Transition from Jail to Community

Implementation Toolkit

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# TJC Implementation Toolkit

## Module Table of Contents

**Module 1: Getting Started**

- Benefits of Implementation ................................................................. 1
- Goal of the online resource ............................................................... 2
- Recommended audience ................................................................... 3
- How to use the modules ...................................................................... 4
- Module navigation ............................................................................... 4
- Authors .............................................................................................. 5
- Contributors ...................................................................................... 6

**Module 2: Leadership, Vision, and Organizational Culture**

- Module Objectives .................................................................................. 12
- Section 1: Leadership 101 ................................................................. 15
- Section 2: TJC Leadership ................................................................. 18
- Section 3: Creating the Vision .......................................................... 21
- Section 4: Changing the Organizational Culture ......................... 26
- Section 5: Empowering Staff - A Decision Making Process to Manage Change ................................................................. 30
- Section 6: Terms Used in the Field .................................................. 33

**Module 3: Collaborative Structure and Joint Ownership**

- Module Objectives .................................................................................. 34
- Section 1: What Is Collaboration? ..................................................... 37
- Section 2: Formalize the Collaborative Structure ......................... 40
- Section 3: Developing a Reentry Implementation Committee ........ 46
- Section 4: Terms Used in the Field .................................................. 60
- Module 3: Appendix A ........................................................................ 61
- Module 3: Appendix B ........................................................................ 64
- Module 3: Appendix C ........................................................................ 65

**Module 4: Data-Driven Understanding of Local Reentry**

- Module Objectives .................................................................................. 66
- Section 1: The Role of Data in a Reentry Effort ............................... 69
- Section 2: Data Collection ................................................................. 71
- Section 3: Management Information Systems ............................... 75
- Section 4: Mining Your Data ............................................................. 78
- Section 5: Terms Used in the Field .................................................. 81
- Module 4: Appendix A ........................................................................ 82
- Module 4: Appendix B ........................................................................ 83
- Module 4: Appendix C ........................................................................ 84
- Module 4: Appendix D ........................................................................ 102
- Module 4: Appendix E ........................................................................ 104

**Module 5: Targeted Intervention Strategies**

- Module Objectives .................................................................................. 105
- Section 1. A Triage Approach to Targeted Interventions .............. 108
Section 2. The Risk-Need-Responsivity Model for Assessment and Rehabilitation

Module 6: Screening and Assessment

Module 7: Transition Plan Development

Module 8 Targeted Transition Interventions

Module 9: Self-Evaluation and Sustainability

Module 5: Appendix A

Module 6: Appendix A

Module 7: Appendix A

Module 8: Appendix A

Module 8: Appendix B

Module 8: Appendix C

Module 8: Appendix D

Module 8: Appendix E

Module 8: Appendix F

Module 9: Appendix A

Module 9: Appendix B
Module 1: Getting Started

Welcome to *Getting Started*, module 1 of the *Transition from Jail to Community* (TJC) Initiative’s online learning resource. This document is the PDF version of the online TJC Implementation Toolkit, and will not necessarily reflect the changes and updates made to the toolkit. To view the latest and most complete version of this module, visit [www.jailtransition.com/Toolkit](http://www.jailtransition.com/Toolkit). Over 9 million people pass through America’s local jails each year, and these individuals often receive little in the way of services, support, or supervision as they reenter the community. In response to the need for jurisdictions across the country to address the jail-to-community transition, the [National Institute of Corrections (NIC)](http://www.nicic.org/JailTransition) partnered with the Urban Institute (UI) in 2007 to launch the *Transition from Jail to Community (TJC)* Initiative ([www.jailtransition.com](http://www.jailtransition.com)).

TJC involves the development, implementation, and evaluation of a model for transitions from jail to the community. The TJC model represents an integrated, system-wide approach to delivering support and services to people released from jail. It involves policy and organizational change and the engagement of jail and community leaders in a collaborative effort. The goal of the TJC model is to improve public safety and reintegration outcomes.

The figure below illustrates the TJC approach to effective jail transition and identifies the key components of the TJC model at both the system and intervention level. System change must be coupled with concrete intervention efforts.

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**System Elements**

- Leadership, vision, and organizational culture
- Collaborative structure and joint ownership
- Data-driven understanding of local reentry
- Targeted intervention strategies
- Self-evaluation and sustainability

**Individual Intervention Elements**

- Screening & Assessment
- Transition Plan
- Targeted Interventions
- Information & referrals
- Case management
- Formal services
- Informal support systems
- Supervision

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**Benefits of Implementation**

There are four main benefits of implementing the TJC model in your community:

**Benefit 1: Long Term Public Safety**

Communities become unsafe when those discharged from jail with high risk and need are not identified and prepared properly for release, supervised, or supported in the community.

**Public safety TJC strategies include**

- Implement transition planning during incarceration to facilitate successful transition to the community when the person is released.
- Provide law enforcement with information on which releases from the county’s correctional facility (jail) are on probation, subject to curfews, or have other conditions for which police officers can hold them accountable.
- Transition substance abusers directly to outpatient or residential substance abuse facilities. Every day addicts are sober is a day they will not resort to illegal activities to support their habits and a day they will manage their thoughts and actions to stay out of trouble.
- Provide regular forums to discuss needs of inmates transitioning from jails to communities.

**Benefit 2: Cost Effectiveness**

The TJC model allows you to use your dollars and your resources in a more cost-effective way by identifying partners for collaboration. Sharing resources can save time and resources—particularly important in times of budgetary constraints. In the long term, collaborative partnerships that reduce recidivism and public health problems add up to substantial savings.

There are many examples of how the TJC model’s focus on collaboration can reduce unnecessary costs:

- Partners can conduct joint training and purchase shared resources.
- Partners can coordinate service provision to target interventions for the most appropriate offenders, address service gaps, and avoid service redundancies.
- Community options can be used to intervene with low-risk, high-need people, rather than incarcerating them.
- Efforts for low-risk, low-need individuals can focus on enhancing prosocial engagement within jobs, communities, and relationships, rather than on incarcerating people.

### Improved Individual Outcomes

- Enhanced public safety
- Decreased victimization
- Decreased criminal justice system costs
- Reduced recidivism
- Reduced drug and alcohol use
- Reduced homeless shelter use
- Increased obtained and sustained employment
- Improved physical health
- Improved behavioral and mental health
- Fewer emergency room visits
- Increased access to benefits
- Improved use of community resources and community involvement
- Increased family and community engagement
- Increased use of treatment and services that change offender behavior

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• Lower recidivism rates can reduce the need for costly jail beds.

**Benefit 3: Improved Individual Outcomes**

Most individuals in jails have co-occurring needs, so the TJC model is designed to put an infrastructure in place to help motivated individuals effectively address their risk and needs. Such an infrastructure at the agency level benefits recently released individuals who want to take ownership of their transition and recovery plans.

**Benefit 4: Resource Expansion**

“The whole is greater than the sum of the parts” describes the synergy that can occur when agencies adopt the TJC model. Agencies that operate in “silos” that don’t interact with outside partners agencies can’t compete with agency collaboration that pools knowledge and resources from across agencies and organizations. Jails can play a key role in this relationship, offering a framework that reinforces, regularizes, and rationalizes the notion of working together for the good of society.

**Goal of the online resource**

The aim of this online learning resource is to provide you, our TJC partners and those interested in community transition efforts, with practical information to help you implement the model. **This resource has several purposes:**

- Give an overview of the TJC initiative.
- Help begin the process of implementing a reentry initiative in your community.
- Foster an understanding of the key elements necessary to implement the TJC model.
- Explain basic TJC concepts and terms.
- Provide resources for jail administrators, community providers, elected officials, and other stakeholders.
- Serve as an advocacy tool for community stakeholders interested in gaining support for the model.

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This online resource is arranged in nine user-friendly modules based on the key components of the TJC model:

**Module 1: Getting Started** introduces the Transition from Jail to the Community Initiative and outlines how to use this online learning resource.

**Module 2: Leadership, Vision, and Organizational Culture** focuses on leadership, vision, and organizational culture in the success of your community’s jail transition strategies.

**Module 3: Collaborative Structure and Joint Ownership** provides practical information to help you develop a reentry system where collaboration and joint ownership permeates the transition process.

**Module 4: Data-Driven Understanding of Local Reentry** examines the vital role that reliable data plays in successfully transitioning people from jail to the community, and provides tools and information to help jurisdictions collect and manage data.

**Module 5: Targeted Intervention Strategies** provides an overview of targeted intervention strategies to improve outcomes of people transitioning from jail to the community.

**Module 6: Screening and Assessment** focuses on the importance of identifying the risks and needs of your population as the starting point of any targeted intervention strategy.

**Module 7: Transition Plan Development** emphasizes the elements of an individualized written transition plan that lays out the intervention, treatment, and services for a person in jail and after release based on a prior assessment of the person’s risk and needs.

**Module 8: Targeted Transition Interventions** concentrates on the development and implementation of appropriate jail transition strategies and follow-up services in your community.

**Module 9: Self-Evaluation and Sustainability** highlights the use of data and scientific evaluation to understand the effectiveness of interventions and system initiatives, determine their fit within a system of transition and reentry, and highlights strategies to help sustain the Initiative’s efforts.

In addition, two key documents, the TJC Implementation Roadmap\(^2\) and the TJC Triage Matrix Implementation Tool\(^3\) guided the content of this learning resource. The roadmap identifies the tasks, subtasks, participants, and associated milestones and products for implementing the TJC model. The Triage Matrix Tool outlines implementation considerations related to the targeted intervention elements of the TJC model.

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Additional resources providing more information on the TJC initiative are located at the TJC website, including the TJC brochure, which provides a brief overview of the initiative and the model

**Recommended audience**

The recommended audience for this online resource is stakeholders, administrators, and staff working with individuals returning to their communities after discharge from jail:

- Sheriffs
- Jail administrators
- Correction officers involved in transition efforts
- Jail treatment staff
- Community corrections staff
- Reentry coordinators
- Community providers
- Social service providers
- Probation officers
- Pretrial services
- Government officials, including county board and legislative members and staff of the executive branch of local government
- Criminal justice council members

**How to use the modules**

While each module stands alone, they also build on one another in the order outlined in the TJC model, beginning with system-level elements of the initiative and then moving toward individual-level interventions. We recommend that you begin with Module 2: Leadership, Vision, and Organization Culture and work your way through to Module 9: Self-Evaluation and Sustainability.

Each module should take between 20 to 30 minutes to complete and follows the same format:

- **Welcome Page:** includes the module’s title, the focus of the module, a quote from a practitioner, average time to read the module, and the recommended audience.

- **Module Objectives:** include the specific information discussed in the module, the titles of each section, and the knowledge you should gain by completing it.

- **The Transition from Jail to Community Model:** visually highlights where the module fits in the TJC model.

- **Content Sections:** provides key information on areas of interest relating to the module’s subject matter.
  
  - **Resources:** provides additional resources with links to content.
• **Reentry Revisited**: after each section, one or two multiple choice or true and false questions are provided for you to test your knowledge of the information you’ve read. Your response is anonymous and your answer is not recorded.
• **Summary**: a brief review of what the section covered.

- **Terms Used in the Field**: the last section in each module, where key terms and concepts are defined.
- **Conclusion**: a brief review of the main issues covered by the module as a whole

**Module navigation**

Throughout the modules there will be words and phrases that are hyperlinked to direct you to documents, other sections of the module, or that pull up “popup” windows with additional information. The hyperlinks are activated by clicking on the highlighted words or phrases.

The development of the TJC online learning resource was informed by the knowledge and expertise of a diverse group of advisors, including jail administrators, sheriffs, social service providers, community and victim advocates, formerly incarcerated individuals, corrections policy experts, and researchers.

**Authors**

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References


For more information

The TJC Implementation Toolkit Launch recording and PowerPoint presentation for additional information on how to use the Toolkit are available online at: .
Module 2: Leadership, Vision, and Organizational Culture

Welcome to Leadership, Vision, and Organizational Culture. This document is the PDF version of the online TJC Implementation Toolkit, and will not necessarily reflect the changes and updates made to the toolkit. To view the latest and most complete version of this module, visit www.jailtransition.com/Toolkit. This module focuses on the fundamental role of leadership, vision, and organizational culture in the success of your community’s jail transition strategies.

“In Sullivan County, we were able to work with the public and our key stakeholders to go in a direction of developing a strong reentry system and build a smaller facility that met our needs. The leadership from the county commissioners, the superintendent, the county attorneys, and community providers and a strong reentry committee allowed us to build a strong conceptual design that the public could understand and support.”

Greg Chanis, County Administrator
Sullivan County, New Hampshire

Before we begin, take some time to think about what being a leader and leadership mean to you. Often the word conjures up an image of a commissioner, chief, or captain who due to his or her administrative position has the authority to direct and influence others. This, however, is only one definition, and focuses more on a position of authority than on an individual’s actions.

In this module, we offer a broader definition of leadership, one that fits the Transition from Jail to Community (TJC) model. For us, leaders are individuals, regardless of their position within an organization, who have the ability to provide the vision, leadership, and resources to empower people to go beyond what they thought they were capable of doing to build the organizational culture necessary to grow and sustain successful transition from jail to the community. Formal leadership is indispensible to the TJC effort, but informal leaders are also vital to the successful TJC implementation and sustainability.

We also believe that leadership can be learned. Most people are not born leaders, but learn leadership behaviors through trial and error.

This module has six sections and will take between 15 and 20 minutes to complete.

- Sheriffs
- Reentry coordinators
- Community service providers
- Probation officers
- County commissioners
- Jail administrators
- County board members
- Criminal justice council members
- Local stakeholders
Module Objectives

This module provides practical informational to assist you in understanding the importance of having committed leadership with a vision and an organizational culture well-matched to implement the Transition from Jail to Community model in your community.

