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EVALUATING THE SERIOUS AND VIOLENT OFFENDER REENTRY INITIATIVE WITHIN AND ACROSS THE NEW ENGLAND REGION

BY

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THESIS

Submitted to the University of New Hampshire

in Partial Fulfillment of

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in

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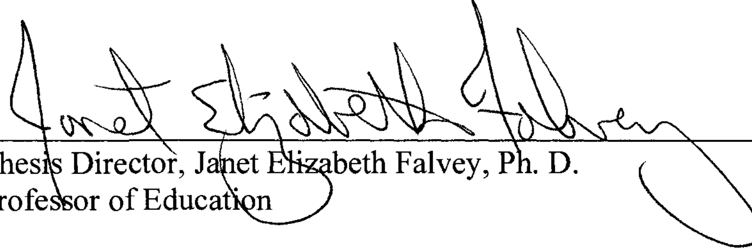

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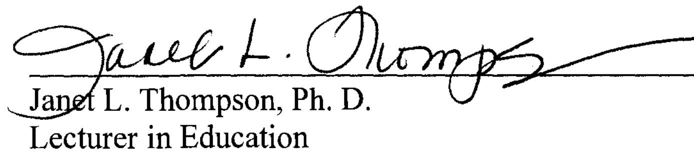

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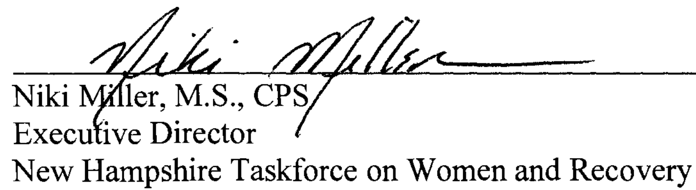

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DEDICATION

This thesis is dedicated to my best friend, Kellie Anne. Her support, patience and unconditional love have been the foundation for the healing of my heart. Thank you.

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ABSTRACT

EVALUATING THE SERIOUS AND VIOLENCE OFFENDER REENTRY INITIATIVE WITHIN AND ACROSS THE NEW ENGLAND REGION

By

Jessica A. Parent

University of New Hampshire, September, 2008

The reentry of inmates back into the community is a hotly debated topic in society today. A descriptive study was conducted to analyze what mental health services were being provided to inmates who were participants in the Serious and Violent Offender Reentry Initiative (SVORI). Additionally, barriers to implementing comprehensive mental health services, along with trends within and across the New England Region regarding mental health services were examined. The data collected was from three program evaluation surveys completed by Project Directors for SVORI in 2003, 2005, and 2006. The results indicate that the mental health services provided to SVORI participants varied according to state, lacking comparable data and having no consistent definition for mental health services. Inadequate referrals by facility staff was most often reported as a factor limiting participant enrollment in SVORI. These results have implications for the counseling field, as well as society in general.

CHAPTER 1

INTRODUCTION

Proposed Research

At the end 2006, 2.26 million inmates were in custody in state and federal prisons and local jails (Sabol, Couture & Harrison, 2007). This was an incarceration rate of 751 inmates per 100,000 U.S. residents, or one in every 133 residents. During 2006, the number of people in custody increased by 2.9%, up from the average annual growth rate of 2.6% from 2000 through 2005 (Sabol, Couture & Harrison, 2007). At the end of 2006, 1.3 million inmates were in custody in state prison (Sabol, Couture & Harrison, 2007). At least 95% of all state prisoners will be released from prison at some point; nearly 80% will be released to parole supervision (Hughes & Wilson, 2004). Given the high rate of State prisoners being released back into the community, a critical look needs to be taken at addressing the ways felons are reentering the community.

Nearly 650,000 people are released from state and federal prison yearly and arrive on the doorsteps of communities nationwide (USDOJ, 2008). A far greater number reenter communities from local jails, and for many offenders and/defendants, this may occur multiple times in a year (USDOJ, 2008). According to the Bureau of Justice Statistics (2002), over fifty percent of those released from incarceration will again be in some form of legal trouble within three years. In his 2004 State of the Union, President Bush proposed "a four-year, $300 million prisoner re-entry initiative to expand job

training and placement services, to provide transitional housing, and to help newly released prisoners get mentoring, including from faith-based groups" (USDOJ, 2008). Given the high number of offenders reentering the community, attention needs to focus on what services, particularly mental health, are being provided to inmates prior to their release.

Reentry involves the use of programs targeted at promoting the effective reintegration of offenders back to communities upon release from prison and jail (USDOJ, 2008). Reentry programming, which often involves a comprehensive case management approach, is intended to assist offenders in acquiring the life skills needed to succeed in the community and become law-abiding citizens. A variety of programs are used to assist offenders in the reentry process, including pre-release programs, drug rehabilitation and vocational training, and work programs (USDOJ, 2008). The belief is that if inmates are receiving reentry programming, the threat to community safety will be reduced when an inmate is released while improving their chances for success in society. A critical look at mental health services provided to inmates while incarcerated is essential.

Research Question:

What mental health services and components are being provided by SVORI grantees to incarcerated individuals within the New England Region?

Subquestions:

a. What barriers, if any, do SVORI grantees faced while implementing comprehensive mental health services?

b. What are the trends within and across New England states regarding mental health services among SVORI grantees since the implementation of these efforts?

Rationale for Study

To address the challenges posed by reentry, in 2003 the US Departments of Justice, Labor, Housing and Urban Development, and Health and Human Services established the Serious and Violent Offender Reentry Initiative (SVORI), a large-scale program providing over $100 million to 69 grantees to develop programming, training, and state-of-the-art reentry strategies at the community level. The SVORI programs are intended to reduce recidivism, as well as to improve employment, housing, and health outcomes of participating released prisoners (Multi-site SVORI evaluation, 2008). This funding focuses its target on prison populations, both male and female. SVORI presents funding for state correctional facilities to provide services such as substance abuse counseling, life skills training, domestic relations instruction, anger management groups, cognitive skills programs, vocational training, pre-employment planning, parenting training, adult basic education, special education classes, and mental health counseling.

SVORI provides funding for prisons to bring positive alternatives to inmates to manage their lives. The focus of this study will be on the mental health services provided to incarcerated individuals through SVORI funding. In 2006, it was reported that more than half of all prison and jail inmates, including 56 percent of state prisoners, 45 percent of federal prisoners, and 64 percent of local jail inmates, were found to have a mental

health problem (James & Glaze, 2006). Additionally, James & Glaze (2006) found that mental health problems were primarily associated with violence and past criminal activity. Due to the high occurrence of mental health problems among prisoners and inmates, it is critically important to investigate how reentry programs are addressing the mental health needs of incarcerated individuals.

Given that the vast majority of state prisoners will be released, it is imperative to understand what services are being provided to prisoners before their release to ensure the safety of the community and promote successful, non re-offending transition into the community by adopting a healthy lifestyle to include employment, mental health, housing, and a substance-free life. The implication is that, through pre-release mental health services, prisoners and inmates will be better prepared for their transition back into their communities. This study will assess the reported implementation of mental health services and components, identified barriers, and trends within and across the six New England states regarding SVORI programming.

Definition of Terms

Churning (Churners) describes the experience of offenders who are committed to prison, released on parole, return to prison for either a technical violation of parole or for a new crime, and subsequently re-released from prison on the original sentence (Lynch & Sabol, 2001).

Conditional Release is the release of an inmate from prison to community supervision (which includes probation or parole) with a set of conditions for remaining in the community. If the conditions are violated, the individual can be returned to prison or face another sanction in the community (BJS, 2000).

Determinate Sentencing is a prison sentence with a fixed term of imprisonment that is determined by a judge, a statute, or sentencing guidelines and that can be reduced by good-time or earned-time credits (BJS, 2000).

Discretionary Release is the release of an inmate from prison where the release date is decided by a board or some other authority (BJS, 2000).

Indeterminate Sentencing is a prison sentence with a maximum term established at the time of sentencing, but not a fixed term. Parole boards determine when to release individuals from prison (BJS, 2000).

Mandatory Release is the release of an inmate from prison where the release date is the result of a determinate sentence and is not decided by a panel or board (BJS, 2000).

Mental Health Problems are defined by two measures: presence of a recent history or symptoms of a mental health problem; and, they must have occurred in the twelve months prior to the interview. Recent histories of mental health problems include a clinical diagnosis or treatment by a mental health professional. Symptoms of a mental disorder are based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM-IV) (James & Glaze, 2006).

Reentry is defined as the process of leaving prison and returning to society (Travis, Solomon & Waul, 2001).

Sentencing refers to the punishment that a defendant receives upon being found guilty in a court of law.

Supervision is a form of monitoring. It is designed to provide control and surveillance in a manner which will restrict and monitor the offender's movement and activities in the community.

Unconditional Release is the release of an inmate from prison where he or she is not under community supervision and is not required to abide by special conditions (and therefore cannot be returned to prison without being convicted of a new offense) (BJS, 2000).

CHAPTER II

LITERATURE REVIEW

This research is concerned with identifying what mental health services are being provided to inmates where SVORI programming is available. As a result, the literature review will primarily focus on reentry efforts across the United States and the mental health needs of incarcerated individuals.

From Prison to Home

The U.S. adult correctional population—incarcerated or in the community—reached 7.2 million men and women, an increase of 159,500 during 2006 (Glaze & Bonczar, 2007). About 3.2 percent of the U.S. adult population, or 1 in every 31 adults, were in the nation's prisons or jails or on probation or parole at the end of 2006 (Glaze & Bonczar, 2007). On one level, this transition from prison to community might be viewed as commonplace. Ever since prisons were built, individuals have faced the challenges of moving from incarceration in correctional institutions to freedom and independence on the street. The costs of this cycle of incarceration and reentry are high from several perspectives. Travis, Solomon and Waul (2001) found that,

> More prisoners are returning home, having spent longer terms behind bars, less prepared for life on the outside, with less assistance. Often they will have difficulties reconnecting with jobs, housing, and perhaps their families when they return, and will remain beset by substance abuse and health problems. Most will be rearrested, and many will be returned to prison for new crimes or parole violations (p. 1).

First and foremost among reentry issues is the public safety dimension. In a study conducted by Langan and Levin (2002), it was found that within three years of their release in 1994, 67.5% of the prisoners were rearrested for a new offense (almost exclusively a felony or a serious misdemeanor); 46.9% were reconvicted of a new crime; 25.4% were resentenced to prison for a new crime; and 51.8% were back in prison serving time for a new prison sentence or for a technical violation of their release, such as failing a drug test, missing an appointment with their parole officer, or being arrested for a new crime. Such high recidivism rates translate into new victimizations each year.

Second, there are fiscal implications associated with reentry. Significant portions of state budgets are now invested in the criminal justice system; expenditures on corrections alone increased from nine billion in 1982 to 44 billion in 1997 (Travis, Solomon & Waul, 2001). Third, there are far-reaching social costs. Prisoner reentry carries the potential for profound collateral consequences, including public health risks, disenfranchisement, homelessness, and weakened ties among families and communities (Travis, Solomon, & Waul, 2001).

Developments in U.S. Sentencing Policy

Over the past generation, sentencing policy in the United States has been characterized by three major developments. The first is a significant increase in U.S. imprisonment rates. At yearend 2006, correctional facilities in the United States held an estimated 2,385,213 inmates in custody, including inmates in Federal and State prisons, territorial prisons, local jails, facilities operated by or exclusively for U.S. Immigration and Customs Enforcement (ICE), military facilities, jails in Indian country, and youth in

juvenile facilities (Sabol, Couture & Harrison, 2007). During 2006 the total incarcerated population increased by 2.8%, or 64,579 inmates (Sabol, Couture & Harrison, 2007).

The second development is a shift in sentencing and supervision policy, away from indeterminate sentencing and earned release to greater reliance on determinate sentencing and mandatory release (Travis, Solomon, & Waul, 2001). This has had significant effect on federal and state sentencing policy. Third, parole supervision has undergone considerable changes, with increasing caseloads, new monitoring capacities, and an increased focus on supervision over rehabilitation. Taken together, these trends place an increased burden on the formal and informal processes that should work together to support successful reintegration (Travis, Solomon & Waul, 2001).

The unifying sentencing approach of the past has been replaced with a variety of state-level experiments in mandatory minimums, abolition of discretionary parole release, three-strikes laws, sex offender registration, sharply reduced judicial discretion, and truth-in-sentencing policies, among others (Travis et al., 2001). Given the move toward experimental sentencing, past interventions that have included good-time credits earned for successful completion of in-prison programming have been eliminated or reduced in many states. With the increase in the number of incarcerated individuals, those who are released face supervision by overburdened parole officers. Intensive case planning and management, both pre- and post-release, and the availability of community support services have not been viewed as priorities. For example, recent surveys of parole officers show that more of them give high priority to the law enforcement function of parole, rather than its service or rehabilitation function (Lynch, 1998).

Decreased Program Participation among Inmates

The reentry of prisoners into the community has sparked a great deal of debate. Two questions that recur throughout the literature are how to protect the safety of the public, and how to foster an individual's transition from life in prison to life as a productive citizen. Longer stays in prison are important to consider, both for public safety and for reintegration of ex-prisoners. From a public safety perspective, longer stays are associated with reductions in crime through both incapacitation (Blumstein & Beck, 1999) and general deterrence (Levitt, 1996). To the extent that serious crime rates are lower because longer sentences have incapacitated violent or repeat offenders, or because they have deterred others, additional public safety benefits may accrue by keeping serious offenders out of the released prisoner pool for longer periods of time.

Alternatively, offenders who present minimal risk of recidivism could be released from prison sooner. Moreover, as serving longer terms in prison can have negative consequences for reintegration of offenders, shortening the length of stay for those offenders who pose less risk of recidivism makes sense both because it poses little risk to public safety and because it increases the chances that low-risk offenders will be able to reintegrate successfully (Lynch & Sabol, 2001). This is because longer prison terms may lessen post-prison employment and earnings, and are associated with detachment from families and community institutions. Both of these effects can complicate reintegration of ex-prisoners (Lynch & Sabol, 2001).

Consistently, the literature involving prisoner reentry discusses the fact that the released prisoner pool consists of more 'churners.' According to Lynch and Sabol (2001), the process of churning describes the experience of offenders who are committed to

prison, released on parole, returned to prison for either a technical violation of parole or for a new crime, and subsequently re-released from prison on the original sentence. Churners account for more prison admissions per year in recent years than they did in the early 1990s (Lynch & Sabol, 2001). As can be predicted by its description, churning poses challenges for reentry, as churners are a group of offenders who have proven to be difficult to reintegrate. Lynch and Sabol (2001) found that while churning is a function both of technical violations and new crimes committed by ex-offenders, churning also represents a failure to reintegrate. In addition, the research showed that these recently released prisoners are less likely to have participated in prison programs than they were in the past.

According to Lynch and Sabol (2001), most prisoners do not participate in prison programs such as education and vocational programs, and the rate of participation has dropped over the past decade. Additionally, Lynch and Sabol (2001) found that, in 1997, only 27 percent of the soon-to-be-released inmates reported that they participated in vocational programs and 35 percent that they participated in educational programs; these numbers are down from 31 percent and 43 percent, respectively, in 1991. In addition, only about 13 percent of the soon-to-be-released cohorts in both 1991 and 1997 reported participating in prerelease programs. Based on the research conducted by Travis et al. (2001), the movement in U.S. sentencing policy towards experimental sentencing that has eliminated or reduced in many states good-time credits earned for successful completion of in-prison programming, could be an explanation for the declining program participation with inmates.

Presumably, pre-release program participation is an asset upon release from prison. Having completed a degree or vocational training should enhance the chances of finding employment after release, all else being equal. So why do prisoners chose not to participate in educational and/or vocational programs? Based on the Travis et al. (2001) research, since there is no reward for completing programs that are not mandated, there is little incentive to do more than serve their sentence.

Additionally, research needs to focus on understanding how life in prison could adversely affect the capacity of an inmate to stay focused on learning when they may be distracted by safety concerns. The prison experience may itself create or exacerbate adverse physical or psychological conditions. Some prisoners experience serious physical injuries and/or psychological trauma while incarcerated (Travis et al., 2001). If prisoners are not able to feel safe, it should not be a surprise that participation in programming would not occur.

Challenges to Reentry

Prisons and jails are at a critical juncture in addressing their inmate population and the environment in which they are housed. The National Governor's Association Center for Best Practices (NGA, 2004) released an overview of the challenges and impacts of prisoner reentry. As part of addressing best practices, NGA recognized the range of personal issues that jeopardize prisoners' chances of succeeding in the community. The NGA pointed out some significant facts about the prison population including that 80% have a history of substance abuse, 16% are diagnosed with a mental illness, 73% of mentally ill inmates also suffer from a co-occurring substance use

disorder, 70% are high school dropouts and roughly half are functionally illiterate, and most are unemployed upon release (NGA, 2004).

The NGA reports that female offenders often have histories of serious physical and mental health issues (over 60% have a history of physical or sexual abuse) and long-term substance abuse issues. According to the Rape, Abuse, and Incest National Network (RAINN), 1 out of every 6 American women and 1 out of every 33 American men have been the victims of an attempted or completed rape in their lifetime. One in every four women will experience domestic violence in her lifetime (Tjaden & Thoennes, 2000). Although addressing these issues may not necessarily be the primary responsibility of a jail or prison, not providing adequate access to services or treatment jeopardizes the chances of successful reentry and negatively impacts public safety.

Throughout the literature on prisoner reentry, a number of themes emerged that are necessary to address in order to transition a prisoner successfully from prison to community. These themes include employment, residence, family, health & support, criminal justice compliance, and social/civic connections. There are many different models that address each of these topics in the transition from incarceration to reentry into the community. Several of these models are examined in the following section.

Models of Reentry Programming

In 2002, the National Institute of Corrections (NIC) collaborated with the NGA to develop the Transition from Prison to Community Initiative (TPCI) as a pilot program (Virginia Department of Criminal Justice Services, 2007). The TPCI model targets reentry services for state prisoners and focuses on risk management and structured decision-making consisting of seven distinct elements:

- Assessment and classification, beginning when the offender is first incarcerated;
- Transitional accountability plans, spanning an offender's time spent incarcerated, on supervision, and on aftercare;
- Release decision-making, because setting a tentative release date as soon as possible is essential to scheduling other program components;
- Community supervision and services, based on risk and needs assessments and structured around the case management model;
- Responses to adjustment and achievements on supervision, in which violations result in immediate, consistent, and proportional responses and accomplishments receive uniform and appropriate positive reinforcement;
- Discharge from supervision, the end of the active portion of the criminal sanction;
- Aftercare and community services to help clients find assistance from human service agencies, as needed.

The objectives of the TPCI are to promote public safety by reducing the threat of harm to persons and their property by released offenders in the communities to which those offenders return, and to increase the success rates of offenders who transition from prison by fostering effective risk management and treatment programming, offender accountability, and community and victim participation (NIC, 2001). The TPCI model assumes that states will concentrate their supervision, support, and assistance resources on higher-risk subsets of the offender population. These groups (e.g., sex offenders, substance abusers, etc.) will have different configurations of dysfunctions, strengths, and

needs (NIC, 2002). Transition strategies need to be tailored for each such group, evolving over time in response to changes in the population of confined and released offenders, and feedback on performance measures.

Currently eight states are participating in the TPCI, and three states (Missouri, Michigan and New York) have reported positive results (Virginia Department of Criminal Justice Services, 2007). Missouri indicates that twelve-month recidivism rates were 4.7% lower for program clients than for a comparable group of offenders (NIC, 2007). Michigan reports a 20% reduction in prison returns for program clients, compared to a 1998 baseline rate (MDOC, 2007). New York reports significant increases in the proportion of released offenders who have Social Security cards and birth certificates, a drop in the number of parolees living in the New York City shelter system, and a dramatic increase in the amount of supervision fees collected from the supervised population (required under New York law, for offenders who are financially able) (NYSCJS, 2007).

The Serious and Violent Offender Reentry Initiative (SVORI) model was developed in 2003, co-sponsored by the Office of Justice Programs (OJP) and the NIC. This initiative was an effort to reduce re-offending during post-incarceration. It focuses on full wrap-around services including: job assistance, life skills training, educational opportunities, substance abuse treatment and other aftercare (Virginia Department of Criminal Justice Services, 2007). There are currently 89 adult and juvenile SVORI programs within the U.S.

