders have a significantly higher recidivism rate (75 percent) than the statewide average (67 percent). As such, NHRI targets offenders at the highest risk of re-offending.

The primary goals of NHRI, as indicated in the NHRI proposal (2010), are to reduce re-offending and improve public safety by: (1) identifying and reducing the risk of recidivism by 50 percent; (2) building local and community capacity to support reentry; (3) enlisting and engaging the participation of other state agencies and partners in local government, law enforcement, providers, and community in risk reduction and reentry planning; and (4) employing evidence based practices that are results based and address the greatest criminogenic needs.

Appendix B illustrates the logic outlined above, based on inputs, activities, and outcomes articulated during the February 2013 visit.

Program Operations

Exhibit A outlines the key characteristics of the NHRI program which are discussed in more detail in the following sections.

Target Population, Selection, and Enrollment

The NHRI program targets male and female offenders aged 18 or older, at medium to high risk of re-offending, who are returning to the greater New Haven area (New Haven, West Haven, or Hamden) from one of four CT DOC facilities. Of the 13 CT DOC prisons, the program is offered in York (women), Robinson, Willard-Cybulski, and Osborn (men). The majority of NHRI participants, like the population of the CT DOC, are male offenders; less than a quarter of NHRI participants are female offenders, which is consistent with the relatively small number of women returning to New Haven from prison.⁷

⁷ For 2012, only 111 female offenders had TPAI scores meeting the program eligibility criteria and who were returning to any of the three target areas. In contrast, 1,131 males met these criteria.

Exhibit A. New Haven Reentry Initiative Site Characteristics

SITE	Connecticut Department of Corrections (Lead agency) * Expansion of CPRI
ENROLLMENT and CASEFLOW	* 214 enrolled to-date; to serve 100 per year * 225 cases likely by September 30, 2013 * March 2013 was to conclude enrollment to ensure last cases receive full 120 days post-release services by September 30, 2013
TARGET POPULATION and ELIGIBILITY CRITERIA	* Sentenced male and female offenders aged 18 or older * Medium or high risk on TPAI * Three months to release or six months for halfway house * Must return to one of three target areas: New Haven, West Haven, or Hamden. * Probation/parole or end of sentence * Cases drawn from four of 13 prisons
PRE-RELEASE CORE COMPONENTS	* Duration varies, minimum 2.5 month window * TPAI risk assessment (system-wide) * Offender Accountability Plan * Reentry Workbook Program * Job readiness - NHRI cases must complete job readiness classes and resume; referral to job center * PO/CM pairing and in-reach * Community reentry advocate * Furlough—MALES ONLY—NHCC; 30 days prior to release; 1–3 furloughs per person. Offender accesses services in community to facilitate greater engagement in services post-release * Life skills; GED; employment readiness; mental health and drug treatment
POST-RELEASE CORE COMPONENTS	* 120-day intensive case management * PO/CM pairing for supervision and engagement in services; referred to locally as "dual supervision" * Transition planning including housing * Gender-specific support groups * NHCC Reentry Panel * Community reentry advocates (ex-offenders as reentry coaches; on treatment team) * ESGI employment/job search assistance * Basic needs (clothes, transportation, food, housing) assistance with \$2k allotment
FEASIBILITY OF RANDOMIZED/QUASI-DESIGN	RANDOM ASSIGNMENT—strong possibility * Ample comparison cases: in 2012, 1242 offenders with qualifying TPAI scores returned to target area * DOC open to random assignment
LOCAL EVALUATION	YES—external evaluator * Quasi-experimental design * Measuring multiple outcomes
PROGRAM STABILITY	* Operations and core components well-defined and stable * May add family engagement component * Working on link with faith-based services pre- and post-release
IMPLEMENTATION CHALLENGES	* Flow and timing of case release * Initial coordination of community hand-off * Information exchange * Incremental nature of grant funding