This module includes

- The characteristics of effective leadership
- Creating and transmitting a leadership vision to others
- Understanding your agency’s organizational culture and how to guide it in the best interests of sustained TJC efforts

There are 6 sections in this module:

1. Leadership 101
2. TJC Leadership
3. Creating the Vision
4. Changing the Organizational Culture
5. Empowering Staff—A Decisionmaking Process Model to Manage Change
6. Terms Used in the Field

By the end of this module, you will be able to

- Explain how leadership affects the success of the TJC model.
- Identify and engage local leaders in your community.
- Understand the importance of leaders becoming local experts on the TJC model.
- Create a shared vision and mission statement.
- Elicit support among organizational leaders, formal and informal.
- Identify the components of organizational culture that support change.
- Develop tools to empower employees and stakeholders.
- Understand the impact of stakeholder’s organizational culture on the culture of the overarching system.

Terms to Know

Leadership: Top level leaders create the direction of the organization and motivate their staff to want to achieve the mission, vision, and goals of the organization. However, people of any level or occupation within the organization are leaders when, through their actions, ideas, and values, they inspire others to innovate and perform at a level that realizes outstanding outcomes beyond those required to simply comply with or meet standing organizational or system procedures.

Vision: The development, transmission, and implementation of an image of a desirable future.

Organizational culture: Prevailing assumptions, values, and norms that characterize the management and personal interactive processes that occur in the day-to-day operation of the organization.

Mission statement: The articulation of an organization’s or system’s purpose, what makes it unique, and what it will do on a day-by-day basis to strive toward the previously developed shared vision.
The TJC Model

This visual indicates where Leadership, Vision, and Organizational Culture fit in the Transition from Jail to Community model. This key system element is one of five that must be in place for the TJC model to work.
Section 1: Leadership 101

According to Warren Bennis, a leading theorist of the principles of effectual leadership, “Leaders are people who do the right thing; managers are people who do things right.”

Most of us know a leader when we see one, but often have a difficult time defining the specific characteristics of leadership. In this section, you will learn the fundamentals of leadership.

Let’s begin with a quick exercise:

Think of someone who you believe is great leader. What are the characteristics that individual has? Now think of someone who is a manager, but not a leader. Do the characteristics and personality traits differ between the two?

Bennis has spent years interviewing leaders and outlines four common characteristics of effective leadership. See how closely your ideas of leadership match up with Bennis’.

What Makes a Leader?

- **Management of Attention**: The ability “to find a compelling cause or vision that will focus the minds and the energies of everyone involved.”
- **Management of Meaning**: The ability to communicate vision and dreams so that they are tangible and have real meaning for others and will be supported.
- **Management of Trust**: The ability to be consistent, honest, and reliable in everything one does.
- **Management of Self**: The ability to know one’s strength and weakness, nurture one’s strengths, and learn from mistakes.

Leadership is also about empowering others. The organizational development research is clear that a control-oriented, autocratic style of management decreases job effectiveness. An effective leader understands that each person needs to believe that he or she can make an important contribution to the organization. Empowering others also expands the capacity that a leader has to accomplish things.

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**TJC Leadership Profile**

**Lisa M. Calderón** is the Director of the Community Reentry Project in Denver where she works with formerly incarcerated persons for their successful transition back into the community. She received her Master's degree in Liberal Studies from the University of Denver, and law degree from University of Colorado at Boulder. As a former legal director of a battered women's program, Lisa is qualified as an expert witness on issues of domestic violence and victim advocacy. Lisa is involved with several community-based initiatives to create more opportunities for low-income women, youth of color, and formerly incarcerated persons. She is a commissioner on the Denver Crime Prevention and Control Commission and was appointed to the State Juvenile Justice and Delinquency Prevention Council.

**What makes a successful TJC leader?** The TJC process requires the willingness of both criminal justice representatives and community providers to come to the table and commit to staying engaged through challenging conversations. The Crime Prevention and Control Commission provided the structure for this process, and the TJC initiative provided a roadmap for implementation. As a result of our year-long visioning process, we were able to collectively develop a sense of ownership among all participants that kept us working together toward a common purpose. Our common ground was that we all wanted to stop the cycle of recidivism and increase public safety. We all understood that developing lasting solutions required long-term planning and upfront investment in training a core team of individuals including executive leadership and direct service providers. This approach allowed us to develop a continuity of services initiated within the jail by Life Skills staff, and then handed off to community partners for transitional services and client support. The TJC initiative enabled us to build our capacity by targeting our limited resources toward medium and high-risk populations by implementing validated assessments and evidence based methods. As the Chairperson of the Community Reentry Committee, I helped to navigate perspectives, ensuring that community voices did not get eclipsed by systems officials, while at the same time, cultivating an exchange where community providers also learned from criminal justice experts.

**What are your tips for getting support from system stakeholders for the TJC Initiative?** It's important that the collaboration not be criminal justice-system dominated. In the initial stages, I insisted that we move the Community Reentry Committee meetings from criminal justice system boardrooms into the community. That was symbolically important to have our meetings in rotating community spaces so that providers felt they were on a more equal playing field with systems officials. Now, after working together for several years, we have our meetings both in community and justice system spaces because we have developed that trust that all of our voices are equally important. You need to have community partners that are vocal advocates for the needs of clients, but can also be effective collaborators with the city. Those aren't mutually exclusive concepts—the city needs to institutionalize reentry, and the community needs to be at the table informing policy and providing input to inform the changes that need to occur within the system.
Bennis notes these characteristics of situations in which people are empowered: 7

- **People feel significant**: Everyone should feel that they make a difference to the organization’s success.
- **Learning and competence matter**: Leaders value learning and mastery of skills, and so do people who work for leaders.
- **People are part of a community**: Leaders develop an organizational culture in which there is a sense of being part of a team.
- **Work is exciting**: Leaders design an environment where work is stimulating and challenging.

**For more information and examples from the field**

1. A description of Warren Bennis’s six personal leadership qualities is available at: http://changingminds.org/disciplines/leadership/articles/bennis_qualities.htm


**Summary**

Now that you have completed this section, you understand that being a good leader is not the same as being a good manager. Leaders are able to rally employees toward a cause while also empowering their staff. Empowerment involves staff feeling that they can, do, and will make important contributions to the organization.

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7 Ibid.
Section 2: TJC Leadership

In this section, we emphasize how essential effective leadership is when developing a jail transition strategy in your community. It is critical that the leadership at all levels of your agency, but specifically the sheriff, jail administrator, and leaders from key partnering agencies, are enthusiastic transition proponents. Without the absolute commitment of these key stakeholders, practitioners throughout the system will not be able or willing to build the system of transition that is called for by the TJC model.

For a TJC effort to realize its potential for systems change, as opposed to being a discrete program, our experience tells us that leaders in local government, nongovernment, and community-based organizations must be willing and have a vision to reshape their agency missions and foster a change in organizational culture. Indeed, leadership as part of TJC model implementation calls for system partnership among leaders to align their actions to attain “big picture” system goals. It is through such leadership choices that the TJC model can achieve long-term sustainability.

Identifying local leaders to champion systems change, interagency collaboration, and partnership is one of the first things a community needs to do when implementing the TJC model.

Anyone can be the champion of the TJC model:

- Jail administrators
- Sheriffs
- Mayors
- County commissioners
- Local funders
- Local stakeholders

Key characteristics of a TJC leader:

- Understands that implementing the TJC model contributes to long-term public safety.
- Is enthused enough to get the community excited about the TJC vision, build support for the vision, and commit to the long-term process.
- Is an expert on the TJC model and the five key system elements that must be in place for the model’s success.
- Understands the formal and informal dynamics of his or her community.
- Demonstrates the ability to be part of a larger team; a system player.
- Trusts his or her vision and is able to take criticism for shifting the organizational culture to a focus on transitioning people from jail to the community.
- Has an ability to be flexible in adjusting his or her vision to the overall vision of the key stakeholders.
- Bases his or her decisions on evidence-based practices and supports accountability.
- Supports an organizational culture which encourages innovation and learning.
- Trusts his or her colleagues’ and partners’ abilities, understands that they are capable of solving problems, treats them with respect, and provides opportunities for others to practice leadership.
• Recognizes the importance of engaging all organizational and system stakeholders in the process over the short and long term.

[TJC Leadership Profile]

Daron Hall, Sheriff of Davidson County, is a native Nashvillian and has spent nearly 25 years dedicated to the field of public safety. He earned a B.A. degree with an emphasis in criminology from Western Kentucky. Prior to becoming Sheriff, Hall worked under the direction of three Davidson County Sheriffs. His private sector experience includes program director for Corrections Corporation of America where he had the opportunity to work in Brisbane, Australia. In 2005, he received the Ambassador of Hope Award from the National Alliance for the Mentally Ill (NAMI) for outstanding service to the mentally ill in criminal justice. He currently serves as the 101st president of the American Correctional Association.

What makes a successful TJC leader? As a leader, two main focuses for us were on trust and support. Trust the skills of your people and trust that the community would respond if appropriately involved. It is extremely important to support both staff and community throughout the process during the good as well as the challenging times.

What are your tips for getting support from system stakeholders for the TJC Initiative? For us, the key was open communication from the very beginning. As we, initially, began the process we had involvement at every level - including all levels of governmental leadership to community agencies leadership. We have continued this by establishing, implementing, and maintaining community and facility work groups around all the major need areas for those who will be released. As part of this, we have quarterly meeting involving all parties in collaborative communication and shared data results.

The TJC leaders and other key decision makers will need to perform the following activities:

• Encourage active involvement in setting expectations, identifying important issues, articulating a clear vision of success, and engaging staff and other stakeholders in the TJC effort.
• Lead local efforts to build a common vision for systems reform.
• Develop infrastructure for interagency and community collaboration, coordination, and information sharing.
• Align missions and organizational cultures of partner agencies to support transition goals.
• Clarify and define roles and responsibilities to facilitate local TJC implementation.
• Identify champions or “change agents” from all levels at key agencies to move the TJC initiative forward.
For more information and examples from the field


2. The Elected Official’s Toolkit for Jail Reentry is designed for elected officials and other policymakers looking to implement or build on a local jail reentry initiative. The toolkit contains several one-page handouts providing information, tools, and resources for developing a reentry initiative (Urban Institute). Available: [http://www.urban.org/publications/412287.html](http://www.urban.org/publications/412287.html)

Summary

Now that you have completed this section, you understand that for the TJC model to be a long-term and sustainable success, leaders at all levels of each partnering agency need to be fully committed to the TJC effort. Such TJC leaders are necessary for championing systems change and fostering a culture of interagency collaboration.
Section 3: Creating the Vision

In this section, you will learn about the importance of developing a vision for your initiative that incorporates a TJC model perspective. Lorri Manasse, an organizational specialist, defines vision as “the development, transmission, and implementation of an image of a desirable future” and considers the vision as an essential quality of leadership and one that “gives life to an organization.”

In her view, the vision starts off very personal, often based on the leader’s “personalized professional values, personal images of possibilities, and personal assessments of a situation,” but quickly evolves to strategically guide the organization.

Manasse’s research found common characteristics in how organizational experts define vision:

*some comprehensive but personal picture of a desired future that a leader conveys to members of his or her organization. Once the organizational member “buys into” the vision, they join the leader in turning their shared vision into reality.*

Or, as Westley and Mintzberg state, a leader’s vision can be broken down in three stages:

1. the envisioning of “an image of a desired future organizational state,” which
2. when effectively articulated and communicated to followers serves
3. to empower those followers so that they can enact the vision

In other words,

Vision (idea) → Communication (word) → Empowerment (action)

Does your agency need a new vision?

Ask yourself how you are presently dealing with the issue of transitioning people from the jail back to the community. Is your agency what Bolman and Deal call a “psychic prison,” that is, one where you’re “unable to look at old problems in new light, doing more of what [you] know rather than probing and questioning what [you] don’t know”? If so, it’s time to develop a new vision.

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9 Ibid.
10 Ibid.
12 Ibid.
TJC Leadership Profile

Geoff Henderson has over 20 years of experience in the substance abuse services field. An adolescent graduate of Phoenix House himself, he is a dedicated clinician aware of the potential that treatment holds for changing lives. He currently serves as Senior Director for Phoenix Houses of California. Mr. Henderson leads a strong continuum of treatment services across many age groups. He is the Chairman of the Orange County Re-Entry Partnership (OCREP) which is a community partnership group leading the charge for cross-functional integration of government and the nonprofit service providers within the county system of care.

What makes a successful TJC leader? Successful leadership involves creating a shared vision and values amongst the stakeholders. In order to maintain the trajectory of change, the team needs to stay committed, passionate and cohesive as a group. An effective TJC leader recognizes that circumstances and personnel will change over the course of the project, therefore open communication and action plans are paramount to success.

What are your tips for getting support from system stakeholders for the TJC Initiative? Stakeholder support is critical for the TJC Initiative planning and implementation. The core public agencies need to create and cultivate an open channel for community collaboration. An effective reentry group will aid resource development and encourage diversity of input. Stakeholder meetings should be regularly scheduled and participation ought to include public decision-makers and wide variety of community resources. The Initiatives’ goals, shared values and strategy ought to be revisited on a regular basis with stakeholders in an affirmative and transparent manner.

Four qualities of an effective TJC vision:

1. It envisions the future of your agency and its commitment to the TJC model.

The vision should articulate how the organization or system would be functioning in several years. Commonly, a visioning exercise asks the question “in five years, our organization or system will be an organization that….” This exercise is used to develop long-term goals and a picture of what the organization is striving for.