SVORI is organized into three phases: the pre-release phase, the transitional or early post-incarceration phase, and the post-supervision phase. In the pre-release phase,

SVORI clients are identified, assessed and provided reentry planning. During the transitional phase to step-down facilities (e.g., jails, half-way houses), SVORI clients participate in orientation and skills-based education as preparation for release. In post-incarceration and post-supervision, SVORI clients are provided opportunities in the community to participate in classes and receive additional support services (Virginia Department of Criminal Justice Services, 2007). SVORI has undertaken the task of a multi-site evaluation over a period of five years beginning in 2005; results from the New England region will be discussed later in this paper.

In 2003, the Women's Advocacy Project (WAP), which is a project of the Institute on Women and Criminal Justice at the Women's Prison Association, developed recommendations for best practices on improving discharge planning from jail and prison. Upon entry into a correctional facility, WAP recommends four basic practices: provide inmates with a copy of "Connections," the resource guide for incarcerated and formerly incarcerated people; assess everyone for housing, education/GED training, medical needs, psychological health, family and reunification needs, job training/readiness, and identification (i.e., Social Security card, birth certificate, non-driver's license, etc.); begin processes of obtaining necessary ID, GED, training, and other programs; and create a checklist for each person to track these things throughout the period of their incarceration (Women's Prison Association, 2003).

In working with inmates, WAP developed a model to address the needs of criminal justice involved women (which could also work with men) called "Success in the Community: A Matrix for Thinking about the Needs of Criminal Justice Involved Women." WAP believes that a woman's success is related to the degree that there are

adequate provisions in six domains of her life: livelihood; residence; family; health and sobriety; criminal justice compliance; and social/civic connections. There is also recognition that other basic human needs include encouragement, orientation to new things, and to be recognized as valuable by others. The domains are interdependent. A viable plan must include provisions in each domain that can be reconciled with each other.

With this in mind, WAP identifies four phases to move through in each domain: survival, stabilization, self-sufficiency, and goal (WAP, 2008). With each phase, inmates move from dependence to independence. There is no empirical evidence to support that addressing these six domains can adequately reshape an individual's thought processes and reduce recidivism once released into the community. However, these domains are repeatedly mentioned throughout the literature as being barriers to successful reentry. This suggests that further research on the impact of addressing these domains could be beneficial to reentry programming.

Before release occurs, it is WAP's recommendation that five needs be met. They include: securing state identification so that it is available to inmates upon release and to provide financial and administrative assistance to inmates seeking to obtain such identification; submitting paperwork for benefits (i.e., Public Assistance, Medicaid, SSI, and housing–Section 8; supportive housing) to avoid waiting periods after incarceration; providing information about services in the community while encouraging outside agencies to come to the correctional facilities to talk about their services; providing accurate information about eligibility for housing (Section 8 appeals process, limits on public housing); and ensuring that medical/psychiatric forms are fully completed and

signed by a licensed physician (not a physician's assistant) (WAP, 2003). It is with these connections prior to leaving a correctional facility that women (and men) will be more likely to reintegrate successfully within the community. By allowing inmates to navigate their path towards success, with the help of the correctional facility and the community, a sense of empowerment, confidence, and independence is able to blossom.

Mental Health of Inmates

The three initiatives/models discussed above are committed to developing best practices for the reentry of inmates back into the community. However, there is one critical piece that is missing in the literature: mental health. At midyear 2005 more than half of all prison and jail inmates had a mental health problem, including 705,600 inmates in State prisons, 78,800 in Federal prisons, and 479,900 in local jails (James & Glaze, 2006). These estimates represented 56% of State prisoners, 45% of Federal prisoners, and 64% of jail inmates. James & Glaze's (2006) findings were based on data from personal interviews with state and federal prisoners in 2004 and local jail inmates in 2002.

James and Glaze (2006) uncovered a depth of information regarding mental health problems and incarcerated individuals. Highlights of this study are as follows:

- Female inmates had higher rates of mental health problems than male inmates (State prisons: 73% of females and 55% of males; local jails: 75% of females and 63% of males);
- About 74% of State prisoners and 76% of local jail inmates who had a mental health problem also met criteria for substance dependence or abuse;

- Among State prisoners, 62% of white inmates, compared to 55% of blacks and 46% of Hispanics, were found to have a mental health problem. Among jail inmates, whites (71%) were also more likely than blacks (63%) or Hispanics (51%) to have a mental health problem;
- Among State prisoners, an estimated 63% of those age 24 or younger had a mental health problem, compared to 40% of those age 55 or older. An estimated 70% of local jail inmates age 24 or younger had a mental health problem, compared to 52% of those age 55 or older;
- State prisoners who had a mental health problem (27%) were over two times more likely than those without (10%) to report being physically or sexually abused in the past;
- State prisoners who had a mental health problem (61%) were more likely than State prisoners without (56%) to have a current or past violent offense;
- Among repeat offenders, an estimated 47% of State prisoners who had a mental health problem were violent recidivists, compared to 39% of State prisoners without a mental problem;
- State prisoners who had a mental health problem (34%) had the highest rate of mental health treatment since admission to the correctional facility, followed by Federal prisoners (24%) and local jail inmates (17%);
- All Federal prisons and most State prisons and jail jurisdictions, as a matter of policy, provide mental health services to inmates, including screening inmates at intake for mental health problems, providing therapy

or counseling by trained mental health professionals, and distributing psychotropic medication; and,

- Taking a prescribed medication for a mental health problem was the most common type of treatment inmates who had a mental health problem had received since admission to prison or jail - about 27% of State prisoners, 19% of Federal prisoners, and 15% of jail inmates who had a mental problem had used prescribed medication for a mental health problem since admission to the correctional facility.

The last statistic is critical in understanding the predominant method that inmates are receiving mental health treatment that by correctional facilities–prescribed medication. The NIC sought to examine the extent to which corrections agencies acknowledge the needs and provide for, mental health care for not only their acutely or severely mentally ill inmates but also those with lower levels of disturbance. To explore this and other questions about prison mental health services, NIC distributed a survey in December 1999 to departments of corrections (DOCs) in state, territorial, and federal government settings (NIC, 2001). Responses were received from 49 states, the Federal Bureau of Prisons (BOP), and the Correctional Services in Canada, Guam, and Puerto Rico. About half of the DOC respondents were directors of mental health or psychiatric services, and respondents in another 11 agencies were mental health clinicians. Respondents in the remaining agencies included medical directors, wardens, and researchers (NIC, 2001).

A majority of DOCs (28 state DOCs and the BOP) reported that they use assessment findings to make a formal determination of which inmates are considered

mentally ill (NIC, 2001). This determination then makes it possible for the inmate to receive specific types of housing, programming, and management that are not available to inmates who have lesser degrees of mental disorder. In some institutions, inmates with certain diagnoses are eligible for ongoing treatment and services, while others are not. On the other hand, responses from 21 state DOCs and the BOP suggested more flexibility in service provision. In expressing one agency's philosophy, the Indiana DOC respondent observed, "The Department of Corrections tries to manage those with serious mental illness primarily as patients who are incarcerated and those with 'other mental health needs' as offenders who have additional needs. Essentially, all offenders have some mental health needs" (NIC, 2001).

In terms of management and treatment of mentally ill inmates, NIC (2001) reported that all DOCs responding to this survey indicated that they use a psychopharmacological approach to treating mentally ill inmates. Regarding mental health counseling, inmates with non-acute mental illnesses typically receive less than one hour per week of counseling in fourteen Departments of Corrections, one hour of counseling per week in ten Departments of Corrections, and more than one hour of counseling per week in four Department of Corrections (NIC, 2001). Respondents in nine Departments of Corrections indicated that the amount of counseling provided varies depending on need. Several respondents noted that inmates housed in special needs units are an exception to these numbers, as they have access to additional therapeutic mental health services.

With few exceptions, inmates who are not considered mentally ill but have other mental health needs are housed in the general population. Exceptions include when these

inmates are in an inpatient or residential program (e.g., sex offender treatment, therapeutic communities, or addiction treatment, reported by sixteen state Departments of Corrections and the BOP); when the inmate is dangerous, inclined to self-injury, or suicidal (21 Departments of Corrections); or when the inmate is not coping well or is dysfunctional in the general prison population (9 DOCs) (NIC, 2001).

According to Travis et al. (2001), even inmates who suffer from less serious mental health disorders or have not been diagnosed with any mental health disorders are likely to experience profound psychological conditions and/or trauma while incarcerated. The experience of incarceration alone could in and of itself be labeled traumatic. The conditions in which many inmates live are cramped, noisy, dangerous, and chaotic. In addition, the connections/relationships that inmates make with one another can influence a sense of safety. It is not uncommon for an inmate who is incarcerated for a drug offense to share a cell or living space with an inmate incarcerated for a violent offense. It is in the day-to-day life of many inmates that mental health is compromised (Travis et al., 2001).

This is perhaps the one area of reentry initiatives that has been overlooked. All the planning that takes place in prison or jail prior to release may not resonate with an inmate who is struggling with concerns of safety and security. The mental well-being of inmates needs to be intact in order for their full participation in the development of their reentry plan. It is here that the system is falling short.

Parents behind Bars

Using the models/initiatives discussed earlier, along with increased attention to mental health care, there is an opportunity to address the needs of inmates while holding them accountable. It is important to note that any reentry program needs to be culturally

competent. Cross, Bazron, Dennis, and Isaacs (1989) list five essential elements that contribute to an institution's or agency's ability to become more culturally competent. These include valuing diversity, having the capacity for cultural self-assessment, being conscious of the dynamics inherent when cultures interact, having institutionalized cultural knowledge, and having developed adaptations of service delivery reflecting an understanding of cultural diversity. These five elements should be manifested at every level of an organization, including policy making, administration, and practice. Further, these elements should be reflected in the attitudes, structures, policies, and services of the organization (Cross et al., 1989).

The needs of women and men are different. To illustrate this point, one clear consequence of imprisonment is that relationships with families and the broader community are strained. Most prisoners are parents (Mumola, 2000). About half of male inmates and two-thirds of female inmates leave at least one child behind when they enter the prison gates. In 1999, more than 1.5 million minor children had a parent who was incarcerated, an increase of more than a half-million since 1991 (Mumola, 2000). In some cases, the removal of a family member may be beneficial for those left behind– particularly someone who has been violent at home or draining needed financial resources to support a drug habit. But in many cases it is a traumatic event for families, with huge consequences. Incarcerated males are fathers to 1.2 million children. Although only 44 percent of these fathers lived with their children prior to incarceration, most contributed income, child care, and social support (Mumola, 2000).

Although women represent a much smaller proportion of the prison population, the female prison population is growing faster than the male population (Travis, Solomon

& Waul, 2001). From the child's perspective, the incarceration of a mother has quite different consequences from incarceration of a father (Travis, Solomon & Waul, 2001). First, because mothers are more likely to be the primary caregivers, a child's placement after a mother is incarcerated is more uncertain than when the father is imprisoned. Fewer than one third of all children with an incarcerated mother remain with their fathers. Most are cared for by extended family–53 percent of children with an incarcerated mother live with a grandparent and 26 percent live with other relatives (Mumola, 2000). Some children, however, become part of the foster care system. Ten percent of incarcerated mothers and 2 percent of incarcerated fathers report they have a child placed in foster care (Mumola, 2000).

The role parents play in the development of their children's lives, and the potential impact of parent-child separation as a result of incarceration, highlights the need to find ways to help keep families unified during incarceration and reunited upon release. However, maintaining these relationships–between the parents and between the parent and child—during a period of incarceration can be difficult (Travis et al., 2001). Obstacles identified by the Women's Prison Association (2003) include inadequate information on visiting procedures, little help from correctional facilities about visiting arrangements, the time involved in traveling great distances to get to the correctional facility, visiting procedures that are uncomfortable or humiliating, and concerns about children's reactions to in-prison visits. These circumstances can easily strain relationships between parents and their children.

While the information presented addressed parents serving time within a prison, it is important to recognize that there are also parents serving sentences in jails which pull

them away from their children. Though far from ideal, jails are typically within traveling distance for families wishing for visitation with an inmate. With adequate case management and reentry counseling, family contact can assist in reunification with children and reconciliation with family members.

Summary

It is clear from the literature that exists that there is a clear epidemic at hand in the United States–incarcerated individuals and their eventual release into the community. The U.S. adult correctional population–incarcerated or in the community–reached 7.2 million men and women; an increase of 159,500 during 2006 (Glaze & Bonczar, 2007). This does not even take into account the number of juveniles housed in detention centers. Despite this explosion in numbers, there is little research that seeks to understand the needs of inmates while they are incarcerated in order for successful transition back into the community once they fulfill the requirements of their sentence.

With the research that has been presented on reentry initiatives and/or programming, the mental health component of incarcerated individuals is generally overlooked. There is recognition that mental illness is a significant problem in prisons, but a range of effective methods of treatment seem to have been lost in the shuffle. Notably, taking prescribed medication for a mental health problem was the most common type of treatment for inmates who had a mental health problem since admission to prison or jail (James & Glaze, 2006).

There could be many explanations for the lack of commitment to the mental health of inmates: lack of qualified staff to provide therapy/case management/reentry counseling; corrections systems uneducated about the mental health needs of incarcerated

individuals; and lack of funds to provide services, to name a few. It is likely that research that explores the cost of effective, evidence-based treatment versus "churning" individuals in and out of the corrections system may show that the up-front cost of mental health services would be cost-effective overall. Not to mention, the lives that may be spared victimization is priceless.

Given the high rates of mental health problems while incarcerated, attention needs to focus on developing ways to support inmates who suffer from mental illness and/or less severe forms of mental illness. As stated earlier, at least 95% of all State prisoners will be released from prison at some point; nearly 80% will be released to parole supervision (Hughes & Wilson, 2003). In other words, that means a lot of inmates will be released back into the community with mental health problems still intact unless there is intervention. Reentry initiatives need to evaluate where their money would best be spent. In the words of the Indiana DOC respondent observed, "The Department of Corrections tries to manage those with serious mental illness primarily as patients who are incarcerated and those with 'other mental health needs' as offenders who have additional needs. Essentially, all offenders have some mental health needs," (NIC, 2001).

CHAPTER III

METHODOLOGY

The purpose of this descriptive study was to answer three specific questions. First, what mental health services and components are being provided by SVORI grantees to incarcerated individuals within the New England Region? Second, what barriers, if any, do SVORI grantees face while implementing comprehensive mental health services? Third, what trends exist within and across New England states regarding mental health services among SVORI grantees since the implementation of these efforts?

Participants

Project Directors for the federally funded Serious and Violent Offender Reentry Initiative (SVORI) completed three program evaluation surveys in 2003, 2005, and 2006. These surveys were completed in compliance with Federal funding mandates for compiling the Multi-site Evaluation State Program Profile. SVORI funding supports a three-phase service continuum that focuses on reentry preparation: (1) just prior to release from prison, (2) during the first few months postrelease, and (3) for several years postrelease as participants take on more productive and independent roles in the community. Although all states in the country receive SVORI funding, the New England Region–Maine, New Hampshire, Vermont, Massachusetts, Connecticut, and Rhode Island–was chosen for this study based on feasibility of analysis efforts.

Instrumentation

As part of the SVORI Multi-site Evaluation, three surveys were administered by the Research Triangle Institute (RTI) International, along with the Urban Institute (UI). The *National Portrait of SVORI Survey (2003)*; *SVORI Project Director Interview (2005)* (Appendix A); and, *SVORI Program Director Interview (2006)* (Appendix B) were used to compile program data across the United States. Drs. Pamela K. Lattimore and Christy A. Visher of RTI and UI, respectively, are Co-Principal Investigators and lead the evaluation team.

Local SVORI programs are not based on a single program model; therefore, an implementation assessment component was needed to identify the program characteristics associated with any successful outcomes identified by the impact evaluation. The primary source of data for the implementation assessment were the three surveys completed by the SVORI program directors. These surveys were mailed to the program directors in 2003, 2004, and 2005; following return of the completed survey to the evaluation team, a follow-up telephone interview was conducted by RIT International staff with each program director to review the completed instrument and clarify any ambiguous responses.

The National Portrait of SVORI survey gathered data in the fall of 2003 to characterize the individual programs, including information on the target population(s), the program elements, the timing of programs and services, the agencies participating in SVORI, and the degree of coordination among agencies.

The SVORI Project Director Interview (2005) was sent to the program directors in early 2005. This survey is a 105-item questionnaire divided into nine sections:

1. Screening and Enrollment
2. Assessment Tools
3. Program Focus
4. Services
5. Program Components
6. Service and Program Coordination
7. Current Program Status
8. Issues Surrounding SVORI Implementation
9. Sustainability

The SVORI Program Director Interview (2006) was sent in March 2006 and focuses on issues related to sustainability, ways in which SVORI activities were successful, and suggestions for improving the programs. This 66-item questionnaire included the following five sections:

1. Program Status
2. Enrollment
3. Services
4. Organizational Context
5. Sustainability and Lessons Learned

The goal of the SVORI Multi-site Evaluation is to determine whether programs have accomplished the overall goal of SVORI: increasing public safety by reducing recidivism among the populations served by these programs. The evaluation addresses four major reentry goals: (1) extent that SVORI leads to more coordinated planning and integrated services among partner agencies; (2) extent that SVORI participants received

more individualized and comprehensive services than comparison subjects; (3) extent that SVORI participants demonstrated better outcomes than comparison subjects; and, (4) extent that the benefits derived from SVORI programming exceeded the costs. This five-year evaluation began in 2005.

Procedures

After an extensive literature review and internet exploration of available resources and information on reentry efforts across the United States, the SVORI model was chosen due to its comprehensive national involvement and its commitment to the evaluation of mental health programming effectiveness. After the selection of the SVORI model, evaluation of the programs involved was narrowed to the states included in the New England Region. This region was selected based on interest of the region. An on-line search was conducted to gather the instrumentation tools utilized, reports generated by RIT International and the Urban Institute, and related literature addressing effective reentry programs. Once the evaluation tools were gathered, applicable data was selected to address mental health services provided by SVORI grantees to incarcerated and released inmates.

Data Analysis

In order to understand what mental health services and components were provided under SVORI within New England correctional facilities, each state was analyzed by year. With the 2003 survey, a code sheet (Appendix C) was created for each state within the New England region addressing the three following components:

1. Target population
2. Program organization and services (focus on projected mental health services/counseling)
3. Changes expected as a result of SVORI funding (focus on projected mental health services/counseling).

Using the 2005 survey, a code sheet (Appendix D) was developed to track the following six areas explored involving the initial program implementation:

1. Total number of SVORI participants enrolled by December 31, 2004
2. Top three areas on which the program focuses its resources and efforts
3. Top three outcomes
4. Number of SVORI participants involved in mental health services/counseling – both pre- and post-release
5. Top three services enhanced the most as a result of SVORI funding
6. Characteristics of the SVORI program that make it particularly unique

The 2006 survey was used to evaluate how each SVORI grantee developed their program in the following year. The code sheet (Appendix E) was created to focus on the evaluation of the following:

1. Total SVORI participants enrolled by March 1, 2006
2. Program phase most difficult to implement
3. Top three most significant factors that limited the number of participants SVORI programs were able to enroll
4. Top five areas a program focused its resources and efforts on during the course of the program

5. Top three outcomes each program hopes to affect for individual participants (besides recidivism)
6. Number of SVORI participants involved in mental health services/counseling – both pre- and post-release
7. Mental health agencies involvement in SVORI programming for sustainability
8. Planning to expand the program - if so, ways in which the program is planning to be expanded

After the data was collected by examining the three SVORI surveys, each state was assessed as to one, what mental health services and components are being provided, two, what barriers, if any, SVORI grantees faced implementing comprehensive mental health services, and three, what trends were identified within and across the New England states regarding mental health services since the implementation of SVORI efforts.

CHAPTER IV

RESULTS

The following results report on the SVORI grantees' initial goals for programming and the actual mental health services provided in the years 2005 and 2006. All of the services that offenders in the state received during incarceration and after release are reported using percentages. The range is as follows: None (N) = 0%; A Few (F) = 1–25%; Just under half (U) = 26–50%; Just over half (O) = 51–75%; Most (M) = 76–99%; and, All (A) = 100%. Additionally, in the 2006 survey, grantees rated how the services have changed as a result of SVORI by choosing from the following choices: Newly Implemented (N); Substantially Enhanced (S); No substantial change (NC); and, Service Not Available (NA).

Maine

Overview of SVORI Program (2003)

Maine has one SVORI grantee focused on offenders returning to Androscoggin, Knox, Penobscot, and Washington counties from all of the state prisons located in Maine. The four counties to which participants return were chosen for the following reasons: Penobscot—more urban county in a rural state; Washington—high poverty, very rural and remote; Androscoggin—areas of high poverty, both urban and rural areas, had concerns about sex offenders residing there after release from incarceration; Knox–wanted to participate and contains two work release centers and a State prison.