On a weekly basis, CT DOC management information system (MIS) staff generates a report of potentially eligible offenders based on their current facility, TPAI scores (medium to high), New Haven residency, and release date. This report is sent to the NHRI program manager who identifies eligible offenders. The program manager sends out NHRI invitations to a scheduled orientation that takes place in each facility. Those that attend hear presentations from the program manager, the ESGI case manager, and the ESGI community advocate. Those still interested in NHRI meet one-on-one with the program manager or ESGI case manager for a short interview to determine actual eligibility and sign up for the program. At a later date, the program manager contacts no-shows to confirm they were not interested or to enroll those that were but could not attend the orientation.

CT DOC inmates are assessed on intake for a number of risk/needs factors. These are summarized in the TPAI score. In the fall of 2013, CT DOC will adopt a new assessment tool, SCORES.⁸ All parole-eligible offenders will be assessed with SCORES at intake. Once on parole, POs will use SCORES to aid their case management. The EA team does not anticipate that this will become part of NHRI eligibility since NHRI is also open to end-of-sentence inmates.

Exhibit B outlines the process by which participants are identified, enrolled and served by the NHRI program.

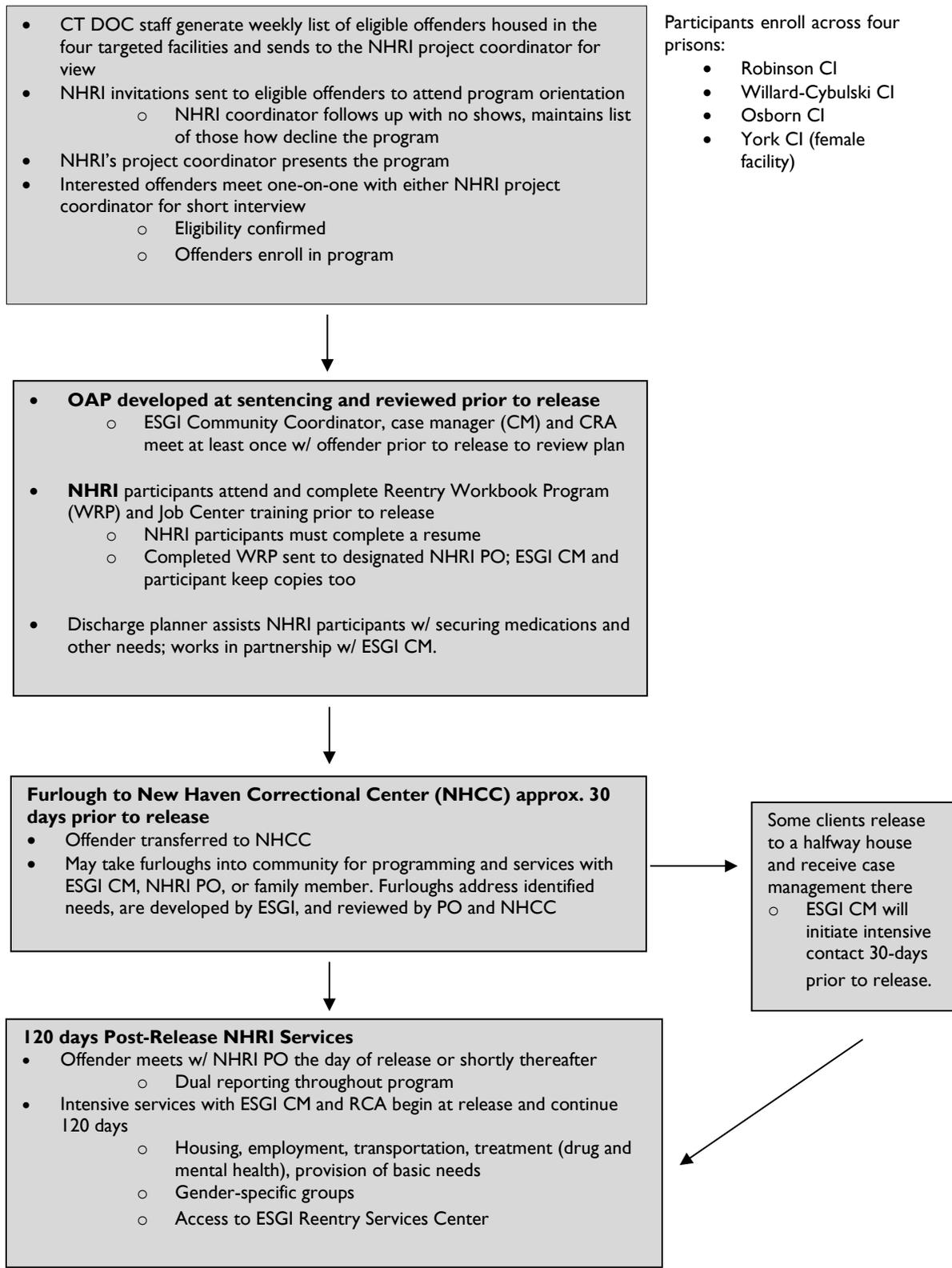
Pre-Release Processes and Core Components