2. It is developed collaboratively.

Developing the vision collaboratively increases the chance of it becoming a shared vision. It is important to take the time to create a shared vision so that the voices and values of system stakeholders are reflected in the organization’s work. This collaborative approach has impact beyond the formulation of the shared vision, because it accommodates transformational leadership practice as people reconnect with the overarching purpose of their work as professionals. This leads people to perform at a higher level as they strive to attain outcomes beyond

Terms to Know

Transformational leadership: the ability to motivate followers to work for transcendental goals that go beyond immediate self interests. Transformational leaders rely on vision, charisma, and the ability to build professional, communicative relationships with stakeholders.
personal compensation.

Within any system or organization, the best place to start is with a group of leaders discussing system or organizational practice and establishing a need for system change. Through visioning exercises, they can identify common views and values. Identifying a set of common views and values across diverse system stakeholders offers both a base on which to build consensus about the initiative’s mission and goals, and offers direction for next steps, including a mission statement.

3. It helps many different providers see the role they play in facilitating improved outcomes for incarcerated populations.

Remember that the vision must be easy to explain to everyone who needs to understand the model, including the public. The vision should reflect and contribute to the work of a community reentry committee or criminal justice coordinating council.

4. A mission statement flows from it.

The vision should give shape to more immediate actions, including the development of a shared mission. An effective shared organizational mission should be measurable and reflect the values and daily practices of that organization or system. Each action within an organization or system should be measured against the mission statement.

**Before you begin, establish clear guidelines:**

**The vision**

- The vision should be no longer than a paragraph.
- The vision should stand for a very high, perhaps even unattainable, level of excellence.
- The vision should inspire others to strive for common goals beyond their self-interests.
- Visioning must be a collaborative process.

**The mission**

- The mission should be developed to ground the vision and reflect practices that the organization accomplishes on an ongoing basis.
- The mission should be no more than a paragraph long, measurable, and stated simply.
- The mission should reflect the shared value and practice of involved organizational stakeholders.
- The mission should articulate the overarching practices, actions, or outcomes that make it unique and contribute to the best interests of all served.
How to develop a shared vision

Invite those supervisors charged with developing a shared vision and mission to a meeting or engage them during in-service training. Leave plenty of time (block out at least two hours), so useful discussion can take place and not be cut short by daily tasks. This demonstrates the importance of this work, and when a process is led collaboratively, it shows that leaders value staff input.

You might want to start by discussing the issues and barriers people face after release from jail. Next, share a draft mission and a description of the process that led to this point, and ask them for their opinions.

Line staff should be engaged to strengthen the vision and mission and be encouraged to suggest changes consistent with TJC implementation efforts. As part of this discussion, they might be asked what we (including the leaders) as members of the organization can do to enhance public safety even more. It should be expected that line staff of all walks within the criminal justice system will have diverse views regarding what should or should not happen with the incarcerated individuals.

Here are more ideas about how to get buy-in of the vision from your staff.

Remind them that

- The TJC model is consistent with the historical mission of “correctional” agencies.
- Agencies that infuse their culture with transitional programming are those that typically run the safest and cleanest facilities; better managed correctional populations, safer facilities, less stress, and an environment that promotes safety and health will result.
- A focus on reentry will result in higher-level skills that can prove advantageous to staff in their professional development.
- Reentry is a systems approach to solve a problem that cuts across organizations.
- The TJC model is a system, not a program.
- Participation within the implementation and application of the TJC model will make staff part of the system and offer the opportunity to interface with other system professionals.
- When implemented and applied properly, the TJC approach will result in outcomes that stop the “revolving door” that staff see on a daily basis and make real, measurable contributions to a safer community.
Key points to remember

- The vision isn’t final until everyone involved in the process of developing it has had a chance
to discuss it and add their thoughts and suggestions.
- Recognize that you are increasing the chance of buy-in by taking the time to discuss, get
feedback from, and implement the suggestions of all stakeholders, including those within the
community.
- Policy, procedures, and directives will need to be tied to the vision and mission.
- Don’t expect that buy-in is automatic and realize that everyone will not share your
enthusiasm for this approach.
- As a leader, you need to take into account people’s motivation to work in your organization
- The TJC concept is ongoing and will need adjustment over time based on the needs of the
system and community.

For more information and examples from the field


3. Mission statement with desired outcomes and initial strategies (Denver Sheriff Department).
   2010.pdf

Summary

Now that you have completed this section you understand that the development of a new vision and
mission may be important for the successful implementation of the TJC model. While a vision may
exemplify a very high level of excellence, the mission grounds such ideals in everyday institutional
activities. You recognize that it is vital to involve staff and other stakeholders in the process of
formulating the vision and mission
Section 4: Changing the Organizational Culture

This section will help you understand the organizational culture of your agency and allow you to identify the formal and informal culture that impedes or facilitates the implementation of the TJC model.

What is organizational culture?

Stanley Herman, a well known organization development consultant, defined organizational culture as the prevailing assumptions, values, and norms that characterize the management and interactions that occur in the daily operation of the organization.\(^{14}\)

The organizational culture dictates how things are done, the type of people it attracts, who exercises authority, what behavior is rewarded (both formally and informally), and how the staff view their job and role in the organization.

Herman also introduced the idea of the organizational iceberg to depict the strength of the informal and hidden cultural elements in organizational life, which are often as powerful as the formal elements in dictating how the organization operates and changes over time. In other words, you must consider how the formal and informal aspects of your organization are interrelated when developing and implementing the TJC model.

The iceberg metaphor is quite simple:

First, picture an iceberg and remember what we were taught as kids; only a small part of an iceberg is visible above water. The tip that we see seems like the entire iceberg, but it’s actually less than 10 percent of its mass.

The formal aspects of an organization (e.g., mission, goals, policies, procedures, physical facilities, and financial resources) are the iceberg’s tip, floating above the water. Everyone pays attention to the tip without remembering that what lies under the water—the human, cultural, informal aspects of the organizational culture. These aspects often control the organization.

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The Organizational Iceberg

Organizational Components
- Mission and goals
- Job descriptions
- Technology
- Structure Policies, procedures, and directives
- Rules and regulations
- Physical facilities
- Financial resources

Waterline: Interorganization Aspects
- How people outside the organization view it

Below the Water: Human Aspects
- Attitudes
- Values
- Trust
- Customs
- Beliefs
- Stereotypes
- Traditions
- Language
- Behavior
- Informal interactions
- Group norms
- Personality

After reviewing the organizational iceberg, think about how important it is to identify and address the “waterline” and “below the water” aspects of your organization. Remember that implementation of the TJC model will likely fail unless these human aspects support it.

Waterline
- How is your organization perceived by other organizations with which you interact?
- How is your organization perceived by the community?
- Do you receive open and honest feedback from other organizations about your organization?
- Do others perceive your organization and staff as committed to helping people transition from jail to the community?
Below the Water

- Are the formal and informal structures in your organization consistent?
- Who has informal power in the organization and may influence how the TJC model is perceived?
- Are there differences among the staff with regard to the roles and mission of the agency?
- Will the TJC model disrupt any power and influence patterns at your agency?
- Do you know the individual needs, desires, and feelings of your staff?
- Are the staff willing supporters of the TJC model? If not, why?

TJC Leadership Profile

Ross Buitendorp is a contract manager with Network180, which manages the public mental health and substance use disorder services within Kent County Michigan. Ross received his bachelor's degree from Calvin College and his Masters of Public Administration from DePaul University. Ross has worked in the substance abuse and mental health field for 15 years, many of those years was in collaboration with the criminal justice system in different capacities, both as a provider and manager of services. Currently he is on the steering committee for the Kent County Michigan Prisoner Reentry Initiative (MPRI) and manages the contract for the MPRI mental health program in Kent County.

What makes a successful TJC leader? A successful TJC leader must have an understanding of the multiple systems that must work together with a united goal of successful community reintegration. This means that not only must that leader know the systems involved but they also must understand the many different bio-psycho-social issues that confront individuals returning to their communities. The TJC leader will be able to show how all systems need to respond to a client’s needs and the overall benefits that a unified reentry system provides the client and community.

What are your tips for getting support from system stakeholders for the TJC Initiative? In order to get support from system stakeholders there needs to be support for TJC within leadership of the jail at a minimum. Without jail support TJC will not be successful. Once there is that base support of the jail, use data provided through research that is already out there to show key stakeholders the overall benefit for community safety, client well being, and costs savings.

Institutionalizing the TJC model in your agency

How do you develop an organizational culture supportive of the TJC model that becomes so strong and institutionalized that the leaders can leave and the new organizational culture continues?

The answer lies in the leaders’ ability to articulate the application of the TJC model; but more importantly, institutionalization is won or lost based upon what the leaders actually do. When implementing a model that requires change, leadership modeling is essential. Even a very articulate,
charismatic leader who says all the right things cannot fool people into buying into and integrating these practices unless the leader lives, eats, and breathes the model on a consistent basis.

**Other key points to remember when changing the organizational culture**

- The organizational environment must be safe, secure, and stable before change can take place.
- Articulate every single initiative in the context of your mission and vision.
- Build strong relationships with external stakeholders, communities, internal stakeholders, those incarcerated, and service providers.
- Develop a culture that focuses on learning for the purpose of obtaining the best results and enhancing long-term public safety.
- Commit to measurement, self-assessment, and monitoring.
- Develop a sense of ownership by all staff.
- Provide staff incentives for being part of the TJC model.
- Deliver organizational transparency.

**Field note: New York City Department of Corrections**

In the New York City Department of Corrections, a culture has developed, supported at every level of the administration, conducive to successful discharge outcomes for incarcerated individuals. The Rikers Island Discharge Enhancement (RIDE) program is a comprehensive reentry program at the jail in which community-based organizations work with the incarcerated population before and after release. Uniformed officers speak directly to inmates about signing up for the program. In this picture, Assistant Chief Frank Squillante is on a table in the mess hall to recruit for the RIDE program. Signs are placed throughout the jail to remind people in jail to sign up, and those who sign up receive incentives ranging from family reunification days to transportation at discharge to a transitional job. As Assistant Chief Squillante says, “the key to our success in New York City is a direct result of our multiagency and private-sector collaboration.”

**For more information and examples from the field**


**Summary**

Now that you have completed this section, you understand the iceberg metaphor for organizational culture and recognize that the unseen, informal, human, and cultural aspects of the organization can often be in control. Harnessing the potential of such unseen aspects requires strong leadership from leaders who demonstrate commitment to the TJC model on a daily basis.
Section 5: Empowering Staff- A Decision Making Process to Manage Change

In this section, you will learn how a management team can provide a supportive environment for the TJC model and increase the likelihood of it being institutionalized in your organizational culture.

Why a management team?

Cultural change is unlikely to occur unless staff feel like they have control, power, and decision making capabilities in the organization—not just in TJC issues but in all matters. A management team allows staff members from various parts of the organization to come together and make decisions by committee in concert with and with the authority of top level leadership. These activities are quite useful to gain the ideas of many regarding a large change initiative, such as a TJC implementation; perhaps equally important is the positive influence such activities have on organizational culture.

An effective management team also employs key leaders from throughout your organization to participate in a shared vision and mission consistent with the tenets of the TJC model. With the assistance and full participation of the management team, top-level leaders can gain the support necessary to change policy and practice to realize the TJC model.

Forming a management team

Members of the management team should be chosen for their interest in the process as well as their influence with people or groups who are part of the organization. By virtue of their involvement and demonstrated commitment to TJC implementation, they increase the interest and buy-in of their followers and give them a voice in the process.

Management teams are usually made up of members within the organization. By no means should this team be committed to “lock-step” agreement with the leaders; on the contrary, given that a management team represents an organizational group, the team must honestly evaluate all proposed TJC initiatives. As part of this evaluative process, the management team should feel empowered to question or “nay say” to assist in understanding the impact of TJC implementation on the organization or system.
The process of seeking consensus described above is integral to the viability of a management team; honest dialogue and solving difficult problems as a team increases the buy-in of management and shows other people in the organization how effective such a process can be.

**Benefits of a management team**

- Helps the organization understand the leaders and their expectations.
- Helps the leaders with decision making.
- Makes more information about TJC implementation available to all levels of the organization.
- Raises the professionalism and accountability of everyone by spreading authority and control.
- Increases collaboration among employees to advance TJC efforts.
- Gains buy-in among internal organizational stakeholders.
- Lessens reliance on top-down decision making by leaders.
- Increases transparency and understanding.
- Represents the interests of multiple organizations in the system.
- Facilitates agreement on prioritizing issues.

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**TJC Leadership Profile**

**Jim Flory**, Douglas County Commissioner, is a life-long resident of Douglas County, Kansas. Jim attended Lawrence schools, received both his undergraduate degree and law degree from the University of Kansas, and was a deputy sheriff in Douglas County for 7 years while attending KU and KU law school. He retired from the U.S. Department of Justice in 2006, after serving 27 years as a prosecuting attorney. During his legal career, Jim was the District Attorney of Douglas County, Assistant Attorney General (Kansas), Assistant United States Attorney and the United States Attorney for the District of Kansas.

What makes a successful TJC leader? The primary role of a successful TJC leader is to provide unequivocal support to the TJC staff who will carry out the program. While economic support is critical, the TJC leader must also actively assist staff in generating and maintaining a public commitment to this community-wide program.