Target Population

The target population of this SVORI grantee is male and female adults and youthful offenders. The number of targeted prisoners was projected at over 200, ranging in age from 16 – 25. Participation among prisoners was voluntary; meaning that inmates are not forced to participate in reentry programming.

Program Organization and Services

Maine proposed organizing their efforts into two phases. Phase One is pre-release with a duration lasting six months. The following components/services comprise Phase One:

- Reentry team with institutional, other governmental (including victim advocate), community supervision, family, and community-based organization representatives with an identified lead case manager;
- Reentry specialist to assist with networking and brokering services;
- Video-conferencing so offenders can meet with community-based organization staff before release, and community mentors are matched with offenders as well;
- Strong collaborative of all partners (governmental and community-based organization) for planning and implementation of project;
- Specific targeted services including, as needed, ***mental health*** and substance abuse treatment, job training, family services and family involvement (e.g., mentoring for children of adult offenders), assistance with MaineCare (Medicaid) application 45 days prior to release, faith-based services, work release programs, and educational assistance.

The coordination of these services would be met by the Reentry Team.

Phase Two is post-release having a duration of six months. The components/services offered within this phase are:

- Housing support (Rural Assistance Center vouchers);
- Intensive post-release case supervision, through the integrated case management/reentry team;
- Specific targeted services include, as needed, substance abuse treatment, ***mental health counseling***, medical services, dental services, employment skills/vocational training, education, housing assistance, parenting skills training, domestic violence treatment, life skills training, anger management, mentoring, family reintegration, job placement, and faith-based services.

The coordination of these services would be met by the Reentry Team.

As a result of SVORI funding, Maine expected both system-level and individual-level changes. On a system-level, increased collaboration among service agencies (both governmental and community-based organizations) and community reach-in through the reentry team were the goals. Changes on an individual-level included intensive case management, meeting the probation officer (as part of the team) and community providers before release to work on the reentry plan, mentoring, housing support with voucher program, and assistance in qualifying for Medicare/Medicaid.

2005 Survey

Maine reported that SVORI was fully operational and had a total of 151 participants enrolled by December 31, 2004. The primary use of SVORI funds was dedicated to filling service gaps. Maine declared that community integration, employment, and housing were the top three areas on which the program focused its

resources and efforts. Other than recidivism, Maine identified two out of the three expected responses for top outcomes targeted by the program as successful transition (employment, housing, family reunification) and systemic change and interagency collaboration.

In terms of mental health services provided to SVORI participants, it was reported that just under half (26-50%) received pre-release mental health services. The range of pre-release mental health services ran from 39.26–75.5 individuals. SVORI participants received a similar portion in post-release mental health services; just under half. During pre-release, neither faith-based nor community-based organizations provided mental health services. Post-release, community-based organizations provided mental health services. No distinction was made between adults and youthful offenders, or male or female.

The top three services enhanced by SVORI funding were housing, release planning, and employment. The top three program components enhanced were mentors, reentry teams, and videoconferencing. Maine reported two unique characteristics to SVORI programming; integration of ongoing services, and supports from a huge network of partnering services and wrap-around, offender-specific interagency team planning with offender and natural supports.

2006 Survey

Maine reported a total of 439 SVORI participants enrolled by March 1, 2006, a 191% increase over the previous year. The post-release phase of programming was listed as the most difficult to implement. The top three factors that limited enrollment in SVORI programming were inadequate resources to serve the number of offenders by

facility staff, facility/agency policies making it difficult to deliver SVORI programming, and accurate current information about release dates for potential participants not routinely available.

Maine's SVORI programming focused the following five top areas:

- Assessment, coordination, and supervision services (e.g., risk/needs assessments, treatment/release plan development, post-release supervision);
- Employment, Education & Skills Development Services (i.e., education/GED/ tutoring/literacy services, vocational training, employment referrals/job placement, resume/ interviewing skills, work release, cognitive skills development/behavioral programming, life skills);
- Transition Services (e.g., housing placements/referrals, assistance obtaining identification and benefits, legal assistance, financial support/emergency assistance, peer support, mentoring);
- Health Services (e.g., substance abuse treatment, counseling, ***mental health services***, anger management/violence counseling, medical services, dental services);
- Family Services (e.g., family reunification, family counseling, parenting skills, domestic violence services).

In addition, the top three outcome hopes, besides recidivism, for SVORI participants were decreased substance abuse, housing, and employment. Mental health services provided were substantially enhanced in both pre- and post-release programming. The number of participants receiving services was categorized as just over half (51-75%) for both pre- and post-release. The number of individuals served ranged from 223.89–

329.25, an increase ranging from 336-470% over the previous year. No distinction was made between adults and youthful offenders, nor male or female. Maine SVORI grantee answered yes to the question inquiring about the involvement of mental health agencies/community based organizations in its sustainability efforts.

An affirmative response was given when questioned if there would be continuing elements of SVORI programming once SVORI funds are no longer available. The elements identified to be retained were Steering Committee, other partnerships formed through SVORI, and Service Coordination approach. Maine reported that they plan to expand SVORI programming by expanding post-release programming to additional communities while expanding offender eligibility criteria.

Table 1

SVORI Participant Enrollment for 2005 and 2006

New England States	SVORI Participant Enrollment 2005	SVORI Participant Enrollment 2006	Percentage Change in Enrollment from 2005 to 2006
Maine	151	439	+191%
New Hampshire	0	0	0%
Vermont	209	45	-364%
Massachusetts	200	405	+103%
Connecticut	15	96	+504%
Rhode Island	148	202	+36%

New Hampshire

Overview of SVORI Program (2003)

New Hampshire has one SVORI grantee focused on adults returning to the City of Manchester. Manchester was chosen as the State's reentry site because it receives the majority of releasees and poses barriers to successful reentry such as rapid population growth, a high proportion of ethnic populations (including refugee and "linguistically isolated" families), high poverty rates, and a high unemployment rate.

Target Population

The New Hampshire Department of Correction's targeted population was 300 male and female adult offenders' ages 17–35 that were confined for at least 12 months in one of New Hampshire's four state prisons, and who are released to the City of Manchester. Through the New Hampshire Reentry Project, the department will partner with various service agencies to address the challenges of recidivism, substance abuse, and physical and mental health issues and to support education, workforce participation, housing, transportation, restitution, and community service. Participation among prisoners was voluntary.

Program Organization and Services

New Hampshire proposed organizing their efforts into three phases. Phase 1–Institutional-Based Services, with an approximate duration of 4–6 months, offered the following components:

- Development of an individual Institution-Based Reentry Plan;
- Monitoring of participant's progress and preparedness by case managers/case counselors;

- Specific targeted services including, as needed, substance abuse treatment, ***mental health counseling***, medical and dental services, employment/vocational training, education, parenting skills training, domestic violence services, life skills training, anger management, faith-based services, victim empathy, family support services, a victim witness assistance program, and a variety of specialized reentry-focused services.

The coordination of services will be conducted by a Transition team, led by a Reentry Advocate. Members of the Transition Team will vary depending on the program phase and may include the offender, Reentry Advocate, Probation and Parole Officer (PPO), institution-based staff, law enforcement staff, and community service providers.

Phase 2–Residential Transition and Community-Based Services, duration of approximately three months prior to release. The components/services offered during this phase include:

- Community reentry plan (later used as the parole plan) is updated, identifying how community services will be procured;
- Provision of institution-based services will continue, including specialized reentry-focused services and required participation in victim empathy workshops, community service, and restitution activities while still incarcerated and once in the residential transitional facility;
- Participant and family members are active participants in reentry planning process;
- Community service providers enter institution to meet with offenders;

- Participant moves to a community-based, residential, supervised transition program prior to being granted parole and reentry;
- Once granted parole, the Reentry Advocate introduces the offender and the PPO to improve and expedite the release process after reentry conditions are met and approved by the appropriate parole authority.

The coordination of services will take place through weekly meetings between Project Manager and staff from Probation and Parole to ensure open, consistent communication between Reentry Advocates and the PPO's; Reentry Advocates serve as Institutional PPO's, lead the Transition Team, and maintain primary responsibility of coordinating services; and An integrated systems protocol is used.

Phase 3–Long-Term Self-Directed Support possesses twelve months duration. The services proposed during this last phase are:

- Supervision by PPO;
- Reentry Support/Progress meetings held to provide peer encouragement and reinforcement;
- Development of a plan for self-directed maintenance and continued support;
- Specific targeted services including, as needed, education, housing assistance provided by faith-based organizations, job training and placement, vocational rehabilitation for offenders with significant disabilities, substance abuse, ***mental health***, medical and dental services (including assistance with enrollment in SSI, Medicaid, etc.), family support (including domestic violence prevention and intervention, parenting education, and family counseling), sex offender

assessment and treatment, life skills training, anger management, and transportation.

For this phase, the Reentry Advocate provides case management leadership; works with Transition Team; Serves as liaison to PPO; Ensures that all of the indicated reentry services are coordinated, in place, and readily accessible; and Monitors offender progress.

As a result of SVORI funding, New Hampshire expected a number of both system-level and individual-level changes. In terms of system-level changes, New Hampshire sought to enhance the ability of NHDOC to improve existing reentry procedures and services, increase involvement of community service providers prior to prisoner's release, hire a dedicated staff person to create partnerships, open channels of communication and collaboration among agencies, and facilitate services, improve sharing of agency protocols, develop an Integrated Systems protocol, create a victim advocate position to fully embrace a victims' rights approach central to reentry initiatives, and reduce the caseload for Reentry Advocates as compared to PPO's. In relation to individual-level changes, New Hampshire's goals were to improved case management and service coordination from dedicated Reentry Advocates, use a Transition Team for each participant, include family members in reentry planning prior to release, and allow community service providers to enter the institution to meet with prisoners to participate in reentry planning.

2005 Survey

New Hampshire reported that SVORI was not fully operational and had a total of 0 participants enrolled by December 31, 2004. The primary use of SVORI funds was to

expand existing services. New Hampshire decided that mental health, substance abuse, and housing were the top three areas on which the program focused its resources and efforts. Other than recidivism, New Hampshire's three top outcomes targeted by the program were substance abuse, untreated mental health, and employability.

In terms of mental health services provided to SVORI participants, it was reported that few (1-25%) received pre-release mental health services. Since no SVORI participants were enrolled, no individuals received services. Likewise, it was reported that most (76-99%) SVORI participants received services in post-release mental health services. However, no participants were enrolled. During pre-release, neither faith-based nor community-based organizations provided mental health services. Post-release, community-based organizations provided mental health services. No distinction was made between male or female adults.

The top three services enhanced by SVORI funding were substance abuse, mental health, and housing. New Hampshire did not report on any program components that were enhanced. Additionally, New Hampshire did not report any unique characteristics to their SVORI programming.

2006 Survey

New Hampshire reported a total of 0 SVORI participants enrolled by March 1, 2006. No other data was reported on the entire survey.

Vermont

Overview of SVORI Program (2003)

Vermont has one SVORI grantee focused on adults returning statewide.

Target Population

The target population of this SVORI grantee will target all incarcerated male and female felony offenders, adults and juveniles, reentering Vermont communities who are 16–35 years old and have minimum sentences of one year. The estimated population was over 200 individuals. Participation among prisoners was voluntary.

Program Organization and Services

Vermont proposed organizing their efforts into three phases. Phase 1, Institutionally Based Programs, has a twelve or more month duration. The services offered during this phase are:

- Responsibility contracting through the Offender Responsibility Curriculum;
- Developing Offender Responsibility Plan (ORP), a restorative process with input from the offender, and family members, as well as from the victim;
- Participating in restorative processes with the victim, coordinated by victim liaisons, toward the definition of the elements of the draft ORP, if requested by the victim;
- Appointing Reentry Panels (Transition Team) that comprise trained community volunteers;
- Assessing outcomes using the Process Evaluation Offender Outcomes;
- Participating in needs-reducing programs such as sex offender treatment, violent offender treatment, intensive substance abuse treatment, and educational and vocational training;
- Incorporating cognitive-behavioral components in treatment programs;

- Allowing video-conferencing and visits while in prison to meet with community service providers or family;
- Availability of services including health, criminogenic treatment, ***mental health services***, and faith-based services.

The coordination of these proposed services would be provided by the Restorative Reentry Panel, who meets with each offender, develops the ORP, and works with the offender and community service providers to solicit input, assess progress, identify barriers, and define gaps in service and responsibility for reducing those barriers.

Phase 2, Community-Based Transition, lasts six months. The components/ services offered within this phase are:

- Treatment of alcohol and other substance abuse problems, domestic violence services, ***mental health services***, and criminogenic treatment services;
- Access to community services such as training, education, employment assistance, housing, and counseling;
- Outpatient substance abuse services provided through the ISAP (Intensive Substance Abuse Program) linked with in-patient (incarcerated) services, Cognitive Self Change programs, and Sex Offender programs;
- If released on Conditional Reentry, offenders are required to address their ORP, focused on program needs, work, and community restitution;
- Restorative Reentry Panel meets with the offender at three-month intervals to assess progress;

- Integrated case management where representatives from multiple community service providers and/or corrections/supervision agencies meet to discuss and work on particular cases.

The coordination of these services would be met by the Restorative Reentry Panel. The Panel meets with the offender to assess progress and discuss readiness for pre-release furloughs.

Phase 3, Community-Based Long-Term Support, lasts for twelve months and involves the following services:

- Continuing support from Restorative Reentry Panel;
- Reassess and subject to post-testing, for evaluation purposes, 12 months from release;
- Parallel process for and with the victim using the Victim Safety Plan will be implemented as a joint endeavor by the VT DOC and Vermont Office of Crime Victims Services, as well as many local and statewide victim service organizations;
- Ongoing monitoring by caseworker, treatment team, the Restorative Reentry Panel, community members, and the supervising officer;
- Relapse Intervention in which the Restorative Reentry Panel may be reconvened to adjust treatment and intervention plans or to adjust offender responsibilities

Partnerships at the community level with law enforcement, community board members, treatment providers, recovering community, corrections staff, and employers will form the coordination of services.

As a result of SVORI funding, Vermont expected both system-level and individual-level changes. On a system-level, increased involvement with partners, accelerated awareness to involve community (better integration), and, recognition that evidence-based services are necessary were the expected changes. Changes on an individual-level included use of the Offender Responsibility Plan and Restorative Reentry Panel, offender involvement with the community and government, and tighter connection among identification of needs, and service planning and delivery for each offender.

2005 Survey

Vermont reported that SVORI was fully operational and had a total of 209 participants enrolled by December 31, 2004. The primary use of SVORI funds was dedicated to filling service gaps. Vermont declared that employment, housing, and community integration were the top three areas on which the program focused its resources and efforts. Other than recidivism, Vermont identified three top outcomes targeted by the program as community safety, offender accountability, and victim safety.

In terms of mental health services provided to SVORI participants, it was reported that all (100%) received pre-release mental health services. During pre-release, 209 individuals received mental health services. During post-release, most (76-99%) SVORI participants received mental health services; for a range of 158.84–206.91 individuals. During pre-release, neither faith-based nor community-based organizations provided mental health services. The same was reported for post-release mental health services. No distinction was made between adults and juveniles, or male or female.

The top three services enhanced by SVORI funding were cognitive skills development, domestic violence services, and anger management services. The top three

program components enhanced were restorative justice, community accountability panels, and offender specific reentry teams. Vermont reported four unique characteristics to SVORI programming: community engagement & involvement; increased DOC transparency; increased collaboration among service providers; and community acceptance that serious and violent offenders re-enter the community everyday.

2006 Survey

Vermont reported a total of 45 SVORI participants enrolled by March 1, 2006, a 364% decrease from the year prior. The pre-release phase of programming was listed as the most difficult to implement. The top three factors that limited enrollment in SVORI programming were federal funding agency's eligibility criteria being too restrictive, pre-release agencies' management information systems being too difficult to use or hard to access, and inadequate referrals by facility staff.

Vermont's SVORI programming focused the following five top areas: Assessment, Coordination, and Supervision Services; Transition Services; Employment, Education and Skills Development Services; Health Services; and Family Services. In addition, the top three outcome hopes, besides recidivism, for SVORI participants were decreased community integration, employment, and housing.

Vermont reported that mental health services provided were substantially enhanced in both pre- and post-release, although the number of participants dropped from 209 pre-release and 158.84–206.91 post-release in 2005 to 11.7–22.5 in 2006 for both pre- and post release. No distinction was made between adults and juvenile offenders, nor male or female. Vermont SVORI grantee answered yes to the question inquiring about

the involvement of mental health agencies/community based organizations in its sustainability efforts.

An affirmative response was given when questioned if there would be continuing elements of SVORI programming once SVORI funds are no longer available. The elements identified to be retained were other partnerships formed through SVORI, curriculum developed through SVORI, service coordination approach, specific pre-release services enhanced through SVORI, and specific post-release serviced enhanced through SVORI.

Vermont reported that they plan to expand SVORI programming by expanding pre-release programming to additional facilities, expanding post-release programming to additional communities, expanding offender eligibility criteria, and by offering more pre- and post-release services.

Table 2

Pre- and Post–Release Mental Health Services Provided by SVORI Grantees

New England States	**Pre-release 2005**	**Post-release 2005**	**Pre-release 2006**	**Post-release 2006**	**% Change Pre & Post Release from 2005 to 2006**
Maine	(U)* 39.26-75.5	(U) 39.26-75.5	(O) 223.89-329.25	(O) 223.89-329.25	**+336-470%** for both pre- and post-release
New Hampshire	(F) 0	(M) 0	No Data*	No Data	No Data
Vermont	(A) 209	(M) 158.84-206.91	(U) 11.7-22.5	(U) 11.7-22.5	**-829-1686%** pre-release **-818-1258%** post-release
Massachusetts	(U) 52-100	(F) 2-50	No Data	(F) 4.05-101.25	**+103% for post-release**
Connecticut	(A) 15	(A) 15	(A) 96	(A) 96	**+540** for both pre-and post-release
Rhode Island	(O) 75.48-111	(U) 38.48-74	No Data	(F) 2.02-50.5	**-47-1805%** for post-release

*** Range of percentages runs from None (N) = 0%; A Few (F) = 1 – 25%; Just under half (U) = 26 – 50%; Just over half (O) = 51 – 75%; Most (M) = 76 – 99%; and, All (A) = 100%.**

Massachusetts

Overview of SVORI Program (2003)

Massachusetts is a SVORI grantee focusing on adults returning to the cities of Boston, Fall River, Lowell, Springfield, and Worcester. The grantee targeted these five communities because nearly half their prisoners return to those communities.

Target Population

The Massachusetts Department of Corrections will target high-risk offenders aged 18–35, both male and female. The number of targeted prisoners was projected at over 200. Participation among prisoners is mandatory.

Program Organization and Services

Massachusetts proposed organizing their efforts into three phases. Phase 1, Institutionally Based Programs, duration lasts one to three months. The following components/services comprise Phase 1:

- Case management;
- Risk-reduction plan development;
- Compliance with risk-reduction plan monitored by case manager;
- Transition plan developed through a Transition Workshop;
- Monthly meetings held to monitor the transition plans of returning offenders;
- HIV/AIDS education programs;
- Sex offender treatment;
- Transition team formed;
- Specific targeted services including, as needed, substance abuse treatment, ***mental health counseling***, employment skills/vocational training, education, parenting skills training, domestic violence prevention and intervention, and anger management.

The Reentry case manager is responsible for all service coordination during this phase.

Phase 2, Community-Based Transition, duration is three months. The components/services offered within this phase are:

- Regular meetings with parole officer scheduled with adherence to reentry plan (for those on parole);
- Graduated sanctions imposed on those who are noncompliant (for those on parole);
- Those not released on formal supervision are made aware of community expectations and are linked to community-based organizations to access needed services;
- Specific targeted services include, as needed, substance abuse treatment, ***mental health counseling***, employment skills/vocational training, education, housing assistance, parenting skills training, anger management, and life skills training.

The coordination of these services during Phase 2 would fall to the Reentry case manager and parole officer (if applicable).

Phase 3, Community-Based Long-Term Support, is coordinated by the community case manager and lasts between ten to twelve months. The services provided during this phase are similar to prior phrases and include the following services:

- Participants are linked to community based-organizations to access needed services;
- Participants on intensive supervision are moved to (less strict) regular caseload supervision;
- Transition team composition is changed to reflect the community-based networks that the participant has formed;

- Specific targeted services include, as needed, substance abuse treatment, ***mental health counseling***, employment skills/vocational training, education, housing assistance, parenting skills training, anger management, and life skills training.