Duration of the pre-release component varies, but usually falls within a 2.5 month window. During this period, institution-based case managers or counselors work with offenders to advance their OAP, which is developed at initial sentencing; during this period, female offenders also receive the Gender Responsive Assessment (GRA). All NHRI participants will have at least one transition planning meeting with the ESGI case manager and CRA prior to release. This pre-release contact ensures that NHRI offenders receive continuity of supervision and support throughout the transition process.

NHRI offenders are required to attend and complete the RWP and the facility job center training prior to release. These services are available to all offenders, but participation is voluntary for those not in NHRI. Since these programs are popular among offenders, there are often waitlists for participation. Offenders involved in the NHRI are guaranteed placement in these programs and are given priority over other waitlisted offenders. Information from both programs is sent to other offices post-release. POs as well as the ESGI case managers receive an electronic copy of the Reentry Workbook; the ESGI case managers also receive an electronic copy of the resume produced through the job center.

⁸ SCORES is a new gender-neutral assessment tool based on the Ohio Risk Assessment System (ORAS). The SCORES assessment will be primarily used by the Board of Pardons and Paroles to inform decisions from the judicial sentence, prison program assignment, release decisions, and community supervision levels.

Exhibit B. NHRI Case Flow



Thirty days prior to release, qualifying male NHRI offenders are transferred to the New Haven Correctional Center. This facility is usually used for those being held pre-trial and pre-sentence. In this facility, NHRI participants may have access to the business-as-usual suite of mental health and substance abuse programs (e.g., anger management, Alcoholics Anonymous [AA], Narcotics Anonymous [NA]). During this period, NHRI participants may make furloughs into the community to attend programming or access services. This component is designed to foster greater engagement post-release by connecting participants to services and providers in the community before they are released. Furloughs are tailored to address identified participant needs and reviewed by both parole and NHCC. Furloughs are arranged with and supervised by the participants' PO, but may also be coordinated with their ESGI case manager and CRA. Some furloughs may eventually include a family member. Furloughs are not guaranteed. Poor behavior on any outing would reduce the opportunity for future furloughs.

It should be noted that a portion of program participants transition to halfway house services in lieu of the furloughs. Under this scenario, ESGI program case managers connect with clients while in the halfway house but do not work intensively with clients on transition issues until 30 days prior to release from the halfway house—effectively mirroring the furlough process. The Roger Everson House, for example, is a halfway house that frequently receives NHRI participants. This ten-bed unit provides intense case management with basic needs (e.g., bus passes, clothing allowance, IDs). Two beds are reserved for NHRI clients. For NHRI clients that live at the Roger Everson House, the house case manager collaborates with the PO and ESGI case manager for the first week of residency to finalize an individual service plan. The completed Reentry Workbook is also sent to the house case manager to inform that plan. Other than this collaboration, there is no difference in services provided by the Roger Everson House between those enrolled in NHRI and those not.