What are your tips for getting support from system stakeholders for the TJC Initiative? Communication is the key ingredient for gaining and retaining the involvement of system stakeholders. To be a true "stakeholder," the agencies and personnel in the system must feel that they have a meaningful voice in formulating and implementing the initiative.
For more information and examples from the field


2. Intranet website screen shot. A goal of this website is to enhance collaborative organizational communication, keep staff informed about current initiatives, and highlight staff successes (Davidson County, TN Sheriff’s Office). Available: [http://www.urban.org/projects/tjc/toolkit/module2/M2-5-Davidson-Intra-Info.pdf](http://www.urban.org/projects/tjc/toolkit/module2/M2-5-Davidson-Intra-Info.pdf)

3. An introductory communication letter to sheriff’s office staff explaining the TJC initiative and the importance of being a partner in the reentry process (Davidson County, TN Sheriff’s Office). Available: [http://www.urban.org/projects/tjc/toolkit/module2/M3-2-Jail-Staff-Partnership-Letter.pdf](http://www.urban.org/projects/tjc/toolkit/module2/M3-2-Jail-Staff-Partnership-Letter.pdf)

**Summary**

Now that you have completed this section you understand that a management team comprised of individuals supportive of the TJC model is critical for the model’s success. Management team members will be supportive of the TJC model in their day to day work and interactions, and employees will feel that their views are represented throughout the development of transitional services.
Section 6: Terms Used in the Field

This section defines a number of basic terms used in this module. These terms have been highlighted in textboxes throughout the module.

Leader: Top-level leaders create the direction of the organization and motivate their staff to want to achieve the vision, mission, and goals of the organization. However, people of any level or occupation within an organization are leaders when, through their actions, ideas, and values, they inspire others to innovate and perform at a level that realizes outstanding outcomes beyond those required to simply comply with or meet standing organizational or system procedures. Leaders of all levels have different responsibilities, but how they influence those around them is most important in changing organizational culture.

Managers: People at or near the top of the organization who are responsible for the entire agency.15

Mission: The articulation of an organization’s or system’s purpose, what makes it unique, and what it will do on a day-by-day basis to strive toward the previously developed shared vision.

Organizational culture: Prevailing assumptions, values, and norms that characterize the management and personal interactive processes that occur in the day-to-day operation of the organization.16

Organizational Development: An approach to the management and leadership of organizations that recognizes the importance of human interpersonal processes, as well as formal structure and content as important and legitimate subject matter to be examined and evaluated in the context of common, agreed upon goals.17

Transformational leadership: The ability to motivate followers to work for transcendental goals that go beyond immediate self interests. Transformational leaders rely on vision, charisma, and the ability to build professional, communicative relationships with stakeholders.18

Vision: The development, transmission, and implementation of an image of a desirable future.19

Summary

Now that you have completed this section, you understand the key terminology used in this module. All documents mentioned in this module are available through the online version:

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16 Herman, "What Is This Thing Called Organization Development?"
17 Ibid.
18 Human Resource Training and Individual Development (Broad Graduate School of Management, Michigan State University, 2004), http://www.studies-online.org/MGT413/Notes/Leadership.ppt#267,9,Transformational Leadership
19 Manasse, "Vision and Leadership."
Module 3: Collaborative Structure and Joint Ownership

Welcome to Collaborative Structure and Joint Ownership. This document is the PDF version of the online TJC Implementation Toolkit, and will not necessarily reflect the changes and updates made to the toolkit. To view the latest and most complete version of this module, visit www.jailtransition.com/Toolkit. This module is designed to provide practical information to assist you in developing a reentry system where collaboration and joint ownership permeate the transitional process.

A central component of the Transition from Jail to Community (TJC) model is that reintegrating individuals from jail to the community is the collective responsibility of both the jail system and the community. The transition process is too complex for one agency or organization to do alone. One agency cannot provide the range of services necessary to maximize opportunities for behavioral change. A systems approach to jail transition requires a collaborative structure that can secure participation from key partners, provide focus for the initiative, maintain momentum, and empower members of the collaboration.

“Collaboration has been challenging in building the reentry system in Denver; trying to get everyone on the same page is difficult, when everyone (both public and private) has been doing their own thing for so long. However, the benefits have outweighed the negatives. Collaboration allows for multiple perspectives, experiences, and influences to enrich the services available to people transitioning from jail to community, and urges us to think through the impact of our work and our clients and all of our partners.”

Shelley Siman, Program Coordinator
Denver Crime Prevention and Control Commission

Ask yourself what interventions are needed to address the barriers your jail population faces as they return to the community. Does your agency have the capacity and resources to address them all?

- Affordable housing
- Cognitive decision making
- Educational services
- Employment
- Family reunification
- Financial services
- Health care services
- Mental health services
- Mentoring
- Substance abuse treatment
- Vocational training

Effective transition strategies rely on collaboration and information sharing among jail- and community-based partners and joint ownership of both the problem and the solution. Given that many of the people who exit jails are already involved with multiple social service and criminal justice agencies, a collaborative approach is essential to tackling jail transition. In addition, the scarcity of resources to manage this large population demands such an approach to avoid
duplication or conflict in the delivery of valuable interventions. This module has four parts and will take between 25 and 30 minutes to complete.

**Recommended audience for this module:**

- Sheriffs
- Jail administrators
- Reentry coordinators
- Community corrections
- County board members
- Community providers
- Probation officers
- Pretrial services
- Policymakers.
- Other system stakeholders

**Module Objectives**

This module is intended to help you learn the key processes to collaborate across government, nongovernment, and community-based organizations. Such collaboration allows all parties involved to maximize the impact intended by the TJC model through shared understanding and aligned actions. It will also guide you in structuring your collaboration to oversee and complete the work of implementing the TJC model.

**This module includes the following tasks:**

- Understanding the benefits of collaboration and joint ownership;
- Identifying partnering agencies;
- Determining each party’s responsibilities;
- Structuring your TJC collaborative; and
- Developing long-term partnerships with community agencies.

**There are four sections in this module:**

1. What Is Collaboration?
2. Formalizing the Collaborative Structure
3. Developing a Reentry Implementation Committee
4. Terms Used in the Field

This module also includes templates, links, field notes, case studies, and other materials to help you expedite the process in your community and to highlight how TJC partnerships have developed across the country.

**By the end of this module you will be able to do the following:**

- Identify the diverse and multiple partners in your community;
- Coordinate a collaborative planning process;
- Organize a reentry committee of partnering agencies;
- Develop shared goals and principles; and
- Draw upon excellent work being done in the field.
The TJC Model

This visual indicates where *Collaborative Structure and Joint Ownership* fits in the *Transition from Jail to Community* model. It is one of five key system elements that must be in place for the TJC model to work.
Section 1: What Is Collaboration?

Collaboration is “a cooperative venture based on shared power and authority. It is nonhierarchical in nature. It assumes power based on knowledge or expertise as opposed to power based on role or function.”\(^{20}\) If communication is the foundation of the partnering pyramid, collaboration is the pyramid’s tip, with coordination and commitment squarely in the middle.\(^{21}\)

All four C’s of partnering are important for the success of the TJC model, but collaboration must occur for the model’s long-term success.

Differences between Collaboration and Coordination

Though often used interchangeably, “coordination” and “collaboration” are distinct terms. Coordination is to “bring together disparate agencies to make their efforts more compatible.”\(^{22}\)

Collaboration, on the other hand, is “a cooperative venture based on shared power and authority. It is nonhierarchical in nature. It assumes power based on knowledge or expertise as opposed to power based on role or function.”\(^{23}\)

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\(^{23}\) Kraus, *Collaboration in Organizations*, 12.
The outcome of a collaborative partnership is something new that harnesses the knowledge of multiple agencies to create a new model of reentry with an investment in shared authority, resources, and priorities for the common good.

**Preparation for Collaborative Effort**

To see if you are ready to be part of a collaborative effort. You should be able to answer “Yes” to each statement below

<table>
<thead>
<tr>
<th>Are you ready for a collaborative effort?</th>
<th>Yes</th>
<th>Not Yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I recognize that the agency I represent is mutually dependent on other agencies for the success of people leaving jails.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I and the agency I represent are willing to give up some authority/control for the TJC model to succeed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I know that I will benefit and gain new knowledge when working together with outside agencies.</td>
<td></td>
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</tr>
<tr>
<td>4. I understand that not everyone shares my perspective and I’m open to different views.</td>
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</tr>
<tr>
<td>5. I am willing to commit my time and effort to making the TJC model work.</td>
<td></td>
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<tr>
<td>6. I am committed to suspending my judgment about what works to change offender behavior and will consider new information as I begin to collaborate with other system stakeholders.</td>
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</tr>
<tr>
<td>7. I am committed to evidence-based decision making and am ready to change policies and practices that do not yield the best outcomes</td>
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TJC Leadership Profile

Michael Than currently is assigned as the Operations Major of the Denver Sheriff Department’s new1,500 bed detention center located in Denver, Colorado. Previously, he was tasked with overseeing the Denver Sheriff Department’s Inmate Programs; to include, Life Skills, Mental Health Transition Units, and other Grant Funded Projects. Major Than is a former United States Marine and attended Red Rocks Community College and holds numerous training certifications and awards. He is an auditor for the American Correctional Association and a member of the Colorado Jail Association.

What is your approach for getting multiple agencies to work collaboratively, getting work done, and accomplishing TJC Initiative goals? There are actually three priorities that must take place in order to accomplish the TJC Initiative goals, especially those goals that effect multiple agencies and/or jurisdictions. The first priority is to understand how the TJC model can work within your agency and community groups to effectively serve the criminogenic needs of the offenders in your care and custody to reduce recidivism. Secondly, we must work with community groups/providers, as stakeholders, to provide access to offenders for classroom instruction, case management, and assessments. The final priority is to remain open to ideas and/or suggestions from all stakeholders, actively participate in discussions and meetings, educate jail staff, and be a voice for the department and community.

The TJC Model cannot be accomplished by jails or community groups alone; it truly is a collaborative effort and requires a long term commitment from all stakeholders. Community groups have been successfully serving the needs of those released from jails for decades. Efforts are now focused on addressing the criminogenic needs of those in jails prior to release so that the offender has an opportunity to be a productive citizen upon release.

Summary

Now that you have completed this section, you understand the concept of collaboration that is used throughout this toolkit, and you recognize that collaboration involves the nonhierarchical sharing of power to achieve a greater good.
Section 2: Formalize the Collaborative Structure

In this section we discuss how to formalize the collaborative structure. We doubt that any two locations will have identical collaborative structures, but often it is a pyramid-style structure comprising an executive-level reentry council (e.g., “Executive Council”), reentry implementation committee (e.g., “Reentry Committee”) and subcommittees or work groups composed of system stakeholders. Each group or agency will have its own unique role to play in the collaborative structure, and agencies may use documentation such as memoranda of understanding to formalize the collaborative process in writing.

Practical steps and a timeline for formalizing the collaborative structure are detailed in the TJC Implementation Roadmap. The roadmap section that applies to this module, tasks 2.1 through 2.5, is available in the online version of this toolkit section at http://www.urban.org/projects/tjc/toolkit/module3/TJC_Implementation_Roadmap_Toolkit_task2.xls. The tasks are also outlined in the textbox on the following page.
**Forming an Executive-Level Reentry Council**

In many jurisdictions, the executive reentry council is initially charged with developing the organizational structure of the reentry implementation council. This body should be composed of high-level individuals such as sheriffs, county commissioners, city council members, jail administrators, and judges. They provide the jail-to-community reentry effort with broad strategic guidance, give it legitimacy in the jurisdiction through their support, and hold it accountable for meeting its goals and objectives. Many jurisdictions already have a coordinating council or some other established body that can serve in this function. Adding the TJC Initiative, however, to the agenda is key.

**Responsibilities of the executive council include, but are not limited to, the following:**

- Championing the initiative in the community;
- Serving as a vehicle for community-wide communication;
- Selecting members of the council’s committees and subcommittees;
- Holding the initiative accountable for meeting performance metrics;
- Setting policy for the TJC initiative; and
- Identifying macro-level evaluation components

**Forming a Reentry Implementation Committee**

The reentry implementation committee will oversee the detail-oriented work of devising and implementing the jurisdiction’s TJC strategy. The implementation committee needs to have an active and committed membership to carry out its work. Knowledge and ability to make a time commitment may be more important than formal position in selecting committee members. In some jurisdictions, members of the executive council will meet to recommend implementation committee membership. Some of the members may come from

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**TJC Roadmap Task 2: Collaboration Structure and Joint Ownership**

2.1 Create implementation committee to craft and execute the initiative
- 2.11 Identify and invite membership
- 2.12 Define scope of authority, reporting responsibilities
- 2.13 Select chair or co-chairs
- 2.14 Form working sub-committees
- 2.15 Revisit and update membership

2.2 Developed shared goals and outcomes of interest for the initiative
- 2.21 Define goals for the initiative
- 2.22 Identify outcomes of interest for the initiative
- 2.23 Approve measures for each outcome

2.3 Identify and reach out to necessary, but missing, partners
- 2.31 Identify key roles, knowledge and skills not represented in the current partner group
- 2.32 Identify additional partners to bring in the missing elements identified
- 2.33 Invite additional partners in

2.4 Develop information and data-sharing mechanisms
- 2.41 Allow partners access to existing data systems, where relevant and appropriate
- 2.42 Determine distribution for initiative information (assessment results, case plans)
- 2.43 Hold regular partner meetings to share information on initiative progress and issues

2.5 Create initiative case flow model including all partners
- 2.51 Describe pre-initiative process by which jail population interacts with each partnering agency
- 2.52 Describe TJC initiative process by which jail population interacts with each partnering agency
- 2.53 Combine individual partner models into single, comprehensive initiative model
the executive council (although they may be too busy to make the necessary commitment), whereas others will be from the greater stakeholder community. In other jurisdictions, the reentry implementation committee is convened prior to the executive council.

**Responsibilities of the reentry implementation committee may include, but are not limited to, the following:**

- Meeting at least monthly;
- Communicating regularly with the executive council to keep them fully informed on the progress of the TJC initiative;
- Providing recommendations to the executive council on key decisions in the design and implementation of the initiative;
- Developing goals, outcomes, and measures for the TJC initiative;
- Convening and overseeing work groups to address specific implementation issues;
- Identifying what entity or person will compete these tasks; and
- Providing for clear date of review for each of these to monitor the progress of the group.