As a result of SVORI funding, Massachusetts expected both system-level and individual-level changes. On a system-level, two goals were identified; collaborative working relationships among the Massachusetts Department of Corrections, the Department of Labor, and the Workforce Investment Boards, and post-release needs of participants have been better identified. Changes on an individual-level included SVORI participants establishing a relationship with the Reentry case manager pre-release and continuing through ongoing services and linkages to services post-release, and an increase in intensive case management and individualized plan development.

2005 Survey

Massachusetts reported that SVORI was fully operational and had a total of 200 participants enrolled by December 31, 2004. Massachusetts changed its program participation from mandatory to voluntary. The primary use of SVORI funds was dedicated to expanding existing services. Massachusetts stated that employment and vocational training, substance abuse, and education and skill building were the top three areas on which the program focused its resources and efforts. Other than recidivism, Massachusetts identified three top outcomes targeted by the program as reintegration into society, opportunity for better jobs, and healthy living (substance abuse free).

In terms of mental health services provided to SVORI participants, it was reported that just under half (26-50%) received pre-release mental health services. The range of pre-release mental health services ran from 52–100 individuals. Post-release mental

health services provided to SVORI participants were few (1-25%), equaling 2–50 individuals. During pre-release and post-release, neither faith-based nor community-based organizations provided mental health services. No distinction was made between male or female adults.

Massachusetts identified only one service enhanced by SVORI funding, which was employment. With the possibility of naming the top three program components enhanced, Massachusetts identified two, which were post-release supervision and better communication. Two unique characteristics to SVORI programming in Massachusetts were a statewide initiative with a specific focus on employment and improving substance abuse outcomes, and during post-release, the SVORI participants are assigned a career counselor at a one-stop shop center to help facilitate their entry into the work force.

2006 Survey

Massachusetts reported a total of 405 SVORI participants enrolled by March 1, 2006, a 103% increase from the year before. The post-release phase of programming was listed as the most difficult to implement. The top three factors that limited enrollment in SVORI programming were not screening enough offenders for potential eligibility, inadequate referrals by facility staff, and offenders being identified too late to complete post-release programming.

Massachusetts SVORI programming focused on the following five top areas: Employment, Education and Skills Development Services; Transition Services; Assessment, Coordination, and Supervision Services; Family Services; and, Health Services. In addition, the top three outcome hopes, besides recidivism, for SVORI participants were employment, community integration, and reduced substance use.

Mental health services provided were substantially enhanced in pre-release. The number of participants receiving pre-release services was unavailable due to the grantees selection process. In terms of post-release, few (1-25%) participants received mental health services, equaling no change (NC) in services provided. The number of individuals served ranged from 4.05–101.25. No distinction was made between male or female adults. The grantee answered yes to the question inquiring about the involvement of mental health agencies/community based organizations in its sustainability efforts.

An affirmative response was given when questioned if there would be continuing elements of SVORI programming once SVORI funds are no longer available. The elements identified to be retained were other partnerships formed through SVORI, and Service Coordination approach. Massachusetts reported that they did not plan to expand SVORI programming.

Connecticut

Overview of SVORI Program (2003)

Connecticut has one SVORI grantee focusing on adults and youthful offenders returning to the cities of Bridgeport, New Haven, and Hartford. The Connecticut Department of Mental Health and Addiction Services has identified a group of serious offenders at extremely high risk of continued involvement with the adult criminal system. This population has been identified as serious and violent young mentally ill adults in the correctional system with comorbid substance use disorders, and is particularly vulnerable to arrest and recidivism. The Connecticut Department of Mental Health and Addiction Services (DMHAS) will work with the Department of Corrections, the Judicial Branch's Court Support Services Division–Probation, the Board of Parole, and the Connecticut

Employment and Training Commission–State Workforce Investment Board to implement the Connecticut Reentry Program (CRP).

Target Population

The target population of this SVORI grantee is male and female adults and youthful offenders. CRP will provide intensive case management services to serious and violent offenders aged 18–34 returning to the Hartford, New Haven, and Bridgeport communities. The number of targeted prisoners was projected at over 200. Participation among participants was voluntary.

Program Organization and Services

Connecticut proposed organizing their efforts into three phases. Phase 1, Institutionally Based Programming, with a duration of twelve months contains the following components/services:

- Sex offender programs;
- Victim services (victim-offender dialogue, victim educational services); Religious services (gym, therapeutic recreation class);
- Specific targeted services including, as needed, substance abuse treatment (AA/NA), ***mental health counseling***, medical and dental services, financial assistance for housing needs, life skills training, faith-based services, anger management, and educational placement (GED).

The coordination of these services would be met by the Reentry Team which is comprised of case managers, clinicians, vocational specialists, DOC, Parole, Probation, and DMHAS's project manager.

Phase 2, Community-Based Transition, ranging from six to twelve months, offers the following components/services:

- Domestic violence programming;
- Family members involvement implemented;
- Victims' rights;
- Specific targeted services including, as needed, substance abuse treatment, ***mental health counseling***, employment skills, education, housing assistance, domestic violence prevention and intervention, and life skills training.

The coordination of these services would be met by the Transition Team.

Phase 3, Community-Based Long-Term Support, provides services until participants are released from community supervision. Components/services offered within phase, coordinated by the case manager are:

- Continuum of supervision;
- Domestic violence programming;
- Specific targeted services including, as needed, substance abuse treatment, ***mental health counseling***, obtaining employment, vocational/educational training, safe and permanent housing, domestic violence prevention and intervention, and life skills training.

As a result of SVORI funding, Connecticut expected both system-level and individual-level changes. On a system-level, Connecticut expected the following changes: Family members and other significant others come into the institution to meet with offenders; Integrated case management where representatives from multiple community service providers and/or corrections/supervision agencies meet to discuss and

work on particular cases; staff person whose job it is to create partnerships with community service providers to increase communication and collaboration among agencies and facilitate services for offenders once they are released; reentry coalition or task force of agencies that meets to set guidance for supervision of offenders returning to the community; regular feedback mechanism among agencies to ensure that the collaboration is working; and agency protocols shared regarding how service provision is approached.

Changes on an individual-level included tailor reentry plan developed prior to release to address the individual risk and/or needs of the offender, needs assessment updated prior to release specifically for the purpose of developing a reentry plan, offender as an active participant in the creation of the reentry plan prior to release, staff from within the institution and community agencies working with the offender before he/she leaves the institution, and required core curriculum that all offenders receive prior to release.

2005 Survey

Connecticut reported that SVORI was fully operational and had a total of fifteen participants enrolled by December 31, 2004. The primary use of SVORI funds was dedicated to expand existing services. Connecticut responded that mental health, substance abuse, and employment and vocational training were the top three areas on which the program focused its resources and efforts. Other than recidivism, Connecticut identified its top three outcomes targeted by the program as continued engagement in mental health and substance abuse treatment, decreased technical violators (probation), and stable housing (sustained).

In terms of mental health services provided to SVORI participants, it was reported that all (100%) received pre-release mental health services. The number of individuals receiving pre-release mental health services was fifteen. All fifteen SVORI participants received post-release mental health services. During pre- and post-release, neither faith-based nor community-based organizations provided mental health services. No distinction was made between adults and youthful offenders, or male or female.

The top three services enhanced by SVORI funding were vocational training, life skills training, and cognitive skills training. Out of three possible program components enhanced by SVORI, Connecticut claimed that only program component was enhanced; peer mentors. Connecticut reported their unique characteristics to SVORI programming as targeting offenders with a mental illness and creating skills programming to help treat the mental illness while creating skills necessary to be successful in the community.

2006 Survey

Connecticut reported a total of 96 SVORI participants enrolled by March 1, 2006, a 540% increase from the year prior. The post-release phase of programming was listed as the most difficult to implement. The top three factors that limited enrollment in SVORI programming were offenders identified too late to complete post-release programming, program eligibility criteria being too restrictive – not enough eligible offenders, and inadequate referrals by facility staff.

SVORI programming in Connecticut focused the following five top areas: Assessment, Coordination, and Supervision Services; Health Services; Transition Services; Employment, Education and Skills Development Services; and Family Services. In addition, the top three outcome hopes, besides recidivism, for SVORI

participants were community integration, increased physical and/or mental health, and decreased substance use.

Mental health services provided were substantially enhanced in pre-release and remained unchanged for post-release. All 96 participants (100%) received services for both pre- and post-release. No distinction was made between adults and youthful offenders, nor male or female. The SVORI grantee answered yes to the question inquiring about the involvement of mental health agencies/community based organizations in its sustainability efforts.

Connecticut answered yes when questioned if there would be continuing elements of SVORI programming once SVORI funds are no longer available. The elements identified to be retained are as follows: Other partnerships formed through SVORI, staff hired through SVORI, curriculum developed through SVORI, Service Coordination approach; Approach for screening offenders for eligibility; Specific pre-release services enhanced through SVORI; and Specific post-release services enhanced through SVORI. Connecticut reported that they plan to expand SVORI programming by expanding pre-release programming to additional facilities, expanding post-release programming to additional communities, and hiring more staff.

Table 3

Identified Barriers Limiting Enrollment in SVORI Programming

New England States	Identified Barriers to Implementation
Maine	1. Inadequate resources to serve the number of offenders by facility staff 2. Facility/agency policies making it difficult to deliver SVORI programming 3. Accurate, current information about release dates for potential participants not routinely available
Vermont	1. Federal funding agency's eligibility criteria being too restrictive 2. Agencies pre-release MIS being too difficult to use or hard to access 3. Inadequate referrals by facility staff
Massachusetts	1. Not screening enough offenders for potential eligibility 2. Offenders being identified too late 3. Inadequate referrals by facility staff
Connecticut	1. SVORI program eligibility criteria being too restrictive 2. Offenders being identified too late 3. Inadequate referrals by facility staff
Rhode Island	1. Offenders declining to participate 2. Offenders being identified too late 3. Inadequate referrals by facility staff

Rhode Island

Overview of SVORI Program (2003)

Rhode Island has one SVORI grantee focused on adults returning to the City of Providence. Adult offenders are under the authority of the Rhode Island Department of Corrections (RI DOC). RI DOC is using its share of funding to develop and implement a reentry program for adult offenders in Rhode Island, nearly 25% of who return to central Providence. An additional 11% are returning to other Providence neighborhoods.

Target Population

The target population of this SVORI grantee is male and female adults. The number of targeted prisoners was projected at over 200, focusing on participants aged 35 or under. Participation among prisoners was voluntary.

Program Organization and Services

Rhode Island proposed organizing their efforts into three phases. Phase 1, Institutional Programming Phase, with a seven to nine month duration, contains the following components/services:

- Development of institutional program plan by participants within thirty days of sentencing;
- Case management by Community Living Consultant from Family Life Center, a newly formed post-release one-stop agency;
- Initiation of reentry planning;
- Involvement of family in reentry planning process;
- Specific targeted services including, as needed, substance abuse treatment, ***mental health treatment***, medical and dental services, employment skills/vocational training, education, housing assistance, parenting skills training, domestic violence services, life skills training, anger management, faith-based services, and violence prevention programs.

The coordination of these services would be conducted by the Community Living Consultant.

Phase 2, Transition Phase, lasts nine months (three months pre-release to six months post-release). The components/services offered within this phase are:

- Transition Accountability Plan developed and revised by CLC and offender and reviewed by all key players during monthly Reentry Team Meetings;
- Case management by Community Living Consultants and community-based treatment team from Family Life Center;

- Family involvement in reentry process;
- Housing of COMPASS-specific probation officers at Family Life Center;
- Intensive supervision and monitoring by Community Living Consultants and probation/parole officer;
- Peer mentoring by successful ex-offenders;
- Specific targeted services including, as needed, substance abuse treatment, ***mental health treatment***, employment skills/vocational training, education, housing assistance, parenting skills training, faith-based services and mentoring, family counseling, "family/friends" groups, assistance with public transportation, and victims' services.

The coordination of these services would be met by the one-stop agency, Family Life Center, responsible for assessing participants' needs, providing appropriate services/ coordinating referrals, and monitoring participants in collaboration with Probation and Parole authorities.

Phase 3, Stabilization Phase, with a length of eighteen months, offers the following services/components:

- Modification, as needed, of Transition Accountability Plan;
- Case management by Community Living Consultants and community-based treatment team from the Family Life Center; Providence Police Department provides support and assistance to Probation Officers when necessary and may accompany the Probation Officers during home visits;
- Specific targeted services including, as needed, substance abuse treatment, ***mental health treatment***, employment skills/vocational training, education, housing

assistance, parenting skills training, faith-based services and mentoring, family counseling, "family/friends" groups, and victims' services.

The Family Life Center is responsible for coordination of services including: assessing participants' needs, providing appropriate services/coordinating referrals, and supervising participants in conjunction with Probation and Parole authorities.

As a result of SVORI funding, Rhode Island expected both system-level and individual-level changes. On a system-level, Formal Memorandums of Understanding (MOU) with State agencies to provide post-release services in employment, substance abuse, mental health, and housing; MOU with multi-service community based agency to provide case management; Start-up of one-stop facility provides easier access to services and greatly enhances continuity of care; Collaboration between supervising authorities (Probation/Parole) and law enforcement; Two COMPASS-specific Probation and Parole Officers; Cross-system reentry meetings; Victim Services Coordinator provides training to staff and support to victims and offenders; Formation of Victims' Advisory Board for the Family Life Center; and Faith-based mentoring program, were the goals.

Changes on an individual-level included intensive reentry planning beginning approximately six months prior to discharge, involvement of family in all phases, greater access to needed services; enhanced case management by Community Living Consultants and treatment team; more intensive supervision, and Community Living Consultant from Family Living Center, transitions with participant through all phases, greatly enhancing continuity of care.

2005 Survey

Rhode Island reported that SVORI was not fully operational and had a total of 148 participants enrolled by December 31, 2004. The primary use of SVORI funds was dedicated to filling service gaps. Rhode Island declared that community integration, housing, and substance abuse were the top three areas on which the program focused its resources and efforts. Other than recidivism, Rhode Island identified three top outcomes targeted by the program as family reunification, successful completion of probation/parole time, and case management coordination.

In terms of mental health services provided to SVORI participants, it was reported that over 50 % (51-75%) received pre-release mental health services; 75.48–111 individuals received pre-release mental health services. SVORI participants received just under half (26-50%) in post-release mental health services; meaning that between 38.48 and 74 individuals received services. During pre- and post-release, community-based organizations provided mental health services. No distinction was made between male or female adults.

The top three services enhanced by SVORI funding were counseling sessions/case management, mental health counseling, and substance abuse counseling. The top three program components enhanced were victims, mentoring, and former prisoners. Rhode Island's unique characteristic was that they were able to use SVORI funding to implement a comprehensive program and to develop initiatives within 4 state agencies and several community agencies, both within the adult system and the juvenile system. The resulting collaboration was interfaced with the National Governor's Association Reentry Policy Academy and National Institute of Correction, Transition from Prison to

Community Initiative (TPCI), to affect a broad and deep impact on the criminal justice system in RI.

2006 Survey

Rhode Island reported a total of 202 SVORI participants enrolled by March 1, 2006. The post-release phase of programming was listed as the most difficult to implement. The top three factors that limited enrollment in SVORI programming were offenders declining to participate, offenders identified too late to complete post-release programming, and inadequate referrals by facility staff.

SVORI programming focused on the following five top areas: Transition Services; Employment, Education and Skills Development Services; Health Services; Assessment, Coordination, and Supervision Services; and Family Services. In addition, the top three outcome hopes, besides recidivism, for SVORI participants were decreased substance use, employment and housing.

There was no change to the mental health services provided during pre-release. Pre-release mental health services were not selected by the SVORI grantee to report data on participant involvement. Post-release services were noted as substantially enhanced, with a few (1-25%) of participant involvement. During post-release, between 2.02 and 50.5 participants received mental health services. No distinction was made between male or female adults. The SVORI grantee answered yes to the question inquiring about the involvement of mental health agencies/community based organizations in its sustainability efforts.

An affirmative response was given when questioned if there would be continuing elements of SVORI programming once SVORI funds are no longer available. The

elements identified to be retained were a Steering Committee; Other partnerships formed through SVORI; Staff hired through SVORI; Service Coordination approach; Approach for screening offenders for eligibility; Specific pre-release services enhanced through SVORI; and Specific post-release serviced enhanced through SVORI. Rhode Island reported that they plan to expand SVORI programming by expanding post-release programming to additional communities, expanding offender eligibility criteria, offering more pre-and post-release services, and hiring more staff.

CHAPTER V

DISCUSSION

The purpose of this study was to determine what mental health services and components were being provided to SVORI grantees to incarcerated individuals within the New England Region for the years of 2005 and 2006. In addition, this study sought to investigate what barriers, if any, SVORI grantees faced while implementing comprehensive mental health services. Lastly, trends within and across New England states were analyzed regarding mental health services among SVORI grantees since the implementation of these efforts.

SVORI programming is currently undergoing a five-year multi-site evaluation process with RIT International, a non-profit research organization that began in 2005. Since RIT International has not published an analysis of the national data that they have collected for 2005 and 2006 regarding mental health services provided, barriers to implementation and trends concerning mental health, this discussion will focus on the survey data collected thus far in the New England states.

Results

Mental Health Services Provided by SVORI Grantees

Based on the SVORI Project Director Interview Survey (2005), only two states had met their goal of enrolling 200 or more participants by December 31, 2004 (see Table 1); Massachusetts with 200 and Vermont with 209. Two states, New Hampshire and Rhode Island, were not fully operational by December 31, 2004. Given the lack of any

participants in the State of New Hampshire in 2005 and 2006, New Hampshire will be excluded from any discussion regarding results. To adequately understand the pool of potential SVORI participants in each state, it should be clear that every state with the exception of Connecticut established participant eligibility criteria as male and female adults at every prison within each New England state.

All states reported in the 2003 survey that pre- and post-mental health services were a priority. Connecticut and Vermont were the only states that provided pre-release mental health services to all participants (See Table 2). In terms of post-release mental health services, Connecticut was the only state that provided services to all fifteen participants. Overall, only Maine and Connecticut had positive percent increases in enrollment and both pre- and post-mental health services provided by SVORI Grantees from 2005 to 2006. Given that SVORI participants are serious and violent offenders reentering the community, the finding that only two states had positive outcomes is startling and worrisome.

All of the states reported that mental health services would be a key part of SVORI programming efforts and they all went into significant detail to describe their action plan to secure SVORI funding. However, the findings do not support a commitment to providing mental health services for SVORI participants. The findings do reveal an utter lack of duty and responsibility to the mental health needs of inmates, both pre- and post-release, which runs contrary to the goal of SVORI programming.

Data provided in the 2006 SVORI Project Director Interview Survey showed that four out the six states evaluated had increased the total number of SVORI participants; some by as much as 500% (see Table 1). 2006 was the second year of the SVORI

programming efforts. Based on the fact that 2005 was the implementation year, it is to be expected that the participant numbers would increase the following year. The next logical expectation is that mental health services provided in 2006 would increase, based on increased enrollment and agency familiarity with SVORI programming and expectations. However, this was not the case. Pre-release mental health services declined or were not reported in the majority of states (see Table 2). Connecticut was the only state to provide mental health services to all participants, both pre- and post-release.

All states reported that mental health agencies/community based organizations (CBO) were involved with SVORI programming. Participating states were asked how they had focused resources and efforts overall throughout the course of their program by ranking the following five areas: Assessment, Coordination, and Supervision Services; Transition Services; Health Services; Employment, Education and Skills Development Services; and, Family Services. Yet no state ranked Health Services (i.e., mental health services, substance abuse treatment, medical services, etc.) as their top focus. This is further evidence that SVORI grantees are not prioritizing mental health services to incarcerated individuals.

In 2005, pre-release mental health services provided by SVORI grantees in the New England Region ranged from below to above the national average. James and Glaze (2006) found that state prisoners who had a mental health problem (34%) had the highest rate of mental health treatment since admission, followed by federal prisoners (24%) and local jail inmates (17%). The 2005 SVORI findings show that the majority of New England correctional facilities were providing mental health services to incarcerated individuals above the national average (see Table 2). Given the ability to enhance mental

health services through SVORI funding, it would be expected that the majority of states, if not all, would be providing mental health services above the national average. However, this is not the case. In 2006, only three states ranked above the national average (see Table 2).