Other post-release NHRI activities include: transition planning that includes housing, gender-specific support groups, employment or job search assistance through ESGI, and financial assistance for basic needs (e.g., clothes, transportation, food, housing) up to \$2,000.⁹

Post-Release Processes and Core Components

NHRI clients receive intensive team-based case management for 120 days post-release. ESGI case managers and CRAs team with NHRI PO's to supervise and engage clients in the reentry process. The offender's goals and objectives recorded in his or her RWP workbook guides the reentry process. A copy of the workbook is provided to the participant's ESGI case manager, PO, and CRA pre-release to help familiarize staff with the participant and his/her needs. Indeed, stakeholder reported that one of the greatest benefits of NHRI participation is improved communication among the various teams involved in the reentry process. NHRI employs several mechanisms to promote communication and ensure continuity of treatment. For example, all offenders housed at CT DOC facilities are encouraged to participate in the RPW group. Prior to the

⁹ Funds are provided through a grant from the Annie E. Casey Foundation.

participant's release from prison, parole and probation officers, case managers, and SCA-affiliated community service providers all receive electronic copies of the participant's workbook. ESGI case managers also receive electronic copies of the resumes created during required job center participation. Similarly, prior to the implementation of the NHRI, mental health and medical discharge planners reported minimal communication with CT DOC staff which often resulted in the development of contradictory transition plans, as well as duplication of services.

Probation and Parole

NHRI participants may be released to parole supervision, probation supervision, or no supervision (EOS). Of these, supervision through parole is the most common for NHRI participants.

A designated PO supervises NHRI clients (except for sex offenders, DUI offenders, and those assigned to the Mental Health Unit). The designated NHRI PO is well-versed in the core components of the program, having previously facilitated RWP groups inside prison. In the role of NHRI PO, this individual uses the workbooks and applies motivational interviewing techniques with offenders to increase buy-in around their reentry goals. If an offender starts to push back on identified needs, the PO can use the workbook entries, written in the offender's own words, to get them back to their original plan.

The PO's first contact with NHRI clients is upon release, after which NHRI clients maintain weekly for a period of time. (A revised reporting schedule will be determined based on the individual's LSI-R assessment results, per agency policy.) During weekly parole meetings, NHRI clients are subject to dual supervision. The ESGI case manager and the PO work together at supervision meetings to obtain updates from clients on areas that need progress and to encourage positive progress. The NHRI parole model of motivational interviewing, review of the RWP, and the dual supervision has been in place since June 2011. Before then, there was little difference in the model of supervision and provision of services between NHRI and non-NHRI parolees.

With respect to probation supervision, most NHRI participants on probation are assigned to a specialized, intensive probation unit called the Probation Transition Program (PTP). PTP officers serve higher risk clients. Their caseloads include both NHRI participants and non-participants.

Easter Seals Goodwill Industries Partnership

Under NHRI, the CT DOC partnered with ESGI to provide intensive case management. ESGI has a history of providing job placement and other services for released offenders but the NHRI grant has formalized and funded this relationship. ESGI staff received training from the Clifford Beers Clinic on a variety of topics including motivational interviewing, cultural sensitivity, trauma-informed approaches, and engagement strategies.

Another benefit of the partnership between ESGI and NHRI is that participants are eligible for placement and services with various community agencies that have a history of collaboration with ESGI. These agencies include the Roger Everson House, which

provides housing and case management for participants of the furlough program; the Prosperity House, which provides housing and addiction services for offenders who have chemical dependency needs; and Reentry Assisted Community Housing, or REACH, which provides case management and transitional housing for parolees.