Consider inviting the jail’s reentry point person, mental health providers, defense attorneys, community shelter staff, educators, community corrections officers, housing authority staff, the district attorney’s office, victim’s advocates, health care providers, employment specialists, people from the faith community, and other social service providers to serve on the reentry implementation committee.

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**TJC Leadership Profile**

**Jane Klekamp** has been the Justice Sanctions Program Manager in La Crosse County Wisconsin since graduating from UW-Madison in 1995 with a Master’s Degree in Social Work. Since her hiring, Jane has been the staff person for the Criminal Justice Management Council. In that role she works collaboratively to develop programs that decrease the jail population and reduce recidivism using the principles of evidence based practice within the constraints of county funding.

**What is your approach for getting multiple agencies to work collaboratively, getting the work done, and accomplishing TJC Initiative goals?**

The staff support provided by the TJC Initiative has provided La Crosse County with the information, tools, and assistance necessary to fulfill the goals of the TJC Initiative. Providing the opportunity for collaboration between county agencies and community partners has been vital to the work being done in La Crosse. Setting goals, sharing information, demonstrating transparency, and providing consistent support of the collaborative process has been the foundation of accomplishing the goals. The solid framework established by the TJC Initiative leaves La Crosse in a strong position to maintain the momentum of the project in the future.
Work Groups

A responsibility of the reentry implementation committee is to convene and oversee work groups tasked on specific implementation issues. Volunteers for these working groups can come from the reentry implementation committee membership or from key players outside the committee who have both the skill set and the interest in completing these tasks. Also, rely on key members outside the committee with expertise and interest in the subject.

For example, a community provider with a lot of expertise may be involved in a curriculum development subcommittee but may not be on the reentry implementation committee. Work groups will complete concrete, discrete tasks delegated to them by the reentry implementation committee. The committee should give them clear, written directives with defined end products; the committee should bring its results to the committee for review and approval.

Refer to Appendix A to see the responsibilities, list of members, and invitees of The Douglas County, Kansas, Community Collaboration Council on Reentry Implementation Team.

Memoranda of Understanding

The success of the reentry committee will depend more on what responsibilities participating agencies accept rather than what they are obligated to contribute. Nevertheless, though normally not legally binding, formalizing the process by drafting a memorandum of understanding (MOU) expresses a long-term commitment to the process and adds a sense of credibility and professionalism to the reentry collaboration.

Other benefits of an MOU:

- Facilitates communication by defining a process for regular meetings, phone contact, or data exchange.
- Protects both parties against differing interpretations of expectations by either party by spelling out details of the relationship.
- Enhances the status of the case management agency in the community through formalized relationships with established or influential agencies.
- Reduces friction over turf issues by specifying responsibilities.
- Transfers authority to perform a mandated function from one agency to another or from one level of government to another.
- Creates a clear and formalized agreement to move forward and partner together.
- Specifies services for a provider agency to provide to clients.
- Specifies the type of clients appropriate for the case management agency and how referrals should be made.
- Cuts through red tape by defining new or altered procedures for clients.

Sections of an MOU:

- Purpose or goal of the collaboration or partnership
- Key assumptions
- Operating principles or statement of agreement
• The name of each partnering agency
• Each partner’s responsibilities under the MOU
• Effective date and signatures

Jails, governmental agencies, and community-based organizations may need to develop formal linkages with each other outside of the reentry committees’ MOU. Linkages would include agency-to-agency formal agreements with probation and public health departments, community health centers, community mental health centers, drug treatment programs, STD counseling and test sites, tuberculosis clinics, Medicaid offices, HIV infection services, one-stop workforce centers, housing providers, and service providers presently working with those transitioning from jail to the community.

Information Sharing

MOUs or other information release forms are key when developing structures for information sharing and service coordination among providers and between providers and the facility. The TJC initiative recommends implementing formal guidelines for the following purposes:

• Referring inmates to community providers.
• Informing providers about the release of relevant individuals (for example, those with a history of homelessness and mental illness).
• Sharing release plans with providers.
• Developing systems for sharing the information, such as electronic databases or regular meetings among providers.

For more information and examples from the field

1. Faith-based jail to the community work group statement of purpose with measurable short and long term goals (Davidson County, TN). Available: [link]
2. Initial organizational chart explaining early TJC Initiative Structure and responsibilities (Large jail example: Orange County, CA) Available: [link]
3. Initial organizational chart, partnership agreement with vision/ mission, and working group outcomes explaining early TJC initiative structure and responsibilities (Large jail example: Denver). Available: [link], [link], [link], [link].
4. Initial organizational chart explaining early TJC Initiative Structure (Medium/large jail example: Kent County, MI). Available: [link]
Formal Linkages

In many small jurisdictions, resources are limited and populations are often too small to warrant funding or attention for programming and other transition efforts. To enhance their ability to perform justice system functions effectively, many local governments enter into formal agreements to pool their resources and populations. Such intergovernmental collaboration demonstrates information-sharing commitment and the potential to sustain TJC efforts.

Summary

Now that you have completed this section, you understand the process to formalize a collaborative structure through a pyramid-style structure composed of an executive-level reentry council, reentry implementation committee, and work groups. You also recognize that defining clear roles and responsibilities, as well as having memoranda of understanding between your facility and agencies, can be useful in clarifying and professionalizing agency roles.
Section 3: Developing a Reentry Implementation Committee

In this section you will learn in more detail how to develop a reentry implementation committee made up of public and private agency and community-based organization representatives to increase the success of the Transition from Jail to Community model.

In most communities, agencies and organizations are already providing services to the criminal justice population. The issue is to what degree these services are being provided in a coordinated and collaborative way. This section will guide you through the development and promotion of a multidisciplinary reentry implementation committee, including the jail, other agencies, and community-based organizations. A reentry implementation committee will allow your jurisdiction to jointly craft and carry out a jail-to-community transition strategy that maximizes the impact of available resources, improves individual outcomes, saves money, and delivers public safety.

The development and implementation of a reentry committee requires the following key steps:

Step 1: Select a point person
Step 2: Identify partnering agencies and interested stakeholders
Step 3: Reach out to earn partner support
Step 4: Convene the partnering agencies
Step 5: Identify shared goals, principles, and outcomes of interest
Step 6: Write a mission and vision statement
Step 7: Document partner agencies’ resources and gaps
Step 8: Develop common performance measures

The following sections discuss these 8 steps, though modules Data-Driven Understanding of Local Reentry and Self-Evaluation and Sustainability also discuss steps 7 and 8.

Step 1: Select a point person

Identifying a point person in your agency or the community with the clout, independence, and fortitude to bring the right people together is the first step in the partnering process. A local reentry champion of the TJC model, such as the sheriff or the county commissioner, will select the point person and give him or her total support and cooperation to move the process along. This person must have the necessary time to devote to moving this complex effort forward. The point person can be from a jail or community setting; there is no one job title, position, or training experience needed to play this role. Determining the right person is dependent on local politics, history, and personalities.24 Often it is based on which organization has money for this position or is willing to add these duties as part of someone’s job.

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Think about what characteristics you are looking for in this person:

- Committed to the TJC model;
- Knowledgeable about the risks and needs of people transitioning from jail to the community;
- Interested in understanding current research or best practice;
- Personable, well organized, and a communicator with strong listening skills;
- Has the clout to get things done;
- Knows the community and its stakeholders.
- Respected by both internal and external staff of their home organization;
- Open to other organizational cultures and values;
- Able to facilitate a process; and
- Believes in the capacity of incarcerated people to change.

Step 2: Identify partnering agencies and interested stakeholders

Identifying partnering agencies and community leaders is a key component to the success of the TJC model. You will find that some will be government agencies, but the majority will probably be agencies providing services at the local level. The long-term goal is for the agencies to form a coordinating reentry committee, so including the right agencies and the appropriate agency representative is essential.

The spectrum of your possible collaborators is wide open:
Partners

Don't forget to include victims’ advocacy groups such as Mothers Against Drunk Driving (MADD). Part of the long-term healing process for many victims and their families is knowing that inmates may become productive members of society.

They want inmates to be held accountable for their actions when they return home. These groups recognize the importance of providing reentry services to facilitate their successful reintegration. You might be surprised at the level of cooperation you’ll receive from victims’ rights groups. It is also important to include the formerly incarcerated in this process, because they understand firsthand the barriers and problems facing this population. Those involved in this effort should be inmates with a long-standing record of doing well after release and not newly released offenders.

Field note: Kent County, Michigan

“We recently created an organizational structure allowing us to meet frequently with other local community based providers, and local and state supervision agencies that share our broader mission for a safer community. These reentry committee meetings spawned action, innovation, and joint projects, and it has resulted in energizing Kent County’s reentry efforts. The Sheriff’s Office has always been on good terms with groups such as pretrial services, Friend of the Court, public schools, community corrections, homeless advocates, treatment centers, probation and parole, and in the past we have periodically cooperated on individual projects. When we purposefully aligned ourselves with the mutual goal to address our common public safety interests in attacking the barriers to successful offender reintegration, we began to fully realize the many benefits of this level of collaboration.”

—Captain Randy Demory
Sheriff’s Department and Chair of the Community Reentry Coordinating Council (CRCC)
Here is how to start:

Begin by making a list of all the government and nongovernment agencies and community-based organizations your agency presently works with to help transition people from jail to the community.

- In Montgomery County, Maryland, the Department of Labor has set up a One-Stop Center in the jail. This allows the inmates to get the necessary job search and development skills needed prior to being released from the facility.

Next, identify any other government and nongovernment agencies and community-based organizations that have contacts with the jail population pre- or post-release but which are not formally engaged in the transitional process.

- Police in your community may drop off suspects for processing at the jail’s booking site but may not have any formal collaboration with the jail.

Finally, identify the government and nongovernment agencies and community-based organizations that play a key role in meeting the risks and needs of the returning population but have no connection to the jail.

- The local community health care system often doesn’t have a relationship with the jail.

Step 3: Reach out to earn partner support

In step 2 you identified community partners and collaborators who have a direct or indirect role transitioning people from jail to the community. It is now time to begin a dialogue by reaching out to government and nongovernment agencies and community organizations to determine their interest in being part of a TJC partnership.

The following steps will help you maximize the chance that they say “yes.” First, do your homework before you pick up the phone. Review Appendix B to print a checklist for preparing to reach out to...
Many community stakeholders, particularly service providers, will be interested in being involved in a reentry initiative, though not all will want to provide services for inmates in the local jail. That is okay, and you should tell them that it is not a requirement to participate. More important is ensuring that their efforts to serve the reentry population in the community are coordinated with what is happening with these individuals in the facility and with the work of other service providers in the community. The key here is to coordinate efforts to meet their goals.

Next, set up the first communication. Refer to Appendix C for a checklist for making and maintaining communication. Remember that you may need a follow-up conversation by phone or e-mail before you think they are ready to commit to the TJC process.

Finally, invite them to a meeting:

- Tell them you are organizing a reentry implementation committee and would like them to be a part of it.
- Determine what is a good day and time for them to meet.
- Find a neutral location that is convenient for everyone.
- If possible, provide food for the first meeting.
- Use free online scheduling and conference web sites such as Doodle and FreeConference to help find a date on which everyone can agree.

Phrases you might want to use during your conversation:

- Would you like to build a safer community by partnering with us?
- We can’t afford to do business the way we have been doing it.
- We need a coordinated effort to solve the problem. We can’t do it alone.
- We need to pool our resources in a more strategic way.
- We need to pool resources and coordinate our efforts.
- Partnering will improve outcomes for both incarcerated people and our organizations.

Potential partners. Remember your goal is to develop a long-term relationship built on trust and respect. This takes time, so don’t rush it.

25 http://www.doodle.com/
26 http://www.freeconference.com/Home.aspx
Inclusiveness

A question that always comes up is, “How inclusive should the coordinating reentry committee be?” Do not feel pressured to convene a large group at first. It is difficult to accomplish anything with 20 people at the table, representing different interests and different agendas; although Philadelphia had 44 members on its reentry committee and it worked for them.

It often makes sense to start off small. If people ask why their agency was not invited—because word will get out—just say the decision was to start with the agencies and providers who have the most direct contact with those released from jail in the 30 days after release, but the reentry committee looks forward to involving all parts of the community eventually. Many other agencies can be involved on subcommittee and work groups on specific topic areas as the project moves forward.

Field note: Santa Barbara County, California

“I’m a retired business executive from Silicon Valley. I think it is important for private citizens to initiate, and be involved in, efforts like this because we are often able to help break down the barriers that exist in the various bureaucracies. Initially I went to a number of county and state officials. I then asked each of them if [reentry] was really a problem and would they be interested in helping to build a solution. Every single one said ‘yes’ and ‘yes.’ That started us on the process.”

—Rick Roney, Chair
Santa Barbara County, CA, Reentry Committee

Step 4: Convene the partnering agencies

The first goal, after you have earned their initial support, is to bring the multiple stakeholders together, preferably over breakfast or lunch, to brainstorm about transition challenges in your community and how to develop an oversight reentry committee to oversee and guide the TJC process.

The length and content of the agenda will depend on how much time you have at the initial meeting. The first TJC meetings in Lawrence, Kansas, and Denver, Colorado, each lasted two days, whereas other communities scheduled an hour for the first meeting.

Here is how to begin:

1. Welcome everyone to the meeting and briefly introduce yourself.
3. Explain why they are here: goals and organization of the TJC meeting.
4. Use an icebreaker to help the participants get to know each other and feel more comfortable. Examples: (http://www.urban.org/projects/tjc/toolkit/module3/icebreaker.html)
5. Discuss what jail transition looks like in your community.
6. Introduce the TJC model. TJC model (http://www.urban.org/projects/tjc/model.cfm) or refer to the first section of this module.
7. Discuss what their expectations are for the meeting.
8. Discuss what issues they would like to address during the meeting.
9. Get specific: ask them to begin developing the mission and vision statement or discuss the barriers they see with transitioning people from the jail to the community.