Given the lackluster numbers provided by SVORI in terms of pre-release mental health services, inmates are getting shortchanged. Furthermore, without proper pre-release mental health services, how can it be expected that individuals reentering the community would be able to meet the challenges facing them? Pre-release is the time to develop transitional planning, explore community resources, and assist inmates in developing insight into how they will face the many challenges of reentry upon release. In preparing for release, the best transitional plan is only a plan; positive mental health is the foundation where change truly occurs. Positive mental health allows an individual to evaluate the challenges they face and make thoughtful choices in response.

In 2006, only Connecticut provided all (100%) participants with pre-release mental health services; two states, Massachusetts and Rhode Island, provided no data regarding mental health services provided (see Table 2). It is unclear why these states were not obligated to provide statistical data on mental health services provided to prisoners. Given this lack of information, there is no way to determine whether or not mental health services were provided to participants in Massachusetts and Rhode Island.

This is in startling contrast to the year before. It demonstrates that the current efforts of correctional facilities still do not meet the needs of all prisoners with mental health problems. This conclusion can be drawn based on the program services that each state committed to providing in 2003. Each state detailed the phases of program services

(i.e. mental health) to be provided and should be responsible for not only meeting those requirements, but also reporting the data to the federal government for appropriate review.

Based on the findings of James and Glaze (2006) documenting the rates of mental health problems among state, federal, and jail inmates, 56%, 45%, and 64% respectfully; correctional facilities need to reassess the focus of their resources and efforts overall. This is especially critical in terms of reentry into the community. Studies by James and Glaze (2006) and Lynch and Sabol (2001), among those discussed in Chapter 2, provide tremendous support for the fact that mental health problems play a role in recidivism. Thus, as a matter of public safety, an increase in mental health services provided to inmates while incarcerated could likely prepare individuals for reentry into the community and reduce future criminal behavior.

Barriers to Implementing Comprehensive Mental Health Services

The 2006 SVORI Program Director Interview Survey required all states to report the three most significant factors that limited the number of participants enrolling in programming. There were twelve factors listed on the survey, and the instruction was given to rank the top three. Data from five states (excluding New Hampshire due to lack of data) revealed that "inadequate referrals by facility and staff" was a top factor in four states (see Table 3). Connecticut, Massachusetts, and Rhode Island identified the second factor to most limit enrollment as "offenders being identified too late to complete post-release programming."

With a top factor of "inadequate referrals by facility and staff" being identified in four out of five states, it is not surprising that the number of SVORI participants

receiving mental health services was not high. Maine reported the highest rate of SVORI participants enrolled by March 1, 2006 at 439 inmates. The eligibility factors for Maine were male and female adults and youthful offenders in all of the state prisons. In 2006, Maine housed 2,120 inmates in their state prison system (Sabol, Couture & Harrison, 2007). Given the statistic provided by Hughes and Wilson (2004) that 95% of prison inmates will be released, 2014 of Maine's inmate population is preparing for release, at some point. The 2006 SVORI Program Director Interview Survey completed by Maine stated that between 51–75% of all SVORI participants received both pre- and post-release mental health services; equaling a range of individuals served of 223–329. Looking at the middle of the range, approximately 276 individuals, only 13% of Maine state prison inmates received mental health services in 2006. In connection with factors limiting enrollment where "inadequate referrals by facility and staff" is at the top of the list, SVORI grantees may be their own worst enemy.

"Inadequate referrals by facility and staff" may be connected to the level of commitment to mental health treatment that correctional facilities possess. Referring to the findings of James & Glaze (2006), taking a prescribed medication for mental health problems was the most common type of treatment inmates who had a mental health problem had received since admission to prison or jail. Approximately 27% of state prisoners, 19% of federal prisoners, and 15% of jail inmates who had a mental problem had used prescribed medication for a mental health problem since admission. With the most common type of mental health treatment being prescribed medication, the psychopharmacological approach towards addressing mental health problems may be an explanation as to why there are inadequate referrals by facility and staff.

Trends within and across New England States

By the title of the initiative, Serious and Violent Offender Reentry, it would appear at least at face value, that the programming was designed to target high-risk individuals. SVORI is a large-scale program providing over $100 million to 69 grantees to develop programming, training, and state-of-the-art reentry strategies at the community level (U.S. Department of Justice, Office of Justice Programs, Reentry, 2008). The SVORI programs are intended to reduce recidivism as well as to improve employment, housing, and health outcomes of participating released prisoners. The results of this study point to an unfortunate trend: within and across the New England states, mental health services are not being provided at the rate they should, or were intended to be, provided to a population in serious need of assistance.

It is important to note that out of the five states that provided data for the 2006 survey, four reported that the two top outcome hopes, other than recidivism, were employment and reduced substance abuse. These are two important factors in successful reentry efforts. However, looking at reentry from a common sense viewpoint, positive mental health would likely be the foundation for overall success. Inmates who have served time in prison have lost at least one year of their lives. Finding a job, remaining sober, acquiring housing and reintegrating into society are all difficult tasks. Mental health services are critically important. The pre-release figures for 2006 (see Table 2) are a dismal reminder of the lack of success in building upon increased enrollment from the prior year. This should translate into more inmates receiving mental health services, not less.

On the positive side, states were able to identify areas where services were enhanced by SVORI programming efforts. Maine identified housing, release planning, and employment were enhanced. Vermont stated that cognitive skills development, domestic violence services, and anger management were improved. Massachusetts reported that employment was enhanced. Connecticut's services enhanced were vocational, life skills, and cognitive skills training. Lastly, Rhode Island detailed that counseling sessions/case management, mental health counseling, and substance abuse counseling were enhanced due to SVORI efforts. It is clear that some mental health services are being provided to SVORI participants prior to their release. This study's analysis strongly suggests that the lack of a concrete definition of mental health services makes it hard to quantify the spectrum of mental health services being provided to inmates.

The lack of mental health service provision was the most significant trend within and across New England states. It is unfortunate that a key factor in limiting participant enrollment was inadequate referrals by facility staff. A referral by staff is probably one of the most cost-effective ways for inmates to begin to receive services. This disconnect within the system will derail progress if not addressed. Addressing this disconnect is what staff must commit to in order for comprehensive mental health services to become a trend in the near future; one that produces effective changes within the system in order to benefit inmate's improved mental health and successful transition back into the community.

Study Limitations

The present study offers some important findings which can be related to the literature in that, although mental health services exist, they are substandard. Despite the fact that this study supports the need for enhanced mental health services in prisons throughout New England, there are several limitations to this study. First and foremost, the SVORI Project Director Interview (2005) and the SVORI Program Director Interview (2006) were inadequate in measuring the progress of SVORI grantees. In measuring enrollment, program directors were asked to give approximate answers, choosing from percentages that ranged by 25 percentage points (i.e. 0, 1-25%, 26-50%, 51-75%, 76-99%, 100%). These ranges were far too drastic to give accurate participant enrollment. Since this is a federally-funded program designed to report how many participants are actually completing the recommended steps to successful reentry, it would seem prudent to give actual numbers versus approximate figures.

Another flaw in the survey tools is that some of the questions are open-ended. The 2005 survey asks grantees, "Besides recidivism, what outcomes does your program hope to affect? Please list your program's top three outcomes." Although this is an important question to ask SVORI grantees, the responses are not comparable to other agencies. Additionally, it leaves grantees the possibility of hoping for outcomes that may not be in line with SVORI funding. Another example of an open-ended question is, "List the top three services enhanced the most as a result of SVORI funding (unedited open-ended responses from the program director)." Again, this type of question is important; however, there is no way to judge the accuracy of what is being reported. Statistical data to support which services were enhanced would be useful in judging the improvements.

This could also be applied to judging which program components were enhanced by SVORI programming.

In comparing the 2005 SVORI Project Director Interview to the 2005 Program Profile (data report), it is obvious that only SVORI participants are reported on. The project directors were asked during the 2005 interview to compare SVORI with non-SVORI participants receiving services within the prison. The 2005 Program Profile does not include this information and/or comparison. This also occurs with the 2006 SVORI Program Director Interview and the 2006 Program Profile (data report). It is critical to understand how many inmates are receiving services, both pre- and post-release, whether they are SVORI participants or not. Without this data comparison, the number of individuals receiving services has no comparison except with other states.

Given that there is not a succinct definition of mental health services provided by SVORI, the numbers that are provided are a rough estimate of mental health services provided. This is one of the shortcomings of the data retrieved for this study. Without a clear definition of mental health services for SVORI grantees, it is possible that misinterpretation and misunderstanding may distort the findings. Depending on the interpretation of these services, the number of individuals receiving services could be substantially higher depending on what is viewed as mental health services. In order to fill out the form, the Project/Program Director has to make the interpretation. Given that there could be many interpretations of what mental health services are and what they are not, it could be argued, at a minimum, that counseling sessions, anger management-violence counseling, and family counseling could fall under mental health services.

Developing clear, concise definitions would significantly improve the accurate reporting of services provided.

As with any self-report (agency-report) study, there exists the possibility of biased reporting. Project/Program Directors from each agency are reporting on their progress and success in a national initiative to provide programming to serious and violent offenders in order to enhance successful transition back into the community. Although it should be expected that individuals would report accurately and honestly, a great deal of money is on the line in terms of accountability. Bias could be greatly reduced by having SVORI grantees back up their findings with statistics. By either eliminating approximate estimates of individuals served, or shrinking the range of percentages used to represent services provided, it would force grantees to move away from estimates to percentages that reflect reality.

Implications for Future Research

It is clear that SVORI programming is bringing attention to an under-served population – state prison inmates. By creating the SVORI Multi-site Evaluation, a five year evaluation plan with RIT International and the Urban Institute, the federal government appears to be committed to evaluating the progress made by the 69 SVORI grantees. With this commitment to evaluation, the results should show the areas of success and those needing improvement with regards to reentry programming. This dedication towards developing client-centered programming will aid correctional facilities in preparing inmates for reentry.

This study has been important in demonstrating that there is a deficiency in providing mental health services to inmates within the New England region. Based on the

statistics provided by the Bureau of Justice Statistics, Department of Justice, mental health problems exist with many state prison inmates. It appears to be common knowledge in our society that imprisonment does not fix people; in fact, it may do quite the opposite. With this basic knowledge alone, it would seem prudent to invest in helping inmates understand the root of their faulty decision-making while attending to their needs for successful reentry.

Barriers clearly exist in providing mental health services to incarcerated men and women. However, when the largest barrier is the system itself, change happens more slowly. Future research should address how correctional agencies can work from within to provide training and leadership to employees to raise awareness of the importance in providing mental health services to high-risk, underserved populations. Additionally, correctional agencies must forge collaborative relationships with community mental health agencies to create a seamless transition of mental health services for individuals reentering the community. Collaboration within and outside correctional agencies will be key in the growth of mental health services.

REFERENCES

Beck, A. J. (2000). *State and federal prisoners returning to the community: Findings from the Bureau of Justice Statistics.* Retrieved January 27, 2008, from http://www.ojp.usdoj.gov/bjs/pub/pdf/sfprc.pdf

Beck, A. J. (2000). *Prisoners in 1999.* Bureau of Justice Statistics, Bulletin. Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, NCJ 183476.

Blumstein, A., & Beck, A. J. (1999). Population growth in U.S. prisons, 1980-1996. In M. Tonry, & J. Petersilia (Eds.), *Prisons: Crime and Justice, A Review of Research* (1st ed., pp. 17-61). Chicago, IL: University of Chicago Press.

Bureau of Justice Statistics, U.S. Department of Justice (2000). *Correctional populations in the United States, 1997.* Retrieved on April 9, 2008, from http://www.ojp.usdoj.gov/bjs/pub/pdf/cpus97.pdf

Cross, T. L., Bazron, B. J., Isaacs, M. R., & Dennis, K. W. (1989). *Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed.* Washington DC: Georgetown University Center for Child Health and Mental Health Policy, CASSP Technical Assistance Center.

Flitcraft A. H., Hadley S. M., Hendricks-Matthews M. K., McLeer, S. V., Warshaw, C., et al. (1992). *Diagnostic and treatment guidelines on domestic violence.* Chicago: American Medical Association.

Glaze, L. E., & Bonczar, T. P. (2007). *Probation and parole in the United States, 2006.* U.S. Department of Justice, Office of Justice Programs. Bureau of Justice Statistics Bulletin. NCJ-220218.

Hughes, T., & Wilson, D. J. (2004). *Reentry trends in the United States.* Washington, DC: Bureau of Justice Statistics.

James, D. J., & Glaze, L. E. (2006). *Mental health problems in prison and jail inmates.* U.S. Department of Justice, Office of Justice Programs. Bureau of Justice Statistics Special Report. NCJ-213600.

Langan, P. A., & Levin, D. J. (2002). *Recidivism of prisoners released in 1994.* Washington DC: U.S. Dept. of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved March 15, 2008 from http://purl.access.gpo.gov/GPO/LPS33477

Langan, P. A., & Cunniff, M. A. (1992). *Recidivism of felons on probation, 1986-1989.* U.S. Department of Justice Office of Justice Programs, Bureau of Justice Statistics. Bureau of Justice Statistics Special Report. NCJ-134177.

Levitt, S. D. (1996). The effect of prison population size on crime rates: Evidence from prison overcrowding litigation. *The Quarterly Journal of Economics, May,* 319-351.

Linke, L., & Ritchie, P. (2004). *Releasing inmates from prison.* Washington, D.C.: U.S. Dept. of Justice, National Institute of Corrections. Retrieved on March 16, 2008 from http://nicic.org/Downloads/PDF/Library/021386.pdf

Lynch, J. P., & Sabol, W. J. (2001, September). Prisoner reentry in perspective. *Crime Policy Report, 3,* 1-26.

Lynch, M. (1998). Waste managers? New penology, crime fighting, and the parole agent identity. *Law and Society Review, 32,* 839-869.

MDOC. (2007). Michigan Prisoner ReEntry Initiative. QUARTERLY STATUS REPORT: April 2007. Michigan Department of Corrections, Michigan. Retrieved on April 4, 2008 from http://www.michigan.gov/documents/April_MPRI_Monthly_Status_Report_Posted_155120_7.pdf

Multi-site Evaluation of the Serious and Violent Offender Reentry Initiative (2008). Retrieved on February 6, 2008 from https://www.svori-evaluation.org/index.cfm?fuseaction=dsp_home

Mumola, C. J. (2000, August). *Incarcerated parents and their children.* Retrieved January 27, 2008, from http://www.ojp.usdoj.gov

National Institute of Corrections (2007). Missouri State Page for TCP Programs. Retrieved January 15, 2008, from National Institute of Corrections website: http://nicic.org/TPCMissouri.

National Institute of Corrections (2001). *Provision of mental health care in prisons.* Retrieved on April 3, 2008, from National Institute of Corrections website: http://nicic.org.

National Governor's Association. (2007). "Backgrounder: Prisoner Reentry Policy Academy Round 2." Retrieved January 15, 2008 from http://www.nga.org.

National Governors Association Center for Best Practices (2004). *The challenges and impacts of prisoner reentry.* Retrieved January 14, 2008, from http://www.nga.org/Files/pdf/REENTRYBACKGROUD.pdf

NYSCJS (2007). New York State criminal justice performance management, crimestat report 2006. [Albany, N.Y.]: New York State Division of Criminal Justice Services.

Rape, Abuse, and Incest National Network (2008). *Sexual assault statistics.* Retrieved February 16, 2008, from http://www.rainn.org/get-information/statistics/sexual-assault-victims

Sabol, W. J., Couture, H., & Harrison, P. M. (2007). *Prisoners in 2006.* U.S. Department of Justice Office of Justice Programs, Bureau of Justice Statistics. Bureau of Justice Statistics Special Report. NCJ-219416.

Tjaden, P., & Thoennes, N. (2000). National Institute of Justice and the Centers of Disease Control and Prevention, "Extent, nature and consequences of intimate partner violence: Findings from the National Violence against Women Survey."

Travis, J., Solomon, A. L., & Waul, M. (2001, June). From prison to home: The dimensions and consequences of prisoner reentry. *The Urban Institute,* 1.

U.S. Department of Justice, Office of Justice Programs, Reentry. (2008). "Learn about reentry: What is reentry?" Retrieved on December 15, 2007 at http://www.reentry.gov/learn.html

Virginia Department of Criminal Justice Services (2007, October 1). *Virginia prisoner reentry evaluation programs: Interim Report.* Retrieved December 28, 2007, from http://dcjs.virginia.gov/research

Visher, C. A., La Vigne, N. G., & Travis, J. (2004). Returning home: Understanding the challenges of prisoner reentry: Maryland Pilot Study: Findings from Baltimore. Washington, D.C.: Urban Institute, Justice Policy Center.

Visher, C. A., La Vigne, N.G., & Travis, J. (2004). Returning home: Understanding the challenges of prisoner reentry. Maryland Pilot Study: Findings from Baltimore Author(S). Retrieved on December 15, 2007 at http://www.Urban.Org/Url.Cfm?ID=410974

Women's Prison Association (2003). *Improving discharge planning from jail and prison.* Retrieved December 15, 2007, from http://www.wpaonline.org

Women's Prison Association (2008). *Success in the community: A matrix for thinking about the needs of criminal justice involved women.* Retrieved January 2, 2008, from http://www.wpaonline.org

APPENDICES

APPENDIX A

SVORI PROJECT DIRECTOR INTERVIEW – 2005

SVORI Project Director Interview—2005

Completed by: ____________

Screening and Enrollment

The first questions have to do with how SVORI participants are currently identified and enrolled.		
1. According to the information that was provided or confirmed for the National Portrait, your program eligibility criteria are: Population Type: Male and female juveniles AND Inclusion Criteria: Repeat offenders AND Exclusion Criteria: Severely mentally ill AND Pre-release Facilities: Males exiting AL DYS Mt.Meigs facility and females exiting AL DYS Chalkville facility AND Post-release Geographic Locations: Mobile County. Is this correct?	Y	N
a. *[If no]* What are the eligibility criteria you are currently using to determine an offender's eligibility for your SVORI program?		
2. Does your agency (DOC or DJJ) maintain an electronic management information system (MIS) or other type of database containing information on offenders under the jurisdiction of the agency?	Y	N
a. *[If yes]* Do you use the MIS to generate a list of eligible SVORI participants?	Y	N
b. *[If yes]* Does the MIS contain a "flag" for SVORI participants or otherwise identify offenders who are participating in SVORI?	Y	N
(1) *[If no]* Does your program maintain a complete electronic list of all individuals who are enrolled in SVORI?	Y	N
3. Do you receive referrals for potential SVORI participants?	Y	N
a. *[If yes]* Who makes these referrals? Please check *all* that apply.	☐ Facility staff ☐ Community corrections staff ☐ Offenders (self-referral) ☐ Other (specify at left)	

Question	Response
4. Are **all** offenders who meet the eligibility criteria accepted into the SVORI program (or, if your program is voluntary, invited to participate in the program)?	Y N
a. *[If no]* What are some reasons for rejecting an offender who meets all of the eligibility criteria? Please check *all* that apply.	☐ Insufficient capacity ☐ Offender has highly specialized needs ☐ Offender is too much of a risk (likely to fail) ☐ Offender's crime is too notorious ☐ Offender will likely not be released by parole board ☐ Other (specify at left)
b. *[If no]* Approximately what proportion of eligible offenders are NOT accepted into the program (or, if your program is voluntary, invited to participate)?	☐ **N** (None) ☐ **F** (A few, 1-25%) ☐ **U** (Just under half, 26-50%) ☐ **O** (Just over half, 51-75%) ☐ **M** (Most, 76-99%) ☐ **A** (All)
5. Is program participation voluntary?	Y N
a. *[If yes]* Approximately what proportion of eligible offenders decide NOT to participate?	☐ **N** (None) ☐ **F** (A few, 1-25%) ☐ **U** (Just under half, 26-50%) ☐ **O** (Just over half, 51-75%) ☐ **M** (Most, 76-99%) ☐ **A** (All)
b. *[If yes]* Has this changed during the course of the program, and, if so, how?	☐ The percentage has not changed ☐ The percentage has decreased ☐ The percentage has increased
c. *[If yes]* What do you think is the **main** reason that offenders decline to participate? Please check *only one*.	☐ SVORI requires too much time or effort ☐ SVORI interferes with their ability to participate in other programs (e.g., work release) ☐ SVORI involves too much oversight post-release ☐ They don't think they need the services ☐ Other (specify at left)
6. What are the consequences of dropping out during the pre-release phase? Please check *all* that apply.	☐ None ☐ Institutional infraction lodged ☐ Lose privileges ☐ Not be permitted in other programs ☐ Lengthen time until release date ☐ Other (specify at left)
7. Approximately what proportion of **enrolled** participants end up dropping out prior to release?	☐ **N** (None) ☐ **F** (A few, 1-25%) ☐ **U** (Just under half, 26-50%) ☐ **O** (Just over half, 51-75%) ☐ **M** (Most, 76-99%) ☐ **A** (All)

8. What are the consequences of dropping out during the post-release phase? Please check *all* that apply.	☐ None ☐ Returned to prison ☐ Technical violation filed but held in abeyance ☐ Graduated sanction imposed ☐ Additional conditions imposed ☐ Other (specify at left)
9. Approximately what proportion of enrolled participants end up dropping out post-release?	☐ **N** (None ☐ **F** (A few, 1-25%) ☐ **U** (Just under half, 26-50%) ☐ **O** (Just over half, 51-75%) ☐ **M** (76-99%, most) ☐ **A** (All)
10. Once they are enrolled, can offenders be terminated from the program (i.e., by program staff) during the pre-release phase?	Y N
a. *[If yes]* To date, approximately what proportion of enrolled participants have been terminated from the program prior to release?	☐ **N** (None) ☐ **F** (A few, 1-25%) ☐ **U** (Just under half, 26-50%) ☐ **O** (Just over half, 51-75%) ☐ **M** (Most, 76-99%) ☐ **A** (All)
b. *[If yes]* Of those terminated prior to release, what was the **main** reason for termination? Please check *only one*.	☐ Transferred to another facility ☐ Drug use ☐ Behavioral infractions ☐ Failure to participate/noncompliance with program requirements ☐ Poor attitude ☐ Other (specify at left)
11. Once they are enrolled, can offenders be terminated from the program during the post-release phase?	Y N
a. *[If yes]* To date, approximately what proportion of enrolled participants have been terminated after release?	☐ **N** (None) ☐ **F** (A few, 1-25%) ☐ **U** (Just under half, 26-50%) ☐ **O** (Just over half, 51-75%) ☐ **M** (Most, 76-99%) ☐ **A** (All)
b. *[If yes]* Of those terminated after release, what was the **main** reason for termination? Please check *only one*.	☐ Transferred outside the post-release geographical area of the program ☐ Drug use ☐ Committed technical violation ☐ Committed new crime ☐ Reincarcerated ☐ Failure to comply with program requirements ☐ Poor attitude ☐ Other (specify at left)

Assessment Tools

Now we'd like to know about the current assessment practices in your state.