Business as Usual

As discussed in prior sections, CT DOC has been engaged in a strategic, system-wide reentry effort for the past several years. Many core NHRI program components (both pre- and post-release) are standard procedure throughout the CT DOC including: (1) risk/needs assessments with the TPAI; (2) development and implementation of OAP guided by TPAI results; (3) intensive case management pre-release designed to assist offenders in fulfilling OAP goals; (4) strategic service provision to ready the offender for release that features the employment and parenting classes and drug treatment; and (5) reassessment and coordinated discharge planning with probation and parole to promote continuity of approach.

As a result, there is reportedly little difference in the approach to reentry services or planning between NHRI and non-NHRI women beyond CRAs as peer coaches and the PO/ESGI case manager pairing. The emphasis on continuity of treatment through transmittal of the participants' Workbooks to the NHRI community-based team is unique with respect to its centrality to services and supervision post-release.

Pre-Release

All offenders in the CT DOC system may participate in the RWP and job center prior to release. These activities are available, but not mandatory, for the non-NHRI population. While incarcerated, offenders may receive mental health treatment and medication, participate in substance abuse programs (e.g., Alcoholics Anonymous [AA], Narcotics Anonymous [NA]), and/or participate in faith-based services.

Post-Release

Offenders may be released to parole or directly to the community (EOS offenders). For non-NHRI offenders, even those who completed the RWP while incarcerated, the workbook is not routinely used by parole. Women on parole, but not enrolled in NHRI, may be part of a special gender responsive unit. This unit assesses women with the WRNA tool and provides specialized services for women including help with housing and basic needs.

Potential Comparison Groups

This site is a strong contender for an impact evaluation through random assignment. If random assignment is not feasible, there are ample comparison cases. In 2012, approximately 1,242 offenders with qualifying TPAI scores returned to the greater New Haven area.

Future evaluation could draw a comparison group matched on risk factors and interest from prison facilities where NHRI is not offered. This is the model currently used by the NHRI's local evaluators, which yielded a sample of 100 treatment cases and 102 comparison cases. To account for participant interest, program staff could continue to

visit these facilities to introduce the program, explain that it is not offered there currently, and ask that, if interested, offenders sign onto a waiting list. This creates a pool of almost-eligible, interested offenders who are excluded based on their facility.

Training and Technical Assistance

CT DOC reported that they did not receive TTA from the Council of State Governments (CSG), other than that provided at the annual Second Chance Act grantee conferences. Stakeholders remarked that the topics addressed and sessions held at the SCA grantee conferences were informative and relevant to their work.

Stakeholders, however, did report drawing on the expertise of local partners and coordinating TTA to address emerging issues. ESGI staff, for example, received training from the Clifford Beers Clinic on a variety of topics including motivational interviewing, cultural sensitivity, trauma-informed approaches, and engagement strategies.

Neither NHRI leadership nor staff reported any pressing TTA needs.

Although the EA team does not have any recommendations for additional TTA for this site, we would encourage CSG to contact the site to learn more about its approach to TTA. NHRI stakeholders seemed particularly proactive, thoughtful, and strategic in identifying potential issues around which staff could benefit from TTA and addressing those needs. Specifically, how the program wove ex-offenders (CRAs) into the formal treatment team and addressed potential issues that could affect the CRA's scope of work. In brief, many communities seek to involve successful ex-offenders in reentry efforts but few are sure how to navigate the potential policy and procedural issues for doing so. NHRI, particularly ESGI, may have valuable sights that would assist other jurisdictions.

Data Elements, Data Sources, Systems, and Strategies

The relevant data systems for an evaluation of the NHRI program include the CT DOC database (i.e., OBIS, aka RT screens), the Department of Probation and Parole Case Notes system, an NHRI-specific ACCESS database, and ESGI's Efforts to Outcomes (ETO) database. All of these systems track offenders with the CT DOC identifier. Overall, the quality of administrative data is high. Only ESGI, however, tracks program dosage.