10. Ask the participants if they can meet once a month until there is a consensus on how a coordinated and collaborative reentry strategy can be accomplished in their community.

11. Discuss the importance of reentry implementation committees and work groups.

12. Ask for volunteers for each committee.

13. Before the meeting adjourns, take the time to ask the partners to help you identify key roles, knowledge, and skills not represented in the current partner group. Ask them to name additional partners to bring in the missing elements identified. You will want to update your partner list every six months as implementation progresses.

14. Make sure to finish with concrete next steps, people assigned to accomplish them, or a next meeting scheduled. It’s important for new partners to leave with a sense that they have accomplished something and to have a clear understanding of how and when the work they’ve begun will continue.

**Step 5: Identify shared goals, principles, and outcomes of interest**

In the beginning, developing shared goals, principles, and outcomes of interest will be the main work of the reentry implementation committee. Start by creating a timeline of what needs to be accomplished.

Review the TJC Implementation Roadmap in the first section of this document or at [http://www.urban.org/projects/tjc/toolkit/module3/TJC_Implementation_Roadmap_Toolkit_task2.xls](http://www.urban.org/projects/tjc/toolkit/module3/TJC_Implementation_Roadmap_Toolkit_task2.xls) for a to-do list to help get you started:

**Identifying an Organization’s Level of Power and Interest in the Context of the TJC Model**

Drawing a stakeholder grid is an excellent exercise to identify local leaders, their relationship to the system, their interest, their power to affect system actions, and their alignment with the TJC model. In essence, you are teaching key stakeholders how to have this discussion at the system level while gauging interest or authority to implement or block change.

Your goal is to engage stakeholders through a variety of exercises and actions outlined in previous sections and then identify the level of power and interest each organization and agency has in transitioning people from jail to the community. This is a useful exercise to assist in systems-level discussions and to understand various influential leaders who exist within your system.

Below is an example of a stakeholder grid. We have listed different stakeholders below. Think where each one of them fits in your jurisdiction.

- Employers
- DA’s office
- Attorneys
- Defense attorneys
- Attorney General’s office
- Law enforcement
- Community partners
- Legislature
- Nonprofits
- Probation advisory committee
- General citizens
- Food banks
- Court administrators
- Educational institutions/educators
Stakeholder Power/Interest/Influence Grid

There are four squares in a stakeholder grid:

1. **Keep Satisfied**: Stakeholders who fall within this square are those who have a lot of power to influence criminal justice system practice or change, but have little interest in changing anything.

2. **Manage Closely**: Stakeholders who fall within this square are those who have a lot of power to influence criminal justice system practice or change and have a lot of interest in or desire to change current criminal justice practice to obtain improved outcomes.

3. **Monitor**: Stakeholders who fall within this square are those who have little to no power to influence criminal justice system practice or change and little to no interest in changing anything.
4. Keep Informed: Stakeholders who fall within this square are those who have little to no power to influence criminal justice system practice or change; but have a lot of interest in or desire to change current criminal justice practice to obtain improved outcomes.

By doing this exercise in a group setting, one is able to identify the organizations that have a high interest and power in the TJC model and learn what motivates them, while also identifying those organizations with low interest. It is extremely important to note that no stakeholder should be excluded from participating in TJC implementation activities because of their levels of interest or power.

The purpose of this exercise is to understand the different motivators for and against change within your system and to allocate resources and make determinations relative to communication and engagement strategies. Accordingly, dialogue should ensue about what it takes to engage people within the TJC effort, from empowering the low-interest and low-power organizations to understanding and managing differences that high-power stakeholders have with the TJC approach.

Drawing a Stakeholder Grid

First, ask your group to rate each of the stakeholders by their effect on transitioning people from jail to the community on a scale of 1 (least) to 10 for the following:

- Power/Influence
- Interest

Based upon these ratings, plot each of the stakeholders on the Stakeholder Power/Interest/Influence Grid. Bryson (2003) lays out seven points of constructing a Stakeholder Grid:

Whole team:

- “Tape four flip chart sheets to a wall to form a single surface two sheets high and two sheets wide.
- Draw the two axes on the surface using a marking pen. The vertical axis is labeled interest, from low to high; while the horizontal axis is labeled power, from low to high.
- Planning group members brainstorm the names of stakeholders by writing the names of different stakeholders as they come to mind on a 1"×1-1/2" self-adhesive label, one stakeholder per label.
- Guided by the deliberations and judgments of the planning group members, a facilitator should place each label in the appropriate spot on the grid.
- Labels should be collected in round-robin fashion, one label per group member, until all labels (other than duplicates) are placed on the grid or eliminated for some reason.
- Labels should be moved around until all group members are satisfied with the relative location of each stakeholder on the grid.
- The group should discuss the implications of the resulting stakeholder placements.”

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TJC Leadership Profile

Jack Greenfield  LMSW is President and Chief Executive Officer of Arbor Circle, a non-profit mental health, substance use disorder and family development counseling organization serving over 10,000 residents annually in Kent County Michigan and the immediate surrounding areas. Jack has served as CEO since 2006, and is active in several community initiatives that address key issues facing infants, children, youth, families and adults. Jack has worked in behavioral healthcare services since 1974, joining Arbor Circle in 1987. His professional focus has been to promote community based collaborative services. He has a Bachelors degree in Social Work from Eastern Michigan University and a Master’s Degree in Social Work from the University of Michigan.

What is your approach for getting multiple agencies to work collaboratively, getting the work done, and accomplishing the TJC Initiative goals? Difficult financial times in Michigan and Kent County have forced seemingly diverse systems to work together more than at any other time. Successful collaborations establish shared goals which help them coordinate limited resources, improve communication and work through complex problems together. The TJC initiative and its goal to reduce recidivism is a good example of encouraging successful collaboration by developing a shared goal among diverse community partners to create a powerful, positive impact for the whole community.

Through the TJC process, our community is mobilized to work collaboratively with local Correctional Facility staff to decrease jail utilization and achieve community-wide benefits in a time of extremely limited resources. Collaboration allows community services such as those provided by health, education, behavioral health, basic needs and others to be provided more efficiently and effectively to meet the unique and special needs of those exiting jail. When everyone works together to break the cycle of recidivism, everyone benefits.

Step 6: Write a mission and vision statement

“Vision without action is a daydream. Action without vision is a nightmare.”

This Japanese proverb sums up the importance of taking the time to develop a mission and vision statement. The mission and vision statement needs to appeal to all of your constituents.

“Once well-intentioned system stakeholders take the time to examine their differences and similarities relative to local criminal justice practice and outcomes, they invariably realize that they all have in common one overarching desire: to do things as efficiently and effectively as possible to realize best outcomes and effects on long-term public safety. When such a realization occurs and a shared mission is developed, the positive effect that an aligned group of stakeholders can have on criminal justice outcomes, and thus public safety, is enormous.”

Gary Christensen, Former Chair
Dutchess County Criminal Justice Council
Dutchess County, NY

Transition from Jail to Community Implementation Toolkit

Vision Statement

Begin by drafting a vision statement. As you recall, the *Leadership, Vision, and Organizational Culture* module covered creating a vision for your organization. If needed, go back to this module and review Section 3: Creating a Vision. The vision statement for your collaborative structure should focus on the broad goals of the reentry committee and clearly explain the following:

- Defining the reentry committee;
- The guiding philosophy behind the council’s formation;
- Goals of the of the reentry committee;
- Value the reentry committee adds to the community; and
- Outcomes of a successful reentry committee.

Ask yourself the following questions when developing the vision statement:

- Which offenders are your highest priority?
- What programs, services, and support do you want to provide to them?
- Where does reentry take place and for what duration?
- Who are the partners in the community—including government agencies, nonprofits, and the business community—that could play a helpful role in your reentry strategy?
- How will you measure your success?

Mission Statement

The reentry implementation committee’s mission statement is more concise and concrete than the vision statement. In a paragraph you will want to

- State the purpose for developing a reentry committee;

Field note: Dutchess County, New York

Criminal Justice Council Vision Statement

The Criminal Justice Council has become a system where the overriding concern is for the fair, equitable, cost-effective and efficient administration of justice for the immediate and long term; preventive programming is being developed to minimize entry and re-entry into the criminal justice system; planning is system based with goals and outcomes; decisions are grounded in information, research and facts, not politics; all Criminal Justice Council members are committed to actively work together to achieve this goal.


Terms to Know

**Long-term public safety:** Differing from simple public safety, which is enhanced for the short term while an offender is incarcerated, long-term public safety involves the prevention of and protection from events that could endanger the safety of the general public, and sustains this desired state over a significant period of time after an offender is released from jail.
• Describe what the reentry committee plans to achieve; and
• Explain the reentry committee’s philosophy on transitioning people from jail to the community.

Remember that public safety is always the main priority, so a good mission statement not only states the purpose, but also addresses how it can be accomplished. For example, reduce recidivism by preparing inmates to make a successful transition back to the community.

Listed below are questions to think about:

What is the reentry committee’s mission?

• Protect the public
• Efficiency and cost-effectiveness
• Rehabilitation
• Support successful transition to the community
• Provide good in-jail treatment programs
• Facilitate the linkage of offenders to services
• Collaboration and cooperation with partnering agencies

How does the reentry committee plan to operationalize its mission?

• Intake and assessment
• Classification and housing assignment
• Transition plans for high-risk populations
• Treatment programs as appropriate
• Continuity in community

Field note: Kent County, Michigan

Community Reentry Coordinating Council Mission Statement
To promote public safety by assembling a group of collaborators representing local agencies and entities who will work to identify, reduce or eliminate the barriers to successful community reentry for those citizens who were formerly incarcerated.”

Step 7: Document partner agencies’ resources and gaps

One of the first priorities of the reentry committee is to identify the present resources (financial, human, and technical) in place to support the TJC model. You need a picture of how people move through the jail, from intake to discharge, and the transition back to the community. In the next module, *Data-Driven Understanding of Local Reentry*, we discuss in depth how this is accomplished.
Step 8: Develop common performance measures

The purpose this step is to briefly describe to you common performance measurements that will help the reentry committee maintain accountability for its goals. For a more comprehensive discussion see the Self-Evaluation and Sustainability module.

Performance measures serve many purposes. They:

- Determine if the vision and mission are being achieved;
- Determine the **fidelity** and **efficacy** of the strategies;
- Improve planning;
- Identify gaps in service or action;
- Improve communication with partnering agencies, funders, and the public; and
- Determine if resources should be reallocated.

To begin the process, complete the following six steps:

1. Identify goals and objectives consistent with the mission and vision statements.
2. Identify strategies, activities, or programs necessary to reach your goals and objectives.
3. Determine the short-term results or outcomes you want from each strategy, activity, or program.
4. Determine the intermediate results or outcomes you want from each strategy, activity, or program.
5. Determine the long-term results or outcomes you want from each strategy, activity, or program.
6. Identify ways to measure each result or outcome (performance measures).

Now evaluate the quality of your performance measures:

- Does each performance measure relate to the associated mission, goal, and objective?
- Is each performance measure important to the reentry committee?
- Is it possible to collect accurate and reliable data for each performance measure?
- Taken together, do the performance measures accurately reflect the key results of the strategy, activity, or program?
- Is there more than one performance measure for each goal or objective?29

For more information and examples from the field


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For additional resources, references, examples, and tools please visit the “Resources” page of Module 3, section 3 at http://www.urban.org/projects/tjc/toolkit/module3/section3_10.html

Summary

Now that you have completed this section, you should understand the steps you need to take to initiate a reentry implementation committee. You understand that you will need to identify a point person, who has institutional clout and a “can do” attitude. You have tools to identify potential partner agencies, both from the agencies with which you are working and from other agencies. You can describe the structure of your first TJC meeting, and you recognize the importance of sharing goals, principles, and outcomes of interest. You know how to develop a mission statement to describe the purpose of TJC and detail what you hope to achieve.
Section 4: Terms Used in the Field

Every field has its own terms and the correctional field is no exception. This section defines a number of basic terms used in this module. This section defines a number of basic terms used in this module. These terms have been highlighted in textboxes throughout the module.

Boundary spanners: “Individuals who can facilitate communication across agencies and profession to coordinate policies and services.”

Efficacy: The power to produce an effect.

Fidelity: A measure of the degree to which a given intervention is actually applied or carried out as intended.

Logic model: “A picture of how your organization does its work—the theory and assumptions underlying the program. A program logic model links outcomes (both short- and long-term) with program activities/processes and the theoretical assumptions/principles of the program.”

Long-term public safety: Differing from simple public safety, which is enhanced for the short term while an offender is incarcerated, long-term public safety involves the prevention of and protection from events that could endanger the safety of the general public, and sustains this desired state over a significant period of time after an offender is released from jail.

Partnership: “A formal agreement between two or more parties that have agreed to work together in the pursuit of common goals.” Within the criminal justice system, partnership requires that system stakeholders put aside past differences or competition in favor of a mutually agreed upon or shared mission.

Public safety: The prevention of and protection from events that could endanger the safety of the general public such as crimes or disasters.

Stakeholders: People, practitioners, or actors within the system of criminal justice as well as those employed outside the system or within the community who share interest in or offer service to transitioning offenders

Conclusion

Now that you have completed this module, you should be able to better understand the critical elements of the local partnering process, how to elicit representation from all appropriate segments of the community, define the roles and responsibilities of each partner, and clearly define procedures to hold each other accountable.