Pre-Release Assessment Tools	
First we'd like to know about any assessments that are currently administered **prior to release**. Throughout this survey, when we refer to "comparable non-SVORI" offenders, we mean individuals comparable to SVORI participants in terms of age, needs, and risk criteria but who are not actually enrolled in the program. 12. Please indicate which of the following assessments are used with offenders while they are incarcerated prior to release. For each type of assessment, please indicate whether the assessment is used with SVORI offenders only (S), comparable non-SVORI offenders only (C), both SVORI and comparable non-SVORI offenders (B), or none (N).	
a. Risk assessment	S C B N
b. Needs assessment	S C B N
c. Classification assessment (supervision level)	S C B N
d. Substance abuse assessment	S C B N
e. Medical/dental screening	S C B N
f. Psychology/mental health assessment	S C B N
g. IQ test	S C B N
h. Literacy/educational assessment	S C B N
i. Employment/vocational assessment	S C B N
j. Sex offender assessment	S C B N
k. Other (specify: ______________________)	S C B N
13. Does your state use the Level of Service Inventory (LSI) or a variation on it (LSI-R, Y-LSI, YLS/CMI, YO-LSI) as part of the **pre-release** assessment process (during incarceration)?	Y N
Post-Release Assessment Tools	
14. Please indicate which of the following assessments are used with offenders **after release**. For each type of assessment, please indicate whether the assessment is used with SVORI offenders only (S), comparable non-SVORI offenders only (C), both SVORI and comparable non-SVORI offenders (B), or none (N).	
a. Risk assessment	S C B N
b. Needs assessment	S C B N
c. Classification assessment (supervision level)	S C B N
d. Substance abuse assessment	S C B N
e. Medical/dental screening	S C B N
f. Psychology/mental health assessment	S C B N
g. IQ test	S C B N
h. Literacy/educational assessment	S C B N

i. Employment/vocational assessment	S C B N
j. Sex offender assessment	S C B N
k. Other (specify: ______________________)	S C B N
15. Does your state use the Level of Service Inventory (LSI) or a variation on it (LSI-R, Y-LSI, YLS/CMI, YO-LSI) as part of the **post-release** assessment process (following incarceration)?	Y N

Program Focus

The next questions ask about your program's focus, in terms of target population and programming priorities.	
16. Would you say that your program **primarily** focuses its resources and efforts on working with the offender prior to release (Pre), after release (Post), or emphasizes pre- and post-release equally (Both)? Please check *only one*.	☐ Pre ☐ Post ☐ Both
17. For your pre-release programming, is your SVORI program serving all facilities in the state or targeting select facilities only? Please check *only one*.	☐ All facilities ☐ Select facilities only
18. For your post-release programming, is your SVORI program **primarily** serving individuals who are returning to all communities within the state or targeting select communities within the state? Please check *only one*.	☐ All communities ☐ Select communities
19. Is your program **primarily** serving the general "serious and violent" offender population or targeting a subset of offenders with specific service needs? Please check *only one*.	☐ General "serious and violent" offender population ☐ Subset of offenders with specific service needs ☐ Other (specify at left)
20. Would you classify your program's service provision as **general**, in that you attempt to provide *all* needed services for participants, or **targeted**, in that you focus on a *specific* service or small set of *specific* services? Please check *only one*.	☐ General service provision ☐ Targeted service provision (specify at left)
21. Is the post-release phase of your program run **primarily** by a government agency or a private agency? Please check *only one*.	☐ Government agency ☐ Private agency
22. Would you say your program is using SVORI funds **primarily** to fill service gaps, expand existing services, or start a new program? Please check *only one*.	☐ Fill service gaps ☐ Expand existing services ☐ Start a new program

23. When thinking about providing programming or services to offenders, what are the top three areas on which your program focuses its resources and efforts? Please rank the three areas by putting a "1" next to most important area, "2" next to second most, and "3" next to the third most. (Rank *only three*.)	*Rank* ____ Employment and vocational training ____ Physical health ____ Mental health ____ Substance abuse ____ Family support/unification ____ Community integration ____ Education and skills building ____ Other (specify at left)
24. Besides recidivism, what **outcomes** does your program hope to affect? Please list your program's top three outcomes.	1. 2. 3.
25. If you were to be given more federal funding for reentry programming, would you use the funds **primarily** to fill service gaps, expand existing services, start a new program, or serve a population not eligible for SVORI under the current funding guidelines? Please check *only one*.	☐ Fill service gaps ☐ Expand existing services ☐ Start a new program ☐ Serve a population not eligible for SVORI under the current funding guidelines
26. If you were to be given more federal funding for reentry programming, which three programming areas would you consider the three most important? Please rank the three areas by putting a "1" next to most important area, "2" next to second most, and "3" next to the third most. (Rank *only three*.)	*Rank* ____ Employment and vocational training ____ Physical health ____ Mental health ____ Substance abuse ____ Family support/unification ____ Community integration ____ Education and skills building ____ Other (specify at left)

Services

Next we'd like to know about services that offenders in your state are currently receiving during incarceration and after release. For both **SVORI** enrollees and comparable **non-SVORI** offenders (individuals comparable to SVORI enrollees in terms of age, needs, and risk criteria but who are not actually in the program), please circle the letter corresponding to (1) the *proportion* who receive or are referred to the service while they are still incarcerated (**pre-release**), (2) whether the **pre-release** service is provided by *faith-based organizations* (yes or no), (3) whether the **pre-release** service is provided by other *community-based organizations* (yes or no), (4) the *proportion* who receive or are referred to the service after they are have been released (**post-release**), (5) whether the **post-release** service is provided by *faith-based organizations* (yes or no), and (6) whether the post-release service is provided by other *community-based organizations* (yes or no).

	Pre-Release			Post-Release		
Service Type	**Proportion Receiving?** **N** (None) **F** (A few, 1–25%) **U** (Just under half, 26–50%) **O** (Just over half, 51–75%) **M** (Most, 76–99%) **A** (All)	**Provided by faith-based organization?**	**Provided by other community-based organization?**	**Proportion Receiving?** **N** (None) **F** (A few, 1–25%) **U** (Just under half, 26–50%) **O** (Just over half, 51–75%) **M** (Most, 76–99%) **A** (All)	**Provided by faith-based organization?**	**Provided by other community-based organization?**
27. Risk assessment						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
28. Needs assessment						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
29. Treatment/release plan						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
30. AA/NA						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
31. Counseling sessions (e.g., individual or group; please do not include drug education classes)						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
32. Comprehensive drug treatment programs (e.g., residential, therapeutic communities, etc.)						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N

Service Type	Pre-Release			Post-Release		
	Proportion Receiving? **N** (None) **F** (A few, 1–25%) **U** (Just under half, 26–50%) **O** (Just over half, 51–75%) **M** (Most, 76–99%) **A** (All)	**Provided by faith-based organization?**	**Provided by other community-based organization?**	**Proportion Receiving?** **N** (None) **F** (A few, 1–25%) **U** (Just under half, 26–50%) **O** (Just over half, 51–75%) **M** (Most, 76–99%) **A** (All)	**Provided by faith-based organization?**	**Provided by other community-based organization?**
33. Mental health services						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
34. Medical services						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
35. Dental services						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
36. Education/GED/ tutoring/literacy						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
37. Vocational training						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
38. Employment referrals/ job placement						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
39. Resume and interviewing skills development						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
40. Work release program						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
41. Cognitive skills development/behavioral programming						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
42. Life skills training						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
43. Legal assistance						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N

Service Type	Pre-Release			Post-Release		
	Proportion Receiving? N (None) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)	**Provided by faith-based organization?**	**Provided by other community-based organization?**	**Proportion Receiving?** N (None) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)	**Provided by faith-based organization?**	**Provided by other community-based organization?**
44. Assistance obtaining identification (e.g., driver's license, social security card)						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
45. Assistance obtaining benefits and completing applications (e.g., Medicaid, disability benefits)						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
46. Financial support/ emergency assistance (e.g., housing, clothing)						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
47. Domestic violence services (e.g., victim and/or perpetrator)						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
48. Parenting skills development						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
49. Family reunification						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
50. Family counseling						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
51. Anger management/ violence counseling						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
52. Peer support groups						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N

Service Type	Pre-Release: Proportion Receiving? N (None) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)	Pre-Release: Provided by faith-based organization?	Pre-Release: Provided by other community-based organization?	Post-Release: Proportion Receiving? N (None) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)	Post-Release: Provided by faith-based organization?	Post-Release: Provided by other community-based organization?
53. 1-on-1 mentoring						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
54. Housing placements or referrals						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
55. Transportation						
a. SVORI	n/a	n/a	n/a	N F U O M A	Y N	Y N
b. Non-SVORI	n/a	n/a	n/a	N F U O M A	Y N	Y N
56. Other service (specify):						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
57. Other service (specify):						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
58. Other service (specify):						
a. SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N
b. Non-SVORI	N F U O M A	Y N	Y N	N F U O M A	Y N	Y N

59. Of all of the services you indicated (in questions 27–58) are offered in your state, which three have been enhanced the most as a result of SVORI funding?	1. 2. 3.

Program Components

The next set of questions pertains to other components of your program. For each component, we'd like to know how it currently applies to both SVORI participants and comparable non-SVORI offenders. Once again, when we refer to "comparable non-SVORI" offenders, we mean individuals comparable to SVORI participants in terms of age, needs, and risk criteria but who are not actually enrolled in the program.

Question	Response
60. For any offenders in your state, does a representative from the post-release supervision agency begin working with them **while** they are still incarcerated?	Y N
a. *[If yes]* Does this happen for none, a few (1-25%), just under half (26-50%), just over half (51-75%), most (76-99%), or all of the SVORI enrollees?	☐ **N** (None) ☐ **F** (A few, 1-25%) ☐ **U** (Just under half, 26-50%) ☐ **O** (Just over half, 51-75%) ☐ **M** (Most, 76-99%) ☐ **A** (All)
b. *[If yes]* Does this happen for none, a few (1-25%), just under half (26-50%), just over half (51-75%), most (76-99%), or all of comparable non-SVORI offenders?	☐ **N** (None) ☐ **F** (A few, 1-25%) ☐ **U** (Just under half, 26-50%) ☐ **O** (Just over half, 51-75%) ☐ **M** (Most, 76-99%) ☐ **A** (All)
61. Are any offenders in your state placed on post-release supervision?	Y N
a. *[If yes]* How many SVORI participants are on some type of post-release supervision: none, a few (1-25%), just under half (26-50%), just over half (51-75%), most (76-99%), or all?	☐ **N** (None) ☐ **F** (A few, 1-25%) ☐ **U** (Just under half, 26-50%) ☐ **O** (Just over half, 51-75%) ☐ **M** (Most, 76-99%) ☐ **A** (All)
b. *[If yes]* How many of the comparable non-SVORI offenders are on some type of post-release supervision: none, a few (1-25%), just under half (26-50%), just over half (51-75%), most (76-99%), or all?	☐ **N** (None) ☐ **F** (A few, 1-25%) ☐ **U** (Just under half, 26-50%) ☐ **O** (Just over half, 51-75%) ☐ **M** (Most, 76-99%) ☐ **A** (All)
c. *[If yes]* For the SVORI participants, is the **pre-release** supervision agent the same person who supervises them **post-release?**	Y N
62. Does your state use any reentry courts to manage returning prisoners?	Y N
a. *[If yes]* Are reentry courts used for SVORI offenders (S), comparable non-SVORI offenders (C), or both (B)?	S C B
b. *[If yes]* Is the reentry plan imposed by the court as a condition of the offender's release?	Y N
63. Has your SVORI program created a set of graduated sanctions specifically for SVORI?	Y N
64. Has your SVORI program created a set of rewards specifically for SVORI?	Y N

65. Which of the following activities are available to SVORI participants in your state? Please check *all* that apply.	☐ Animal training/care ☐ Habitat for Humanity ☐ Community beautification/ landscaping ☐ Community service ☐ Weed & Seed ☐ Restitution ☐ Victim mediation ☐ Victim awareness/education
66. Do any offenders in your state participate in "restorative justice" activities?	Y N
a. *[If yes]* **Prior to release**, are these activities used for SVORI offenders (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N
b. *[If yes]* **After release**, are these activities used for SVORI offenders (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N
Items 67 and 68 ask about **Community Accountability Panels** and **Offender-Specific Reentry Teams**, respectively. **Community Accountability Panels** are a group of agency and/or community members who meet regularly to review the status of returning offenders. The offender appears before this board to have his or her case reviewed, and the panel makes recommendations. The members of this panel are the same (for the most part) for all offenders who appear before it. **Offender-Specific Reentry Teams** are groups consisting of agency representatives (i.e., supervision, service providers) and/or community members. The team composition is unique to each individual offender. The team meets to review the offender's progress and make recommendations.	
67. For any offenders in your state, are Community Accountability Panels or Boards utilized in the reentry process?	Y N
a. *[If yes]* **Prior to release**, are Community Accountability Panels used for SVORI enrollees (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N
b. *[If yes]* **After release**, are Community Accountability Panels used for SVORI enrollees (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N
c. *[If yes]* Which of the following are represented on/members of the Community Accountability Panel? Please check *all* that apply.	☐ Faith-based organization ☐ Other community service providers ☐ Law enforcement ☐ Community Corrections/ Supervision ☐ Corrections agency ☐ Former prisoner representative ☐ Victim ☐ Family members or other community members ☐ Other (specify at left)
d. *[If yes]* Is the composition of the Community Accountability Panel different during the pre- and post-release phases? (Please select "n/a" if a Community Accountability is not used both prior to and after release.)	Y N n/a

68. For any offenders in your state, are offender-specific reentry teams used? (See definition on previous page.)	Y N
a. *[If yes]* **Prior to release**, are Offender-Specific Reentry Teams used for SVORI enrollees (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N
b. *[If yes]* **After release**, are Offender-Specific Reentry Teams used for SVORI enrollees (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N
c. *[If yes]* What agencies or organizations have representatives on the Team? Please check *all* that apply.	☐ Faith-based organization ☐ Other community service providers ☐ Law enforcement ☐ Community Corrections/Supervision ☐ Corrections agency ☐ Former prisoner representative ☐ Victim ☐ Family members or other community members ☐ Other (specify at left)
d. *[If yes]* Is the composition of the Offender-Specific Reentry Team different during the pre- and post-release phases? (Please select "n/a" if offender-specific reentry teams are not used both prior to and after release.)	Y N n/a
69. Does your state use video-conferencing technology to facilitate the involvement of individuals and organizations in the reentry process?	Y N
a. *[If yes]* **Prior to release**, is video-conferencing used to facilitate communication across SVORI partnering agencies, with individual offenders, or for some other reason? Please check *all* that apply. (If video-conferencing is not used pre-release, please check "n/a.")	☐ Across SVORI partnering agencies ☐ With individual offenders ☐ Other (specify at left) ☐ n/a
b. *[If yes]* **After release**, is video-conferencing used to facilitate communication across SVORI partnering agencies, with individual offenders, or for some other reason? Please check *all* that apply. (If video-conferencing is not used post-release, please check "n/a.")	☐ Across SVORI partnering agencies ☐ With individual offenders ☐ Other (specify at left) ☐ n/a
c. *[If yes]* Is video-conferencing used for SVORI enrollees (S), comparable non-SVORI offenders (C), or both (B)?	S C B
70. For prisoners in your state, do any individuals in pre-release facilities attend curriculum-based classroom programs **prior to release**?	Y N
a. *[If yes]* Is this curriculum completed by SVORI offenders (S), comparable non-SVORI offenders (C), or both (B)?	S C B

b. *[If yes]* What topics are addressed in the program(s)? Please check *all* that apply.	☐ Basic education/GED/college courses ☐ Cognitive skills ☐ Computer skills ☐ Basic vocational training ☐ Employment issues ☐ Money management ☐ Family issues ☐ Time management ☐ Substance abuse issues ☐ Health/nutrition ☐ Mental health ☐ Finding a place to live ☐ Where to go for legal assistance ☐ Other (specify at left)
c. *[If yes]* Do the programs involve staff from faith-based organizations, other community-based organizations, both faith-based and other community-based organizations, or neither type of organization?	☐ Faith-based organizations only ☐ Other community-based organizations ☐ Both faith- and other community-based organizations ☐ Neither type of organization
The next questions are about individuals and organizations that may be involved in the reentry process in your correctional system in a routine or systematic way.	
71. For any offenders in your state, are family members routinely involved in the reentry process?	Y N
a. *[If yes]* **Prior to release**, are family members routinely involved for SVORI enrollees (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N
b. *[If yes]* **After release**, are family members routinely involved for SVORI enrollees (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N
72. For any offenders in your state, is a victim routinely involved in the reentry process?	Y N
a. *[If yes]* **Prior to release**, are victims routinely involved for SVORI enrollees (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N
b. *[If yes]* **After release**, are victims routinely involved for SVORI enrollees (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N
73. For any offenders in your state, is law enforcement routinely involved in the reentry process?	Y N
a. *[If yes]* **Prior to release**, is law enforcement routinely involved for SVORI enrollees (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N
b. *[If yes]* **After release**, is law enforcement routinely involved for SVORI enrollees (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N

74. For any offenders in your state, are former prisoners routinely involved in the reentry process?	Y N
a. *[If yes]* **Prior to release**, are former prisoners routinely involved for SVORI enrollees (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N
b. *[If yes]* **After release**, are former prisoners routinely involved for SVORI enrollees (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N
75. Are any offenders in your state offered the option of having a mentor during the reentry process?	Y N
a. *[If yes]* **Prior to release**, are mentors offered to SVORI enrollees (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N
b. *[If yes]* **After release**, are mentors offered to SVORI enrollees (S), comparable non-SVORI offenders (C), both (B), or none (N)?	S C B N
76. Of all the program components covered in this section (questions 60–74), which three have been enhanced the most as a result of SVORI funding?	1. 2. 3.