The CT DOC database is an extensive system used by all CT DOC facilities. It includes extensive inmate demographic data including education level, sentence, offense, facility transfers, all relevant dates, assessment scores, and program participation. Future offending will be added if incarceration occurs. This system does not capture arrests without incarceration. Since these data are necessary for BJA reporting requirements, the NHRI program manager obtains that information from a probation department contact. The CT DOC system also contains separate codes for most pre-release programming, start and end dates for this programming but no measure of dosage. Mental health staff may mark progress in a particular program as complete which indicates near perfect attendance at group sessions. Pre-release participation dates in NA and AA are not regularly recorded.

The CT DOC system operates on a mainframe. The CT DOC expects to transfer to a new data system in the next 3 to 5 years. This timeline should not overlap with the current evaluation schedule.

The case notes system is used by parole to log all contact with clients and qualitative information about their progress. Most of the substantive data regarding employment, housing, and family issues, are recorded in free text string fields and would require coding to be useful for an evaluation effort.

The NHRI program manager maintains an ACCESS database that includes all offenders who were invited to an NHRI orientation. For those that actually enroll, program specific data are captured along with all data required for BJA reporting.

The initiative's primary community partner, ESGI, uses the ETO data systems developed by Social Solutions, Inc., specifically for non-profit agencies. In ETO, ESGI case managers enter participants' demographic information through an intake screen, track program enrollment and release dates, record attendance, and monitor units of service received relevant to each participant's individualized case plan. ESGI case managers can also generate standard participant and/or program level reports as well as custom queries across various data elements.

Local Evaluation

Researchers at the University of Connecticut are conducting a process and outcome evaluation of NHRI. The outcome evaluation features a sample of 202 subjects (100 treatment, 102 comparison) and three waves of interview data collection (pre-release, exit, and 6-months post-release for those still in the community) to measure respondent reentry experiences, access to services pre- and post-release, and satisfaction with those services. Data collection will conclude spring of 2013 with analysis to follow. Comparison group cases were drawn from CT DOC facilities where NHRI is not offered. Researchers controlled for motivation by recruiting those offenders who expressed interest in the NHRI program but who were not served (a portion transferred facilities to access NHRI services but most remained in the comparison group).

Given current uncertainty about program funding, it is not clear if additional local evaluation would be performed beyond the current grant period.

Support for Additional Evaluation Activities

NHRI leadership expressed strong interest in going forward with an evaluation. They expressed a willingness to be collaborative and are open to random assignment protocols. However, without additional funding to extend the program beyond September 2013, it is unlikely that a prospective evaluation could occur.

Evaluation Assessment Recommendations

Given the current uncertainty about funding, it is difficult for the EA team to envision what might remain for evaluation after September 2013. Assuming the program receives supplemental funding in short order, we believe the NHRI program would be a strong candidate for an *impact evaluation*, as well as, a *process and implementation evaluation*

and the *recidivism outcome study* using administrative records and *cost analysis*. The program is stable and well-defined, with ample case flow to support random assignment or a strong quasi-experimental design. Administrative data are of solid quality. Additionally, program leadership and staff are excited to participate in an evaluation. They are familiar with different evaluation models and would need minimal technical assistance to participate in a full evaluation. Evaluation recommendations and considerations are summarized in Exhibit C.