32 Service de police de la Ville de Montréal, “Definition of Partnership,” available at: http://www.spvm.qc.ca/EN/service/1_5_3_1_definition-partenariat.asp.
DOUGLAS COUNTY KANSAS, COMMUNITY COLLABORATION
COUNCIL ON REENTRY IMPLEMENTATION TEAM

EXECUTIVE COUNCIL

Members:
Sheriff Ken McGovern, Chair
County Commissioner Jim Flory
State Representative and House Minority Leader Paul Davis
United Way CEO Erika Dvorske
The Hon. Michael J. Malone
City of Lawrence Legal Services Director Toni Wheeler
Cris Anderson, USD 497 (Lawrence)
Sandra Dixon, DCCC
Loring Henderson, Lawrence Community Shelter
Barbara Huppee, Lawrence-Douglas County Housing Authority
Pat Roach Smith, Bert Nash Community Mental Health Center
Norman White, Kansas Department of Social and Rehabilitative Services (SRS)
Tom Kern, CEO Lawrence Chamber of Commerce

Shannon Murphy as staff liaison

Responsibilities
• Meet quarterly; annually with CCCR
• Champion the initiative in the community
• Vehicle for community-wide communication
• Address policy and legislative barriers for the Douglas County TJC initiative
• Identify and support the collection and review of macro-level evaluation components
• Solicit commitment from their organization
• Hold initiative accountable for meeting performance metrics

COMMUNITY COLLABORATION COUNCIL ON REENTRY (CCCR)

Responsibilities
• Meet bi-monthly
• Communicate regularly with Executive Council to keep them fully informed regarding the progress of the Douglas County TJC initiative
• Provide recommendations to Executive Council regarding shape of the initiative
• Develop goals, outcomes, and measures for the initiative
• Convene and oversee work groups tasked on specific implementation issues
Members
Shannon Murphy, Chair
Dr. Christy Blanchard, Bert Nash Community Mental Health Center, Vice-Chair
Corrections Officer II/Work Release Team Leader Kyle Appleby
Jess Bartlett, DCCCCA
Sally Bartlett, Lawrence Community Shelter
Kim Bruns, University of Kansas School of Social Welfare
Mike Caron, Programs Director
Jeannette Collier, Case Manager, East Central Kansas Opportunity Corporation (ECKAN)
Debbie Ferguson, Community Corrections
Deputy Darcie Holthaus
Kate Heinen, Women’s Transitional Care Services (WTCS)
Barbara Huppee, Lawrence Douglas County Housing Authority
Richard Jackson, CEO, ECKAN
Amy McGowan, District Attorney’s Office
Jim Rumsey, Defense Attorney
Margaret Severson, University of Kansas School of Social Welfare
Sharen Steele, High School Completion Program
Sherman Tolbert, Ex-Offender/Salvation Army
Norm White, Kansas Department of Social and Rehabilitative Services (SRS)

Missing Partners:
LEO
Physical Health
Employment
Faith-Based
Transportation

**CCCR WORK GROUPS**

Responsibilities
- Complete concrete, discrete tasks delegated to them by the Executive Council, Community-Based Advisory Board, and/or CCCR
- Task-oriented
- Clear, written directives with defined ending

A. **Resource Card and Packets:** For inmates, staff, and the community
  a. Update resource information in facility library
  b. Provide staff resource information
  c. Update resource card for distribution in community
  d. Develop resource packets for releasing inmates

Members: Sharen Steele, High School Diploma Completion Program
B. **Mission Statement:**

**Members:** Norm White, CHAIR, SRS  
Jess Bartlett, DCCCA  
Shannon Murphy, Reentry Director  
Sherman Tolbert, 10th Street Ministries/Salvation Army

C. **Screening (for all) and Assessment (target population)**

**Members:** Deborah Ferguson, Deputy Director Community Corrections  
Steve Freeman, Administrative Sergeant  
Jason Hess, HRADAC  
Wes Houk, Operations Lieutenant  
Shannon Murphy, Reentry Director  
Libby Scott, State Parole Officer  
Eric Spurling, Classification Sergeant  
Sharon Zehr, LCSW Bert Nash Community Mental Health Center

D. **Data Evaluation (facility- and community-based):**

**Members:** Dr. Christy Blanchard, Bert Nash Community Mental Health Center  
Kim Bruns, University of Kansas School of Social Welfare  
Shannon Murphy, Reentry Director  
Janeen Buck, TJC Liaison

E. **Statutory and Policies/Procedures Barriers: To Be Developed**

F. **Programs (facility- and community-based): To Be Developed**

G. **Release Plan: To Be Developed**

H. **Case Management (facility- and community-based): To Be Developed**

I. **Mentoring: To Be Developed**
## Checklist: Reaching out to earn partner support

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Determine if the person you plan to contact is familiar with your agency.</td>
</tr>
<tr>
<td>2.</td>
<td>Highlight why you think their agency would make a great partner.</td>
</tr>
<tr>
<td>3.</td>
<td>Figure out their potential role in the transitional process.</td>
</tr>
<tr>
<td>4.</td>
<td>Understand what needs they have and how partnering will help them.</td>
</tr>
<tr>
<td>5.</td>
<td>Consider what incentives exist for them to participate.</td>
</tr>
<tr>
<td>6.</td>
<td>Think about the issue from their frame of reference.</td>
</tr>
<tr>
<td>7.</td>
<td>Identify the benefits this partnership will bring to their agency.</td>
</tr>
<tr>
<td>8.</td>
<td>Review the written materials you have developed to explain your agency and the TJC model.</td>
</tr>
<tr>
<td>Checklist: First Communication</td>
<td>Notes</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>1. Make first contact in person, by phone, or an e-mail followed by a phone call.</td>
<td></td>
</tr>
<tr>
<td>2. If possible, make first contact at their site where they feel most comfortable.</td>
<td></td>
</tr>
<tr>
<td>3. Introduce yourself.</td>
<td></td>
</tr>
<tr>
<td>4. Describe the TJC model.</td>
<td></td>
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<tr>
<td>5. Give them a brochure on the TJC model or attach a Microsoft Word or PDF file to an e-mail.</td>
<td></td>
</tr>
<tr>
<td>6. Tell them the agency you represent would like to develop a coordinated reentry committee that brings different agencies together to improve successful outcomes of the reentering population.</td>
<td></td>
</tr>
<tr>
<td>7. Make sure to ask question and determine their needs.</td>
<td></td>
</tr>
<tr>
<td>8. Invite them to take a tour of your agency.</td>
<td></td>
</tr>
</tbody>
</table>
Module 4: Data-Driven Understanding of Local Reentry

Welcome to Data-Driven Understanding of Local Reentry. This document is the PDF version of the online TJC Implementation Toolkit, and will not necessarily reflect the changes and updates made to the toolkit. To view the latest and most complete version of this module, visit www.jailtransition.com/Toolkit. This module provides you with information on the essential role reliable data play in successfully transitioning people from jail to the community.

“Sheriffs, directors, department heads, and commissioners all make dozens of decisions that commit resources, impact working conditions, and set in motion programs that will be in place for years to come. These decisions have the power to affect people’s lives for good or for bad, so it is obviously important that they are based on the best information possible.

Captain Randy Demory
Kent County Sheriff’s Office
Grand Rapids, Michigan

We all know that agencies within or related to corrections collect all types of information or data. For our purposes, we simply want you to ask yourself what information you need to develop effective jail transition interventions. What do you need to know about the jail population and their needs, and about the capacity of existing programs to meet those needs?

Before you begin, ask yourself how often your agency uses data to

• Improve your understanding of the risk and needs of people transitioning from jail to the community.
• Determine the resources available and accessible to meet their needs.
• Help develop strategic initiative plans.
• Monitor the success of the transition process.
• Allocate your resources wisely to realize the best possible organizational/system outcomes.

By the end of this section, you’ll understand the importance of using a data-driven approach to inform your decisions and shape your responses. You will also begin to identify what data or information might be helpful to inform and evaluate your efforts.

This module has five sections and will take between 10 and 15 minutes to complete.
Recommended audience for this module

- Sheriffs
- Jail administrators
- Correction officers
- Jail treatment staff
- Classification and intake staff
- Community corrections staff
- Reentry coordinators
- Community providers
- Social service providers
- Probation officers
- Pretrial services
- County board members
- Criminal justice council members
- Funders
- Local legislators
- Information technology staff working on development of data systems

This module also includes a list of resources after each section to help in the process.

Module Objectives

In this module you will have the opportunity to explore the importance of using a data-driven approach when implementing the Transition from Jail to Community (TJC) model in your community.

This module helps you to use data to examine key questions about reentry:
- What information don’t we know that we need to know?
- How can we get that information?
- What are the key outcomes we need to track?

This module has five sections:
1. The Role of Data in a Reentry Effort
2. Data Collection
3. Management Information Systems
4. Mining the Data
5. Terms Used in the Field

By the end of this module, you will be able to
- Explain the importance of a data-driven approach to the TJC model.
- Identify the elements in a data collection process.
- Recognize the barriers to data collection.
- Discuss the benefits of a management information system.
The Transition from Jail to Community Model

This visual indicates where *Data-Driven Understanding of Local Reentry* fits in the TJC model.

**System Elements**

- Leadership, vision, and organizational culture
- Collaborative structure and joint ownership
- Data-driven understanding of local reentry
- Targeted intervention strategies
- Self-evaluation and sustainability

**Individual Intervention Elements**

**JAIL**
- Screening & Assessment
- Transition Plan
- Targeted Interventions
- Information & referrals
- Case management
- Formal services
- Informal support systems
- Supervision

**COMMUNITY**
Section 1: The Role of Data in a Reentry Effort

This section will help you learn how objective information or data can inform, improve, and refine your jail transition process.

Data can answer questions about

- Characteristics of your population
- Who should be targeted for intervention
- What crimes are most likely to cycle through your jail
- What resources are available

A data-driven approach to local reentry is the exact opposite of making decisions based on incomplete information, hunches, or tradition (because it’s always been the policy or procedure of your agency to do things in a certain way).

To begin, ask yourself

- What kinds of data do agencies in your community use?
- How are these data being used to improve the transition process from jail to the community?
- What capacity is in place to develop, collect, maintain, and analyze the data?
- What factors influence whether and how data are used in the decision-making process?

Accessing, collecting and analyzing local data are a first step to

- Confirm or refute perceptions about pressing issues.
- Monitor progress, measure outcomes, and formulate policies.
- Assess the characteristics of the jail population, local crime problems, laws, policies, and local resources.
- Identify issues, problems, and potential solutions for the jail population pre- and post-incarceration.
- Increase understanding of target populations of particular interest.
- Identify subsets of the population likely to consume disproportionate criminal justice and program resources.
- Identify geographic areas to which the jail population returns.
- Identify benchmarks and develop measures to chart progress toward them.
- Trace service referrals, engagement, and utilization, and share that information with partner agencies.
- Inform or implement improvements to your strategy.
- Identify resources that can be leveraged.
- Support sound decision making about policy and resource allocation
For more information and examples from the field


2. The Council of State Government’s Report of the Re-Entry Policy Council has very relevant information on developing a knowledge base of information, including (a) understanding who is being released from prison, and (b) identifying what state and local policies influence and govern reentry. It also speaks to data issues for multiorganizational reentry initiatives like the TJC. It can be accessed at http://www.reentrpolicy.org/Report/PartI/ChapterI-A/PolicyStatement2.


Summary

Collecting and analyzing local data is an important first step in developing an effective TJC effort. Data can help you identify issues and problems, inform improvements, monitor progress, measure outcomes, and formulate sound reentry policies.
Section 2: Data Collection

This section helps you understand what data should be collected and used to make decisions. Agencies are often faced with one of two problems:

- Some agencies have only basic information about their population and available resources, and start from scratch when developing their data collection systems.
- In contrast, other agencies are rich in data, but the data are not in a format that can be easily extracted, analyzed, shared, or presented in easy-to-comprehend reports.

To make matters worse, even when available, the data are often located in different electronic management systems (EMS) or separately on paper documents, which makes data integration nearly impossible. Rarely do agencies have the ability to share real-time data among themselves.

Regardless of which of these problems your agency has, the first step is to review management information systems, program records, and other data sources maintained by the jail and community partners to identify the characteristics and needs of their jail-involved clients, as well as the range of available resources in the jail and the community.

This information is critical to create a baseline understanding of the pre-TJC state, an accurate assessment of key issues, and the development of an appropriate set of integrated responses.

To begin, you will need to identify what data are presently available from the jail, service providers, and other sources; in what format; and how confident you are in the data’s reliability. We recommend that you begin by cataloging the following information:

- Name of each data source
- Information available from each source
- Data format (e.g., electronic, paper)
- Ownership of data
- How to access the data
- Restrictions on data

Once you have the baseline information, it is time to prioritize and develop a system to collect necessary data not currently collected. Some of the information will be primary data, and some will be secondary data.
Addressing the following five questions is the best way to begin collecting data.

1. What data need to be collected?

At the individual level—

- Individual characteristics: age, name, race/ethnicity, education, employment history, criminal justice history, physical and mental health needs, length of stay, risk and needs factors, program participation, and geographic area to which the individual returns post-release
- Subsets of the population that consume disproportionate criminal justice and program resources (e.g., frequent users, the severely mentally ill, and those with chronic diseases)
- Individual outcomes such as recidivism, employment, health care access, and sobriety

At the system level—

- Your community’s crime problems, locations of crimes, laws and policies that impede or facilitate successful transitioning from jail to the community
- The availability and accessibility of services, gaps in services, fractured or unfunded services, data on programs, and resources that can be leveraged to support reentry

2. How can data be obtained?

- Intake, screening, and assessment files
- Program data from the jail and community agencies
- Self-administered surveys of clients or staff
- Interviewer-administered surveys of key stakeholders, service providers, and clients
- Focus groups
- Direct observations

3. Who is responsible for collecting the data?

- Managers
- System stakeholders: courts, probation, jail, police, treatment providers, and others
- Office of computer information services or local information technology (IT)/data management group/department

4. How confident are you that the data are accurate?

- Are there clear instructions and definitions about what is to be collected?
- Who originally entered the data?
- Was the person trained?
- Do the data appear to be complete?
- Are the fidelity and accuracy of data, methods of collection, and the people collecting data evaluated regularly?
- Are written policies, procedures, and guidelines in place to verify the data quality?
5. In what format will the data be collected?