Coordination

Service Coordination

The next set of questions pertains to different methods of service coordination. For each type of service coordination strategy, we'd like to know whether you offer it and the extent to which the strategy has been affected by SVORI.	
77. Does your program provide case management to offenders prior to release?	Y N
a. *[If yes]* Please indicate the proportion of SVORI offenders who receive case management during the **pre-release** period.	☐ **N** (None) ☐ **F** (A few, 1-25%) ☐ **U** (Just under half, 26-50%) ☐ **O** (Just over half, 51-75%) ☐ **M** (Most, 76-99%) ☐ **A** (All)
b. *[If yes]* Who provides the pre-release case management for SVORI participants? Please check *all* that apply.	☐ Facility staff ☐ Grantee agency staff (other than facility staff) ☐ Faith-based organization ☐ Other community organization or service provider ☐ Other (specify at left)

c. *[If yes]* Please indicate the proportion of comparable, non-SVORI offenders who receive case management during the **pre-release** period.	☐ **N** (None) ☐ **F** (A few, 1-25%) ☐ **U** (Just under half, 26-50%) ☐ **O** (Just over half, 51-75%) ☐ **M** (Most, 76-99%) ☐ **A** (All)
78. Does your program provide case management to offenders after release?	Y N
a. *[If yes]* Please indicate the proportion of SVORI offenders who receive case management during the **post-release** period.	☐ **N** (None) ☐ **F** (A few, 1-25%) ☐ **U** (Just under half, 26-50%) ☐ **O** (Just over half, 51-75%) ☐ **M** (Most, 76-99%) ☐ **A** (All)
b. *[If yes]* For SVORI participants, is the **pre-release** case manager the same person who will work with them **post-release**?	Y N
c. *[If yes]* Who provides the post-release case management for SVORI participants? Please check *all* that apply.	☐ Supervision agency ☐ Grantee agency staff (other than supervision agent) ☐ Other community organization or service provider ☐ Faith-based organization ☐ Other (specify at left)
d. *[If yes]* Please indicate the proportion of comparable, non-SVORI offenders who receive case management during the **post-release** period.	☐ **N** (None) ☐ **F** (A few, 1-25%) ☐ **U** (Just under half, 26-50%) ☐ **O** (Just over half, 51-75%) ☐ **M** (Most, 76-99%) ☐ **A** (All)
79. Does your program use a "continuity of care" model in which a case manager, supervision officer, or service provider is involved with an individual from the pre-release facility to the community?	Y N
a. *[If yes]* Who provides the continuity of care? Please check *all* that apply.	☐ Supervision officer ☐ Case manager ☐ Service provider ☐ Other (specify at left)
b. *[If yes]* How has the use of this practice changed as a result of SVORI funding? Is there no change (NC) as a result of SVORI, is it a new practice (N), or has the use of the practice been expanded or enhanced (E)?	NC N E
80. Does your program have an individual or set of individuals who work to develop or build service provider networks (sometimes termed a boundary-spanner)?	Y N

a. *[If yes]* What are some responsibilities of this (these) individual(s)? Please check *all* that apply.	☐ Building relationships with community agencies ☐ Educating community service providers about the unique needs of former prisoners ☐ Encouraging providers to prioritize or begin serving returning prisoners ☐ Ensuring the availability of service providers able and willing to accept referrals ☐ Other (specify at left)
b. *[If yes]* How has the use of this practice changed as a result of SVORI funding? Is there no change (NC) as a result of SVORI, is it a new practice (N), or has the use of the practice been expanded or enhanced (E)?	NC N E
81. Does your program use a one-stop shop within which a variety of treatment providers are available to provide referrals or services to offenders in a single location?	Y N
a. *[If yes]* Are representatives from the post-release supervision agency *(e.g., parole officers) located in the one-stop shop?*	Y N
b. *[If yes]* Are faith-based organizations among the providers available in the one-stop shop?	Y N
c. *[If yes]* How has the use of this practice changed as a result of SVORI funding? Is there no change (NC) as a result of SVORI, is it a new practice (N), or has the use of the practice been expanded or enhanced (E)?	NC N E
82. Does your program use a "wrap-around" approach where a broad set of interested agencies are involved in developing and delivering a comprehensive, individualized treatment plan that takes into account the offender's entire social network?	Y N
a. *[If yes]* What types of agencies are involved in this process? Please check *all* that apply.	☐ Law enforcement ☐ Facility staff ☐ Post-release supervision ☐ Employment ☐ Health ☐ Mental health ☐ Substance abuse ☐ Education ☐ Faith-based ☐ Other (specify at left)
b. *[If yes]* How has the use of the wrap-around approach changed as a result of SVORI funding? Is there no change (NC) as a result of SVORI, is it a new practice (N), or has the use of the practice been expanded or enhanced (E)?	NC N E

Program Coordination

Think of the primary agencies you work with to serve SVORI offenders	
83. How often does phone or e-mail contact occur between SVORI program staff and the primary agencies?	☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Not at all
84. Since SVORI funding began, has the frequency of phone or e-mail contact among the agencies increased, decreased, or stayed the same?	☐ Increased ☐ Decreased ☐ Stayed the same
85. How often are meetings held between SVORI program staff and the primary agencies **to discuss the quality and content of the overall services provided**?	☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Not at all
86. Since SVORI funding began, has the frequency of meetings among the agencies discussing the quality and content of the overall services increased, decreased, or stayed the same?	☐ Increased ☐ Decreased ☐ Stayed the same
87. How often are meetings held between SVORI program staff and the primary agencies **to discuss services to individual SVORI offenders**?	☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Not at all
88. Since SVORI funding began, has the frequency of meetings among the agencies to discuss services to individual offenders increased, decreased, or stayed the same?	☐ Increased ☐ Decreased ☐ Stayed the same
89. How often are meetings held between SVORI program staff and the primary agencies to **strategize about the implementation of approaches to serve SVORI offenders**? (For example, shared decision-making about offender accountability and how the system will address it.)	☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Not at all
90. Since SVORI funding began, has the frequency of meetings to strategize about the implementation of approaches to serve offenders increased, decreased, or stayed the same?	☐ Increased ☐ Decreased ☐ Stayed the same
91. How often do SVORI program staff and the primary agencies contact one another to facilitate referrals for SVORI participants?	☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Not at all
92. Since SVORI funding began, has the frequency of agency contact with one another to facilitate referrals for offenders increased, decreased, or stayed the same?	☐ Increased ☐ Decreased ☐ Stayed the same
93. Please indicate whether you strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD) with each of the following statements about your SVORI program:	
a. A core group of SVORI staff is responsible for handling the day-to-day implementation of program (grant) activities.	SA A N D SD

b. Information sharing about **specific offenders** across partnering agencies has improved as a result of SVORI.	SA A N D SD
c. Communication across partnering agencies has improved as a result of SVORI.	SA A N D SD
d. Partnering agencies have developed a common vision of reentry as a result of SVORI.	SA A N D SD
e. Partnering agencies have created common goals related to reentry as a result of SVORI.	SA A N D SD
f. SVORI is a collaborative effort among different agencies.	SA A N D SD

Current Program Status

94. Would you say your SVORI program is fully operational? By "fully operational" we mean that the program is up and running and, although the program may evolve, all of the program components are currently being implemented.	Y N *[If no, skip to 94d]*
a. *[If yes]* When would you say your program became fully operational? (month/year)	____/____
b. *[If yes]* When did you enroll your first participant? (month/year)	____/____
c. *[If yes]* How long did it take to get your program up and running once **all** of the federal funds were released?	☐ < 3 months ☐ 3–5 months ☐ 6–8 months ☐ 9–11 months ☐ 12+ months
d. *[If no]* Please describe what part(s) of your program still need(s) to be implemented and explain the reasons for the delay.	
e. *[If no]* Provide an estimate of the earliest date by which your program will be fully operational.	Estimate: ____/____
95. How many **total** SVORI participants had you enrolled by 12/31/04?	Number:
96. How does this number compare with your original projections?	☐ Fewer than originally projected ☐ About the same as originally projected ☐ More than originally projected
97. How many SVORI participants are currently enrolled in the **pre-release** phase of your program?	Number:
a. As of what date?	(month/year): ____/____
98. How many SVORI participants are currently enrolled in the **post-release** phase of your program?	Number:
a. As of what date?	(month/year): ____/____

The next set of questions pertains to issues that you may have encountered regarding recruiting or enrolling SVORI participants.	
99. Please indicate the extent to which you agree or disagree that the following issues have limited the number of offenders you were able to enroll. Please indicate whether you strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD) with each of the following statements:	
a. Not enough offenders are being screened for potential eligibility. (Select "n/a" if your program does not have a screening process.)	SA A N D SD n/a
b. The agency's management information system (MIS) or electronic database does not include the data we need to determine if someone is eligible. (Select "n/a" if your agency does not have an MIS.)	SA A N D SD n/a
c. The agency's MIS is difficult to use or is hard to access. (Select "n/a" if your agency does not have an MIS.)	SA A N D SD n/a
d. We have had difficulty obtaining information on eligible offenders from the facilities. (Select "n/a" if facilities are not involved with the identification of eligible participants.)	SA A N D SD n/a
e. Accurate current information about release dates for potential participants has not routinely been available.	SA A N D SD
f. Accurate current information about post-release plans (e.g., post-release area of residence) has not routinely been available.	SA A N D SD
g. Our program's eligibility criteria have been too stringent.	SA A N D SD
h. Inadequate referrals have been made by staff at the facilities. (Select "n/a" if facility staff are not responsible for making referrals in your program.)	SA A N D SD n/a
i. Facility or agency policies have made it difficult to transfer eligible offenders to other facilities for SVORI programming or to prevent the transfer of SVORI participants to facilities that do not offer SVORI programming. (Select "n/a" if participants are not transferred for programming or if SVORI is offered at all facilities.)	SA A N D SD n/a
j. Offenders have been identified but decline to participate. (Select "n/a" if your program is not voluntary.)	SA A N D SD n/a
k. Offenders have been identified too late to complete pre-release programming (i.e., too close to release date). (Select "n/a" if your program does not provide pre-release programming.)	SA A N D SD n/a
l. We have not had the resources to serve the number of offenders that are identified.	SA A N D SD

m. Please describe any other obstacles to recruitment or enrollment that you have encountered in your program.

Issues Surrounding SVORI Implementation

100. Please indicate the extent to which you agree or disagree with the following statements about issues that might have arisen regarding SVORI program implementation. Please indicate whether you strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD) with each of the following statements:

Statement	Response
a. We have encountered resistance from...	
(1) top administrators at the facilities.	SA A N D SD
(2) supervisors at the facilities.	SA A N D SD
(3) line staff at the facilities.	SA A N D SD
(4) top administrators at the post-release supervision agency.	SA A N D SD n/a
(5) supervisors at the post-release supervision agency.	SA A N D SD n/a
(6) line officers of the post-release supervision agency.	SA A N D SD n/a
(7) some of the SVORI partner agencies in the community.	SA A N D SD
(8) members of the community to which SVORI offenders return (the 'not in my backyard' syndrome).	SA A N D SD
b. Existing agency regulations or policies have made it difficult to implement SVORI.	SA A N D SD
c. There has been poor communication *within* agencies.	SA A N D SD
d. There has been poor communication *between* agencies.	SA A N D SD
e. We have experienced turf battles.	SA A N D SD
f. Funding for reentry is inadequate.	SA A N D SD
g. The available funding has been poorly allocated.	SA A N D SD
h. We have had insufficient staff available.	SA A N D SD
i. Staff training has been inadequate.	SA A N D SD
j. Staff turnover has been high.	SA A N D SD
k. There has been inadequate availability of services for referrals we have made.	SA A N D SD

Sustainability

101. Do you consider the current political climate in your community to be favorable to your reentry programming?	Y	N
102. Are there other reentry initiatives under way in your state?	Y	N
103. What are your plans for your reentry program once SVORI funds are no longer available? Please check *all* that apply.	☐ Discontinue the program ☐ Continue the program ☐ Expand the program ☐ Replace the program	
a. *[If you plan to continue or expand the program]* Do you think that you have sufficient resources to continue the initiative at the current level?	Y	N
b. *[If you plan to continue or expand the program]* Will your initiative continue beyond the grant period without additional funds from the federal government?	Y	N
c. *[If you plan to continue or expand the program]* Are you currently working on ways to sustain the initiative beyond the grant period?	Y	N

	Have used/ currently using		Planning to use/ continue using	
d. *[If you plan to continue or expand the program]* For each of the following strategies, please indicate whether (1) you have used or are currently using the strategy (Y/N), and (2) whether you are planning to use (or continue to use) the strategy in the future (Y/N).				
(1) Pursue additional federal funding	Y	N	Y	N
(2) Pursue additional state funding	Y	N	Y	N
(3) Pursue additional funding from local sources	Y	N	Y	N
(4) Pursue additional funding from other sources (Specify: ______)	Y	N	Y	N
(5) Reallocate resources within the current agency	Y	N	Y	N
(6) Reallocate resources across the partnering agencies	Y	N	Y	N
(7) Communicate with policy makers about the program	Y	N	Y	N
(8) Conduct a local evaluation	Y	N	Y	N
(9) Develop a Web site to convey information about the program	Y	N	Y	N
(continued)	Have used/ currently using		Planning to use/ continue using	
(10) Develop printed materials to convey information about the program	Y	N	Y	N
(11) Work with the media (e.g., press releases, conferences, interviews, newspaper articles)	Y	N	Y	N

(12) What other strategies are you using or planning to use to sustain or expand your program? (Specify: ______________________________)	Y N	Y N

104. Please indicate whether you strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD) with the following statements:

a. The SVORI initiative is not worth continuing.	SA A N D SD
b. Reentry programming is no better now than it was before SVORI.	SA A N D SD
c. SVORI is helpful to the current target population.	SA A N D SD
d. SVORI would be helpful to all returning offenders.	SA A N D SD

105. Finally, from your perspective, what characteristics of your SVORI program make it particularly unique or innovative?

Thank you so much for taking the time to complete this survey.
If we need to follow up on any of the responses, whom is the most appropriate person for us to contact?

Name: ____________________

Phone No.: ____________________

Please make a photocopy of this survey and mail the original to RTI using the Federal Express mailing label.

APPENDIX B

SVORI PROGRAM DIRECTOR SURVEY – 2006

SVORI Program Director Interview—2006 SVORI PD Interview 3/06

«SiteName»
«TargetName»

Completed by: ____________________
Date completed: ____________________

Program Status

The first set of questions pertains to the status of your SVORI program.	
1. When would you say all of the planned elements of your SVORI program became fully operational *(month/year)*?	☐ Program became fully operational on ___/____ ☐ Program has not become fully operational
2. Does your program still have a SVORI program director?	Y N
3. Over the course of your grant, how many individuals have held the SVORI program director position?	Number:
4. Have you applied for a no-cost extension for your original SVORI grant?	Y N
5. What is the current end date of your SVORI grant (including any no-cost extensions you have received or will receive on your SVORI grant)? *Please do not include extensions as a result of any supplementary funds you may have received from other sources.*	(month/year): _____/_____
6. What was the original end date of your SVORI grant?	(month/year): _____/_____

Enrollment

The next questions pertain to your program's enrollment.	
7. When did you enroll your first participant (month/year)?	☐ We enrolled our first participant on ___/____ ☐ We have not enrolled any participants
8. As of 3/1/2006, what was the total cumulative enrollment in your SVORI program (i.e., how many individuals did you enroll in your program from its inception to 3/1/06?)	Number:
9. How does this number compare with your original projections?	☐ Fewer than originally projected ☐ About the same as originally projected ☐ More than originally projected
10. How many SVORI participants are currently enrolled in the **pre-release** phase of your program?	Number:
11. How many SVORI participants are currently enrolled in the **post-release** phase of your program?	Number:

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12. Are you still enrolling new participants into your program?	Y N
a. [*If yes*] How long do you expect to continue enrolling new participants into your program?	☐ Plan to continue enrolling until approximately (month/year) ___/____ ☐ Plan to continue enrolling indefinitely
b. [*If no*] When did you stop enrolling new participants into your program?	(month/year): _____/_____
13. Did your SVORI grantee agency (e.g. your Department of Corrections or Juvenile Justice agency) set an enrollment target for your program?	Y N
a. [*If yes*] Did your SVORI grantee agency monitor progress toward this target?	Y N
14. Did the top administrators at your SVORI grantee agency (e.g., DOC or DJJ) set implementation goals for your program?	Y N
a. [*If yes*] Did your SVORI grantee agency monitor progress toward these goals?	Y N
15. Which phase of your program was more difficult to implement? *(Please check only one.)*	☐ Pre-release ☐ Post-release
16. What were the three most significant factors that limited the number of participants you were able to enroll in your program? Please rank these three factors by putting a "1" next to the most significant factor "2" next to second most significant, and "3" next to the third most significant. *(Please rank only three.)*	*Rank* ____ Not screening enough offenders for potential eligibility ____ Your program's eligibility criteria being too restrictive (i.e., not enough eligible offenders available) ____ The federal funding agency's eligibility criteria being too restrictive ____ Your pre-release agency's management information system (MIS) or electronic database not including the data needed to determine if someone is eligible ____ Your pre-release agency's MIS being difficult to use or hard to access ____ Accurate current information about release dates for potential participants not routinely being available ____ Accurate current information about post-release plans not routinely being available ____ Inadequate referrals by facility staff ____ Facility or agency policies making it difficult to deliver SVORI programming ____ Offenders declining to participate ____ Offenders being identified too late to complete post-release programming (i.e., too close to release date) ____ Inadequate resources to serve the number of offenders identified by facility staff

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<table>
<tr><td colspan="2">12. Are you still enrolling new participants into your program?</td><td>Y N</td></tr>
<tr><td colspan="2">a. [If yes] How long do you expect to continue enrolling new participants into your program?</td><td>☐ Plan to continue enrolling until approximately (month/year) ___/____
☐ Plan to continue enrolling indefinitely</td></tr>
<tr><td colspan="2">b. [If no] When did you stop enrolling new participants into your program?</td><td>(month/year): _____/_____</td></tr>
<tr><td colspan="2">13. Did your SVORI grantee agency (e.g. your Department of Corrections or Juvenile Justice agency) set an enrollment target for your program?</td><td>Y N</td></tr>
<tr><td colspan="2">a. [If yes] Did your SVORI grantee agency monitor progress toward this target?</td><td>Y N</td></tr>
<tr><td colspan="2">14. Did the top administrators at your SVORI grantee agency (e.g., DOC or DJJ) set implementation goals for your program?</td><td>Y N</td></tr>
<tr><td colspan="2">a. [If yes] Did your SVORI grantee agency monitor progress toward these goals?</td><td>Y N</td></tr>
<tr><td colspan="2">15. Which phase of your program was more difficult to implement? (Please check only one.)</td><td>☐ Pre-release
☐ Post-release</td></tr>
<tr><td>16. What were the three most significant factors that limited the number of participants you were able to enroll in your program? Please rank these three factors by putting a "1" next to the most significant factor "2" next to second most significant, and "3" next to the third most significant. (Please rank only three.)</td><td colspan="2">Rank
____ Not screening enough offenders for potential eligibility
____ Your program's eligibility criteria being too restrictive (i.e., not enough eligible offenders available)
____ The federal funding agency's eligibility criteria being too restrictive
____ Your pre-release agency's management information system (MIS) or electronic database not including the data needed to determine if someone is eligible
____ Your pre-release agency's MIS being difficult to use or hard to access
____ Accurate current information about release dates for potential participants not routinely being available
____ Accurate current information about post-release plans not routinely being available
____ Inadequate referrals by facility staff
____ Facility or agency policies making it difficult to deliver SVORI programming
____ Offenders declining to participate
____ Offenders being identified too late to complete post-release programming (i.e., too close to release date)
____ Inadequate resources to serve the number of offenders identified by facility staff</td></tr>
</table>