Exhibit C. New Haven Reentry Initiative Evaluation Recommendations

SITE	Connecticut Department of Correction (Lead agency)
PROS	<ul style="list-style-type: none"> * Steady case flow * TPAI, OAP system-wide; supports matching * Administrative and program data * Solid collaborative structures at all levels of operations; broad support from leaders and line staff * Clear roles/responsibilities * Strong support for evaluation including random assignment * Several unique features for study (furlough, PO/case manager partnership, community advocates) * Broad adherence to eligibility criteria
CONS	<ul style="list-style-type: none"> * Pre-release component largely focused on employment readiness * Eligibility requirements have expanded in year 2 to include HIGHEST risk (8s, previously took only 4–7s) on the TPAI; the program takes sex offenders but determined on a case-by-case basis; some segregation inmates are also eligible * If funding interrupted some aspects of the program are likely to be affected
LEVEL/TYPE OF EVALUATION RECOMMENDED	<ul style="list-style-type: none"> * Process/implementation * Recidivism outcome * Cost study 1 * Viable impact site <ul style="list-style-type: none"> * Other outcomes * Cost study 2 * Furlough component would be of interest to broader field and could be tested

With respect to the outcome evaluation, as discussed earlier, the CT DOC has already assembled a viable comparison group. Because the CT DOC conducts universal assessment using a single, validated risk/needs assessment, and has done so for many years, ample data exist on which to generate equivalent, matched comparison groups (i.e., groups matched on criminogenic risk/need) using propensity score matching techniques if random assignment is not feasible for some reason. Further, there is evidence of strong fidelity to program eligibility criteria. In turn, the CT DOC’s Offender Management System (OMS) captures pre-release program data in sufficient detail to also match comparison and treatment group cases on pre-release service profiles. The integrated nature of the CT DOC’s OMS means post-release data on compliance and service provision can also be mined for both treatment and comparison group cases, allowing researchers to examine criminal justice outcomes beyond recidivism.

A number of the program’s core components merit further study, specifically the pre-release furlough component, probation/parole case manager pairing (referred to locally as dual supervision), and the role of the CRAs. Staff expressed particular interest in

evaluating the outcomes associated with the furlough component and the PO/case manager dual reporting system. Impact of the furlough component would be of interest to the field. Study of these features would likely yield actionable information for practitioners, program developers, and policymakers.

Key considerations

NHRI leadership stated that funding ends in September 2013 and that they had no indication whether additional funding would be available. Given the project's current funding status, program leaders reported that program enrollment would conclude in March 2013 to ensure that all new NHRI participants are released and in the community by May 31, 2013 and thus be able to receive the full 120 days of program support post-release before the grant ends on September 30, 2013. The EA team did not learn of any plans to sustain the program, or components of it, after the funding ends although there is interest in maintaining the all NHRI components.

Program-related concerns

- Pre-release component largely focused on employment readiness
- Eligibility criteria expanded in year 2 to include the very highest risk offenders as scored on the TPAI
- Flow and timing of case release for treatment group
- Initial coordination of community hand-off
- Impact of funding uncertainty on program operations and case flow

Program-related strengths

- Operations and core components well-defined and stable
- System-wide use of evidence-based practices including TPAI and OAP
- Steady case flow
- Strong leadership and field staff interest in evaluation
- Solid collaborative structures, clear roles and responsibilities
- Broad adherence to eligibility criteria
- Several unique features for study

Summary

Connecticut's New Haven Reentry Initiative program represents an innovative, evidence-based approach to reentry. The program's case flow is sufficient to support rigorous research and a number of program features seem worthy of further study. Impact, outcome, process, and cost analyses will likely yield actionable information for the practitioners, program developers, and policymakers.

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Appendix A.

Second Chance Act Logic Model

Second Chance Act Prisoner Reentry Initiative Logic Model

Goal(s): *Increase Public Safety and Reduce Recidivism by 50 percent over 5 years*

INPUTS	ACTIVITIES	OUTCOMES	OUTCOME MEASURES	LONG TERM OUTCOMES/IMPACT*
<ul style="list-style-type: none"> ■ Support of the Chief Executive officer of the state, unit of local government, territory, or Indian Tribe ■ Extensive description of the role of state corrections departments, community corrections agencies, juvenile justice systems, and/or local jail systems – that will ensure successful reentry ■ Extensive evidence of collaboration with state and local government agencies, as well as stakeholder groups. ■ Analysis plan for: statutory, regulatory, rules-based, and practice-based hurdles to reintegration of offenders ■ Target Population (TP): High-Risk Offenders ■ Risk and Needs Assessments ■ Reentry Task Force membership ■ 5-year Reentry Strategic Plan ◇ Plan to follow and track TP 	<ul style="list-style-type: none"> ■ Develop and coordinate a Reentry Task Force ■ Administer validated assessment tools to assess the risk factors and needs of returning inmates ■ Establish pre-release planning procedures ■ Provide offenders with educational, literacy, and vocational services ■ Provide substance abuse, mental health, and health treatment and services ■ Provide coordinated supervision and comprehensive services for offenders upon release from prison or jail ■ Connect inmates with their children and families ■ Provide victim appropriate services 	<ul style="list-style-type: none"> ■ A reduction in recidivism rates for the target population ■ Reduction in crime ■ Increased employment opportunities 	<ul style="list-style-type: none"> Number of new offenders added to the TP this quarter Total number of TP in the initiative Number of TP released this quarter Total number of TP released since the beginning of the initiative Number of TP resentenced to prison with a new conviction this quarter Total Number of TP resentenced to prison with a new conviction since the beginning of the initiative Total number of crimes reported during this quarter Total population for the area that the TP is returning to (i.e., statewide, county, city, neighborhood) Number of TP who found employment this quarter Total Number of TP who are employed Number of TP who have enrolled in an educational program this quarter 	<ul style="list-style-type: none"> ■ Increase public safety ■ Reduce Recidivism by 50 percent over 5 years

<ul style="list-style-type: none"> ◇ Sustainability Plan ◇ Plan to collect and provide data for performance measures ■ Pre- and post-release programming ■ Mentors ■ Provide a 50 percent match [only 25 percent can be in-kind] 	<ul style="list-style-type: none"> ■ Deliver continuous and appropriate drug treatment, medical care, job training and placement, educational services, and housing opportunities ■ Examine ways to pool resources and funding streams to promote lower recidivism rates ■ Collect and provide data to meet performance measurement requirements 	<ul style="list-style-type: none"> ■ Increased education opportunities ■ Reduction in violations of conditions of supervised release ■ Increased payment of child support ■ Increased housing opportunities ■ Increased participation in substance abuse services ■ Increased participation in mental health services 	<p>Total number of TP who are currently enrolled in an educational program</p> <p>Number of TP who have violated the conditions of their release this quarter</p> <p>Total number of TP who have violated the conditions of their release</p> <p>Total number of TP that are required to pay child support</p> <p>Number of TP who paid their child support this quarter</p> <p>Number of target population who found housing this quarter</p> <p>Total number of TP who have housing</p> <p>Number of TP who were assessed as needing substance abuse services this quarter</p> <p>Total number of TP who have been assessed as needing substance abuse services</p> <p>Number of TP who enrolled in a substance abuse program this quarter</p> <p>Total number of TP enrolled in a substance abuse program</p> <p>Number of TP who were assessed as needing mental health services this quarter</p> <p>Total number of TP who have been assessed as needing mental health services</p> <p>Number of TP who enrolled in a mental health program this quarter</p> <p>Total number of TP enrolled in a mental health program</p>	
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		<ul style="list-style-type: none">■ Reduction in drug abuse ■ Reduction in alcohol abuse	<p>Total number of TP re-assessed regarding substance use during the reporting period</p> <p>Total number of TP re-assessed as having <i>reduced</i> their substance use during this reporting period</p> <p>Total number of TP re-assessed regarding alcohol use during the reporting period</p> <p>Total number of TP re-assessed as having <i>reduced</i> their alcohol use during this reporting period</p>	
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Appendix B.

New Haven Reentry Initiative (NHRI) Logic Model

Appendix B. New Haven Reentry Initiative (NHRI) Program Logic Model

(Italics indicate features unique to the program)