Services

<table>
<tr><td colspan="2">The next questions ask about your program's programming priorities and desired outcomes.</td></tr>
<tr><td>17. When thinking about providing programming or services to offenders, how has your program focused its resources and efforts overall throughout the course of your program? Please rank the areas by putting a "1" next to your top focus, "2" next to the second focus, "3" next to the third focus, "4" next to the fourth focus, and "5" next to the fifth focus. (Please rank <u>all</u> areas.)</td><td>Rank
____ Assessment, Coordination, and Supervision Services (e.g., risk/needs assessments, treatment/release plan development, post-release supervision)
____ Transition Services (e.g., housing placements/referrals, assistance obtaining identification and benefits, legal assistance, financial support/emergency assistance, peer support, mentoring)
____ Health Services (e.g., substance abuse treatment, counseling, mental health services, anger management/violence counseling, medical services, dental services)
____ Employment, Education, and Skills Development Services (e.g., education/GED/tutoring/literacy services, vocational training, employment referrals/job placement, resume/ interviewing skills, work release, cognitive skills development/behavioral programming, life skills)
____ Family services (e.g., family reunification, family counseling, parenting skills, domestic violence services)</td></tr>
<tr><td>18. If you were to be given more federal funding for reentry programming, how would you focus your resources? Please rank the areas by putting a "1" next to your top focus, "2" next to the second focus, "3" next to the third focus, "4" next to the fourth focus, and "5" next to the fifth focus. (Please rank <u>all</u> areas.)</td><td>Rank
____ Assessment, Coordination, and Supervision Services (e.g., risk/needs assessments, treatment/release plan development, post-release supervision)
____ Transition Services (e.g., housing placements/referrals, assistance obtaining identification and benefits, legal assistance, financial support/emergency assistance, peer support, mentoring)
____ Health Services (e.g., substance abuse treatment, counseling, mental health services, anger management/violence counseling, medical services, dental services)
____ Employment, Education, and Skills Development Services (e.g., education/GED/tutoring/literacy services, vocational training, employment referrals/job placement, resume/ interviewing skills, work release, cognitive skills development/behavioral programming, life skills)
____ Family services (e.g., family reunification, family counseling, parenting skills, domestic violence services)</td></tr>
</table>

19. Besides recidivism, what **outcomes** does your program hope to affect for individual participants? Please rank the three most important outcomes by putting a "1" next to most important outcome, "2" next to second most, and "3" next to the third most. *(Please rank only three.)*	*Rank* ____ Reduced substance use ____ Improved physical and/or mental health ____ Employment ____ Educational attainment ____ Housing ____ Family reunification/functioning ____ Community integration/connectedness ____ Improved decision-making or self-sufficiency ____ Other (please specify in the box at the left)
20. If someone were evaluating the effectiveness of your SVORI program, what measurable outcomes do you think it would be fair to use to determine program effectiveness? *(Please check all that apply.)*	☐ Reduced recidivism ☐ Reduced substance use ☐ Improved physical and/or mental health ☐ Employment ☐ Educational attainment ☐ Housing ☐ Family reunification//functioning ☐ Community integration/connectedness ☐ Improved decision-making or self-sufficiency ☐ Other (please specify in the box at the left)

Next we'd like to know about services that offenders in your state are currently receiving during incarceration and after release. For each service type in the table below, please indicate the following by circling the appropriate letter:

Pre-release services

- Whether *pre-release* services of this type have changed (N, S, NC, NA) as a result of SVORI [if the service is not available to any offenders, circle NA and skip the following two steps related to proportions served]
- The proportion (N, F, U, O, M, A) of **SVORI** participants who receive or are referred to the service *pre-release* [circle the letter on the "a" line]. If you are not currently serving any SVORI participants pre-release, please leave the "a" line blank.
- The proportion (N, F, U, O, M, A) of the general serious and violent offender (**General SVO**) inmate population who receive or are referred to the service *pre-release* [circle the letter on the "b" line"]

Post-release services

- Whether *post-release* services of this type have changed (N, S, NC, NA) as a result of SVORI [if the service is not available to any offenders, circle NA and skip the following two steps related to proportions served]
- The proportion (N, F, U, O, M, A) of **SVORI** participants who receive or are referred to the service *post-release* [circle the letter on the "a" line]. If you are not currently serving any SVORI participants post-release, please leave the "a" line blank.
- The proportion (N, F, U, O, M, A) of the general serious and violent offender (**General SVO**) inmate population who receive or are referred to the service *post-release* [circle the letter on the "b" line"]

	Pre-Release		Post-Release	
	How has the service changed as a result of SVORI? N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	**Proportion receiving the service:** N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)	**How has the service changed as a result of SVORI?** N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	**Proportion receiving the service:** N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)
21. Case management	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
22. Risk assessment	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
23. Needs assessment	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
24. Treatment/release plan	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
25. Formal post-release supervision	not applicable		N S NC NA	
a. SVORI				N F U O M A
b. General SVO population				N F U O M A

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	Pre-Release		Post-Release	
	How has the service changed as a result of SVORI? N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	**Proportion receiving the service:** N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)	**How has the service changed as a result of SVORI?** N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	**Proportion receiving the service:** N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)
26. In-person contact from the post-release case manager or supervision officer while the offender is still incarcerated	N S NC NA		not applicable	
a. SVORI		N F U O M A		
b. General SVO population		N F U O M A		
27. Reentry courts	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
28. Video-conferencing	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
29. Offender-specific reentry teams (groups consisting of agency representatives and/or community members that review and develop a plan for the offender)	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
30. AA/NA	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
31. Counseling sessions for drug or alcohol use (e.g., individual or group; please do not include drug education classes)	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A

SVORI PD Interview 3/06

	Pre-Release		Post-Release	
	How has the service changed as a result of SVORI? N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	**Proportion receiving the service:** N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)	**How has the service changed as a result of SVORI?** N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	**Proportion receiving the service:** N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)
32. Comprehensive drug treatment programs (e.g., residential, therapeutic communities, etc.)	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
33. Mental health services	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
34. Anger management/violence counseling	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
35. Education/GED/tutoring/literacy	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
36. Employment referrals/job placement	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
37. Resume and interviewing skills development	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
38. Cognitive skills development/ behavioral programming	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
39. Life skills training	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A

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SVORI PD Interview 3/06

	Pre-Release		Post-Release	
	How has the service changed as a result of SVORI? N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	**Proportion receiving the service:** N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)	**How has the service changed as a result of SVORI?** N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	**Proportion receiving the service:** N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)
40. Pre-release curriculum	N S NC NA		not applicable	
a. SVORI		N F U O M A		
b. General SVO population		N F U O M A		
41. Assistance obtaining identification (e.g., driver's license, social security card)	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
42. Assistance obtaining benefits and completing applications (e.g., Medicaid, disability benefits)	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
43. Financial support/emergency assistance (e.g., housing, clothing)	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
44. Parenting skills development	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
45. Family reunification	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
46. Peer support groups	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
47. One-on-one mentoring	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A

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	Pre-Release		Post-Release	
	How has the service changed as a result of SVORI? N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	**Proportion receiving the service:** N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)	**How has the service changed as a result of SVORI?** N (Newly implemented) S (Substantially enhanced) NC (No substantial change) NA (Service not available)	**Proportion receiving the service:** N (None, but service available) F (A few, 1–25%) U (Just under half, 26–50%) O (Just over half, 51–75%) M (Most, 76–99%) A (All)
48. Housing placements or referrals	N S NC NA		N S NC NA	
a. SVORI		N F U O M A		N F U O M A
b. General SVO population		N F U O M A		N F U O M A
49. Transportation	not applicable		N S NC NA	
a. SVORI				N F U O M A
b. General SVO population				N F U O M A

50. Please describe your program's approach to service coordination.
*We may post your response on your program's profile on the SVORI Multi-Site Evaluation website. Please check here if you do **not** want your response posted:* ☐

51. Please describe any programming delivered to SVORI participants once the formal post-release supervision phase is complete (i.e., the "Sustain and Support" phase described in the original SVORI solicitation).
*We may post your response on your program's profile on the SVORI Multi-Site Evaluation website. Please check here if you do **not** want your response posted:* ☐

Organizational Context

The next set of questions asks about organizational context, including interagency communication and collaboration.	
52. What were the most significant barriers to implementation that your program encountered? Please rank the top three barriers by putting a "1" next to biggest barrier "2" next to second biggest, and "3" next to the third biggest. *(Please rank only three.)*	*Rank* ____ Existing agency regulations or policies ____ Turf battles ____ Inadequate funding ____ Poor allocation of available funding ____ Insufficient staff ____ Inadequate staff training ____ Staff turnover ____ Inadequate availability of services ____ Poor intra-agency communication ____ Poor inter-agency communication ____ Other (please specify in the box at left)

53. Please complete the table below, indicating whether each of the following agencies or community-based organizations (CBO) has been involved in your SVORI programming and the extent to which you agree or disagree with the statements about the agency's involvement. *(Please complete the entire row for each agency/CBO, even if you answer "no" in the first column.)*

	Has this agency/ CBO been involved in your SVORI program?	Do you strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD) with the following?		
		We have encountered resistance from this agency/CBO as we implemented SVORI.	**Support for SVORI from this agency/ CBO has been strong.**	**This agency/CBO made major contributions toward SVORI programming.**
a. Pre-release supervision agency (e.g., DOC/DJJ)	Y N	SA A N D SD	SA A N D SD	SA A N D SD
b. Post-release supervision agency	Y N	SA A N D SD	SA A N D SD	SA A N D SD
c. Faith-based organizations	Y N	SA A N D SD	SA A N D SD	SA A N D SD
d. Substance abuse agencies or CBO's	Y N	SA A N D SD	SA A N D SD	SA A N D SD
e. Mental health agencies or CBO's	Y N	SA A N D SD	SA A N D SD	SA A N D SD
f. Family/social services agencies or CBO's	Y N	SA A N D SD	SA A N D SD	SA A N D SD
g. Law enforcement agency	Y N	SA A N D SD	SA A N D SD	SA A N D SD
h. Housing agencies or CBO's	Y N	SA A N D SD	SA A N D SD	SA A N D SD
i. Employment agencies or CBO's	Y N	SA A N D SD	SA A N D SD	SA A N D SD
j. Vocational training agencies or CBO's	Y N	SA A N D SD	SA A N D SD	SA A N D SD
k. Technical institutions, community colleges, and universities	Y N	SA A N D SD	SA A N D SD	SA A N D SD
l. [*Juvenile programs only*] Local school systems	Y N	SA A N D SD	SA A N D SD	SA A N D SD

54. Please complete the table below, indicating whether you strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD) with the following statements about the groups below.		
	We have encountered resistance from this group as we implemented SVORI.	**Support for SVORI from this group has been strong.**
a. Top administrators at the pre-release facilities	SA A N D SD	SA A N D SD
b. Supervisors at the pre-release facilities	SA A N D SD	SA A N D SD
c. Line staff at the pre-release facilities	SA A N D SD	SA A N D SD
d. Top administrators at the post-release supervision agency	SA A N D SD	SA A N D SD
e. Supervisors at the post-release supervision agency	SA A N D SD	SA A N D SD
f. Line staff at the post-release supervision agency	SA A N D SD	SA A N D SD
g. Members of the community to which SVORI participants are returning	SA A N D SD	SA A N D SD

55. Please indicate whether you strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), or strongly disagree (SD) with each of the following statements about your SVORI program:	
a. Information sharing about **specific offenders** across partnering agencies has improved as a result of SVORI.	SA A N D SD
b. Communication across partnering agencies has improved as a result of SVORI.	SA A N D SD
c. Partnering agencies have developed a common vision of reentry as a result of SVORI.	SA A N D SD
d. Partnering agencies have created common goals related to reentry as a result of SVORI.	SA A N D SD
e. SVORI is a collaborative effort among different agencies.	SA A N D SD
f. The original SVORI partnering agencies are still very involved in SVORI.	SA A N D SD
g. The culture within your SVORI grantee agency (e.g., DOC or DJJ) is supportive of reentry programs in general.	SA A N D SD
h. The culture within your SVORI grantee agency is supportive of SVORI.	SA A N D SD
i. The current political climate in your community is favorable to reentry programming in general.	SA A N D SD
t. Support for SVORI from **the state legislature** has been strong.	SA A N D SD
u. Support for SVORI from the **executive branch of the state government** has been strong.	SA A N D SD

Sustainability and Lessons Learned

The final set of questions addresses program sustainability, local evaluation efforts, technical assistance, and lessons learned.	
56. Since you received your original SVORI grant, has your SVORI program received funding from any of the following sources? *(Please check all that apply.)*	☐ Supplemental SVORI funds from the Federal government ☐ Funds other than SVORI funds from the Federal government ☐ Funds from state agencies other than your SVORI grantee agency (e.g., DOC or DJJ) ☐ Funds (additional or reallocated) from your SVORI grantee agency ☐ Funds from local government(s) ☐ Funds from non-profit, not-for-profit, or other private organizations ☐ Other (please specify in the box at left)
57. Are there other reentry initiatives (besides SVORI) under way in your state?	Y N
58. Are you planning to continue any elements of your SVORI program once SVORI funds are no longer available?	Y N *[skip to 58c]*
a. *[If yes to 58]* Which elements are you planning to retain?	☐ Steering committee ☐ Other partnerships formed through SVORI ☐ Staff hired through SVORI ☐ Curriculum developed through SVORI ☐ Service coordination approach ☐ Approach for screening offenders for eligibility ☐ Specific pre-release services enhanced through SVORI ☐ Specific post-release services enhanced through SVORI ☐ Other (please specify in the box at left)
b. *[If yes to 58]* Are you planning to **expand** your program?	Y N
b1. *[If yes to 58b]* In which of the following ways are you planning to expand your program? Please check all that apply.	☐ Expand pre-release programming to additional facilities ☐ Expand post-release programming to additional communities ☐ Expand offender eligibility criteria ☐ Offer more pre-release services ☐ Offer more post-release services ☐ Lengthen the duration of the pre-release phase ☐ Lengthen the duration of the post-release phase ☐ Hire more staff ☐ Other (please specify in the box at left)

c. [*If no to 58*] What are the main reasons that you are not planning to continue your SVORI program? *(Please check all that apply.)*	☐ Insufficient funding ☐ Lack of support from your SVORI grantee agency (e.g., DOC or DJJ) ☐ Lack of support from other partnering agencies ☐ Too many barriers to program implementation/operation ☐ Insufficient numbers of eligible participants ☐ Program model was not viewed as successful ☐ Other (please specify in the box at left)
59. In order to take reentry programming (not just SVORI programming) "to scale" in your state (i.e., provide comprehensive reentry services to all returning offenders in the state), which factors are necessary <u>in addition to state or local funding for reentry programming</u>? Please rank the top three areas by putting a "1" next to what you consider to be the most important factor, "2" next to the second most important, and "3" next to the third most important. *(Please rank only three.)*	*Rank* ____ Support from elected state officials ____ Support from top administration at DOC/DJJ ____ Support from other partnering agencies ____ Support from the community ____ An effective model for service coordination ____ An accessible, easy-to-use management information system (MIS) containing detailed information on offenders ____ Policies that make reentry programming part of the agency's standard operating procedure ____ Other (please specify in the box at left)

60. *Please indicate whether your SVORI partnership has engaged in the following sustainability strategies.*

a. Held sustainability planning meetings	Y	N
b. Assessed progress achieved compared with original goals	Y	N
c. Assessed resource needs	Y	N
d. Developed a sustainability plan	Y	N
e. Extended MOAs with partnering agencies	Y	N
f. Sought out other partnering agencies	Y	N
g. Pursued additional federal funding	Y	N
h. Pursued additional state funding	Y	N
i. Pursued additional funding from local sources	Y	N
j. Pursued additional funding from private funding sources	Y	N
k. Reallocated resources within your SVORI grantee agency (e.g., DOC or DJJ) in order to continue SVORI	Y	N

l. Reallocated resources across the partnering agencies in order to continue SVORI	Y	N
m. Cross-training of staff	Y	N
n. Other (please specify: ____________________ ________________________________)	Y	N
61. Has your program conducted a local evaluation or made an attempt to document the success of the program in affecting offender outcomes such as recidivism?	Y	N
a. [*If yes*] Have any reports been produced from your local evaluation?	Y	N
b. [*If yes*] Have you communicated the results of your local evaluation/analyses to local, state, or federal policy makers?	Y	N

c. [*If yes*] For each outcome below, please indicate whether the outcome was evaluated in your local evaluation, and, for each outcome that was evaluated, whether the analyses demonstrated a positive program effect.

	Outcome	**Was the Outcome Evaluated?**		**[*If yes*] Did the analyses demonstrate a positive program effect?**	
c1.	Service utilization	Y	N	Y	N
c2.	Recidivism	Y	N	Y	N
c3.	Substance use	Y	N	Y	N
c4.	Physical or mental health	Y	N	Y	N
c5.	Educational attainment	Y	N	Y	N
c6.	Employment	Y	N	Y	N
c7.	Housing	Y	N	Y	N
c8.	Family unification/support	Y	N	Y	N
c9.	Community integration	Y	N	Y	N
c10.	Other (please specify: _________)	Y	N	Y	N

62. Has your program engaged in communication/public relations designed to convey information about the program to the public?	Y	N

63. For each of the following types of technical assistance (from the SVORI technical assistance provider), please indicate whether you needed it, whether you received it, and if you received it, how helpful it was (very helpful, somewhat helpful, not at all helpful).

Type of Assistance	**Did you need the assistance?** Y (Yes) N (No)		**Did you receive the assistance?** Y (Yes) N (No)		**[*If yes*] How helpful was the assistance?** V (Very helpful) S (Somewhat helpful) N (Not at all helpful)		
a. Assistance with federal fiscal reporting	Y	N	Y	N	V	S	N
b. Assistance with performance measurement (GPRA) reporting	Y	N	Y	N	V	S	N
c. Assistance forming a steering committee	Y	N	Y	N	V	S	N
d. Assistance with staff training	Y	N	Y	N	V	S	N

Type of Assistance	Did you need the assistance?		Did you receive the assistance?		[*If yes*] How helpful was the assistance?		
	Y (Yes) N (No)		Y (Yes) N (No)		V (Very helpful) S (Somewhat helpful) N (Not at all helpful)		
e. Assistance with evidence-based program selection	Y	N	Y	N	V	S	N
f. Assistance with risk/needs assessments	Y	N	Y	N	V	S	N
g. Assistance with substance use programming	Y	N	Y	N	V	S	N
h. Assistance with mental health programming	Y	N	Y	N	V	S	N
i. Assistance with employment programming	Y	N	Y	N	V	S	N
j. Assistance with housing programming	Y	N	Y	N	V	S	N
k. Assistance with family/community integration programming	Y	N	Y	N	V	S	N
l. Local evaluation assistance	Y	N	Y	N	V	S	N
m. Other assistance (please specify: ____________________ ____________________)	Y	N	Y	N	V	S	N
n. Other assistance (please specify: ____________________ ____________________)	Y	N	Y	N	V	S	N
o. Other assistance (please specify: ____________________ ____________________)	Y	N	Y	N	V	S	N

64. What is the key component of your SVORI program that you think has made the biggest difference for program participants?
*We may post your response on your program's profile on the SVORI Multi-Site Evaluation website. Please check here if you do **not** want your response posted:* ☐

65. What components of your SVORI program did <u>not</u> appear to work?
*We may post your response on your program's profile on the SVORI Multi-Site Evaluation website. Please check here if you do **not** want your response posted:* ☐

66. What have been the most significant organizational or systems-level changes as a result of SVORI?
*We may post your response on your program's profile on the SVORI Multi-Site Evaluation website. Please check here if you do **not** want your response posted:* ☐

Thank you very much for taking the time to complete this survey.
If we need to follow up on any of the responses, who should we contact?

Name: ______________________

Phone No.: __________________

Email address: ______________

In order to update our records, please provide the contact information for the individual responsible for your program's local evaluation (if applicable).

Name: ______________________

Phone No.: __________________

Email address: ______________

Please make a photocopy of this survey and mail the original to RTI *by March 31, 2006*, using the Federal Express mailing label. If you have misplaced the label, please contact Mark Pope at (919) 485-5701.

APPENDIX C

2003 CODE SHEET

Target population

Program organization and services (focus on projected mental health services/counseling)

Changes expected as a result of SVORI funding (focus on projected mental health services/counseling).

APPENDIX D

2005 CODE SHEET

Eligibility Criteria:

SVORI Fully Operational:

Total SVORI participants enrolled by 12/31/04:

Program Participation Voluntary:

Primary Use of SVORI funds:

Top 3 Areas of Program Focus:

Top 3 Outcomes Targeted by Program:

# of SVORI participants in MH services: Pre-Release (0-100%) Post-Release (0-100%)

Top 3 Services Enhanced

Top 3 Program Components Enhanced:

Unique Characteristics:

APPENDIX E

2006 CODE SHEET

Eligibility Criteria:

SVORI Fully Operational:

Total SVORI participants enrolled by 3/1/06:

Program phase most difficult to implement:

Top 3 Factors that limited enrollment:

Top 5 Areas Program Focused on:

Top 3 Outcome hopes (besides recidivism):

# of SVORI participants in MH Services: Pre-Release (0-100%) Post-Release (0-100%)

MH Agencies/CBO involved with SVORI:

Continuing SVORI:

Elements Retained:

Plan to Expand:

What ways do you plan to expand?