- Electronically, via a management information system on a computer
- Paper based, such as case files and paper directories
- Verbally, via personal interviews and phone surveys

Data Challenges

Data collection is often challenging, and you should be aware of the problems you might face. Chuck Shorter at Tulane University identifies the following barriers to collecting data:

- Lack of knowledge about where data exist
- Lack of knowledge about how to access data
- Data not in electronic form
- Data in an incompatible format
- Only aggregated data available
- Frequency of data release
- Approval process for accessing data
- Previous interactions and history of partnerships (e.g., lack of trust)
- Fear of misinterpretation/misuse of data
- Confidentiality and privacy concerns
- Policies, including federal and state laws that limit access
- Limited resources (e.g., staff time)

Fortunately, there are a number of ways to address these barriers. In general, as we discussed in the Collaborative Structure and Joint Ownership module, a reentry implementation committee can help gain trust and facilitate standardized data collection among partnering agencies. You might want to hire an IT consultant if you begin to find that the data systems you want to integrate are not compatible.

Finally, as was also discussed in the previous module, developing a Memorandum of Understanding (MOU) that includes a data-sharing agreement clause will ease fears of misuse of data.

For more information on data collection, click here for the Pre- and Post-Release Intervention Sections of the Triage Matrix Implementation Tool and the TJC Pre-Implementation Case Flow Process templates to begin your inventory of the interventions in the jail facility, at transition, and in the community.

For more information and examples from the field

1. Short, eight-item questionnaire to identify if your agency collects the following criminal justice client data. Available in Appendix A.

2. Confidentiality Agreement: Montgomery County, Maryland, Pre-Release & Reentry Services. Available in Appendix B.

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33 Available at: http://www.urban.org/projects/tjc/toolkit/module4/Triage_Matrix_pre-post-intervention.xls
34 Available at: http://www.urban.org/projects/tjc/toolkit/module8/Preimplementation_Case_Flow.doc

4. A detailed list of suggested TJC baseline measures of jail population characteristics (Urban Institute). Available in Appendix D.


Summary

In this section you learned that it is important to thoroughly review what data are currently collected by your initiative partners. Staff and other agencies can help you to identify gaps in your current data collation systems. A data-sharing protocol can be established through the use of a memorandum of understanding. A sample memorandum of understanding was provided.
**Section 3: Management Information Systems**

This section provides an overview of management information systems and how this technology can assist in the collection and analysis of necessary data to understand reentry in your community.

A management information system (MIS), also referred to as an automated data system, is a computer system that enables you to record data in a systematic way and helps to manage all aspects of your agency. Ideally, an MIS can exchange data electronically with partnering agencies.

Some agencies do not have an MIS in place to record data and continue to rely on paper records, which can only be retrieved manually and are extremely time-consuming to analyze. Though an MIS requires training, support, and maintenance, its advantages far outweigh the time and resources it takes to implement it.

What MIS you decide to use is based on your agency’s resources, expertise, and compatibility with other systems. Agencies that do not have the resources to purchase a database software package often use Microsoft Access® when developing a database system. In the resource section, we have provided an Access® template and data entry instructions for how to use it.

A well-designed MIS has certain characteristics:

- Permits you to enter information once
- Assigns a unique identifier that follows an individual over time so records can be easily linked to other data systems across agencies.
- Facilitates data entry, access, and use
- Increases data accuracy
- Produces easy-to-read reports

Picture an MIS that

- Collects individual data, including program participation, education, employment, and disciplinary problems
- Examines classification scores of recidivists to assist with classification and program placement decisions for future inmates
- Assesses the differences in recidivism rates of program participants versus nonparticipants
- Evaluates the effect of educational and employment programs as well as substance abuse and mental health treatment on recidivism rates
- Identifies habitual misdemeanor offenders at intake and prompts appropriate program referral
Interagency Information Sharing and Protecting Confidentiality

An MIS is integrated when agencies (law enforcement, courts, jails, medical providers, and other community-based organizations) working with the same population have the ability to access and share information electronically. Having an MIS in place increases the ability to provide continuity of care to individuals at time of release.

Agencies using an integrated MIS recognize the privacy concerns for the electronic tracking of an individual's sensitive personal information. Firewalls can be developed so only those who have permission and a password have access to the data. In addition, agencies can establish a unique identifier other than social security or a DOC number, which could help track the individual after discharge without the loss of privacy or increased stigmatization that could occur through use of a DOC number.

For more information and examples from the field


2. Instructions and Microsoft Access© intake data entry form produced by the Criminal Justice Research and Evaluation Center, John Jay College, for a social service agency that works with delinquent youths. Available: http://www.urban.org/projects/tjc/toolkit/module4/Baseline_Data_Entry_Instructions_For_Access.doc


Summary

In this section you learned that a management information system is a computer system that enables you to systematically record data. Such systems minimize the need to record the same data multiple times, increase the accuracy of data, and facilitate meaningful data analysis.
Section 4: Mining Your Data

This section provides an overview of some key points to consider in developing analysis and reports from your collected data. Data can be very powerful. Just imagine having data on the number of jobs the formerly incarcerated held after being part of an in-jail employment program, and you were able to show that they had lower re-arrest rates over a 12-month period post-release than those who were not part of the job program. Politicians and funders like to support success stories that are backed by hard data.

After you evaluate the available data and begin to collect data needed to evaluate your efforts, data mining is the process by which you measure the effectiveness of a variety of TJC outcomes, ranging from producing simple descriptive statistics like how many men and women are substance abusers, to more complex analyses that may include comparing your data with other similar data at the state or national level. The goal, however, is to use the data you have collected to inform your agency and other stakeholders about where to put your transition resources and, eventually, how successful you have been transitioning people from jail to the community.

Randy Demory of the Kent County Sheriff’s Office in Michigan has these data mining recommendations.35

1. Plan Ahead: Centralize all of your data analysis efforts for easy retrieval, and designate a skilled person or a data team to handle all data requests. You will want to provide your data team with tools to pull data from the MIS in an easy-to-manipulate format that allows for the creation of basic tables like cross tabs.

<table>
<thead>
<tr>
<th>Outcome Category by Service Provider (Number and Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Provider A</td>
</tr>
<tr>
<td>Provider B</td>
</tr>
<tr>
<td>Provider C</td>
</tr>
<tr>
<td>Provider D</td>
</tr>
<tr>
<td>Provider E</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

The table compares service providers’ ability to keep participants engaged in treatment for 90 days after release from jail.

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2. **Avoid Data Overload:** Too many tables and numbers make people shy away from the data. Instead focus on using more charts and graphs, and produce only reports that are meaningful and directed toward what the partners need.

3. **Measure What Matters:** Use the data to help you define what is most important to your agency. The Kent County Jail has focused on analyzing and disseminating the following types of data:

   - Jail population statistics
   - Inmate incident statistics
   - Program performance data
   - Employee performance data

View Appendix E for Kent County Jail’s monthly Performance Measures for the Main Jail, Community Reentry Center (CRC), and Honor Camp. These are items that Kent County reports each month to the Office of the Sheriff and quarterly to county administration as part of its performance-based budgeting process.

For example, the Kent County Jail reports the rate of violence in the Main Jail, since that is important to them. They also report the percent of “productive residents” at the CRC and Honor Camp, with “productivity” defined as working or being in programs at least 20 hours a week. They track the numbers of people who are helped to find jobs. They also have a goal of meeting a certain number of active partnerships with community program providers, and they do meet that very easily each month.

### Sober Unit Living Stats

<table>
<thead>
<tr>
<th>110 Total Clients with Outcomes (year to date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average length of stay</td>
</tr>
<tr>
<td>CT = Completed Treatment</td>
</tr>
<tr>
<td>SD = Staff Decided to Remove</td>
</tr>
<tr>
<td>ER = Early Release from Jail</td>
</tr>
<tr>
<td>CD = Client Decision to Leave</td>
</tr>
<tr>
<td>ERT = Early Release to Treatment Facility</td>
</tr>
<tr>
<td>JD = Jail Staff Decision to Remove</td>
</tr>
<tr>
<td>SP = Sent to Prison</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

4. **Require Flexibility:** Train your data team to handle data requests beyond what the MIS software reports produce. This means that they will need to learn how to write queries of the system.

5. **Produce Regular Statistical Reports:** Determine what data reports your agency needs most. Decision makers should have access to daily, weekly, or monthly reports. An annual statistical report is also recommended to assess population characteristic and program change over time.
In Denver, routine data extracts from the Reentry Database are reported, including client demographics, living situation, employment and educational levels, and the type and frequency of services utilized. Reports are also generated by the Life Skills Diversion Officers and the Community Reentry Project Case Managers. These reports consist of a rating system completed by staff on client motivation and ability to participate in the reentry process, as well as a record of current services the client is utilizing.

**Summary**

In this section you learned that data mining is a process of analyzing data to determine patterns and relationships. When done effectively, data mining can inform your agency and stakeholders where transition resources are needed and how successful your transition program has been.
Section 5: Terms Used in the Field

This section defines a number of basic terms used in this module. These terms will be highlighted in purple throughout the module, allowing you to rollover the term to see the definition.

**Data**: A recording of facts, concepts, or instructions on a storage medium for communication, retrieval, and analysis.

**Data-driven process of local reentry**: The process of collecting and analyzing data to make appropriate decisions when transitioning individuals from the jail to the community.

**Data mining**: The “process of analyzing data in order to determine patterns and their relationships.”

**Management information system**: “An information collection and analysis system, usually computerized, that facilitates access to program and participant information. It is usually designed and used for administrative purposes.”

**Primary data**: Original data obtained directly from individuals through screening, assessment, surveys, interviews, or focus groups.

**Secondary data**: Useful data already collected for another purpose, such as health records and resource information.

**Summary**

Now that you have completed this section, you understand key terminology that is used in this module.

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Short, eight-item questionnaire to identify if your agency collects the following criminal justice client data.

**Does your agency collect the following client data?**
*If you do not know if your agency maintains the data item, please select Don't Know. If the data item does not apply to your agency, please select Not Applicable.*

<table>
<thead>
<tr>
<th>Data Item</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Not Applicable</th>
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</thead>
<tbody>
<tr>
<td>The person or agency that referred the client to your agency</td>
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<tr>
<td>A client's criminal history</td>
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<td>Whether a client was recently released from jail</td>
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<tr>
<td>Whether a client was recently released from state or federal prison</td>
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<tr>
<td>Whether a client is under community supervision (e.g., probation, parole)</td>
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<tr>
<td>Whether a client is being served by other agencies in the community</td>
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<tr>
<td>What services a client is receiving from other agencies in the community</td>
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<tr>
<td>Client assessments conducted by your agency or another agency</td>
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</tr>
</tbody>
</table>
AGREEMENT TO HOLD INFORMATION CONFIDENTIAL

Both State and Federal law requires that information obtained on offenders is strictly confidential and may not be released or divulged to another outside the Montgomery County Department of Correction and Rehabilitation unless very specific waiver requirements have been obtained (see Policy and Procedure 2000-32, Confidentiality and Security of Information Concerning Residents). Employees, interns, volunteers, and Alternative Service workers are obligated by law and by directive of the Pre-Release and Reentry Services Chief Administrator not to discuss information concerning Pre-Release Center residents or Home Confinement clients with anyone not employed by Pre-Release and Reentry Services unless proper approval is obtained in advance.

I agree to hold information that I attain concerning Pre-Release Center residents/Home Confinement clients confidential and will not divulge any such information unless prior authority is obtained in accordance with the Pre-Release Center Policy and Procedure 2000-32, Confidentiality and Security of Information Concerning Residents.

__________________________________________    _____________________
Print Name                      Date

__________________________________________    _____________________
Signature                      Date

__________________________________________    _____________________
Witness                        Date
Summary of Proposed MOU for Facilitating Data Sharing Among Agencies Participating in New York State’s TPC Initiative

The Problem

Many of the analyses likely to be needed by the Steering Committee and its workgroups will require sharing case-level data among two or more participating agencies. Unfortunately, under participating agencies’ existing procedures for sharing data for research purposes, it often takes months to arrange and complete such analyses. If the normal processes have to be repeated separately for each analysis, the work of the Steering Committee and its workgroups will be repeatedly and substantially delayed.\(^1\)

Requested analyses often can be completed quickly, once the relevant data have been compiled and prepared for analysis. Typically, the sources of greatest delay in projects that require sharing data among agencies are

- the process of preparing, reviewing, and approving requests for access to data, and
- the process of matching records from two or more sources.

The Solution

The TPC Research and Information Support Team (RIST) recommends establishing a single, over-arching MOU to govern data sharing for the purpose of supporting TPC analyses. To that end, the Team has

- reviewed the data sharing policies of each participating agency,
- reviewed a sample of existing MOUs that have been adopted by participating agencies for similar purposes,\(^2\) and
- prepared a draft MOU that the Team believes is consistent with participating agencies’ existing policies.

The proposed MOU would establish policies and procedures that would expedite the approval and matching processes by

- creating a “TPC Core Database,” which would incorporate individual-level data from DOCS, DOP, DCJS, and perhaps DPCA;
- establishing a “certification” process, whereby the construction of additional, special purpose, interagency data sets could be authorized as needed on the basis of

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\(^1\) Dozens of such analyses are anticipated.

\(^2\) The existing MOUs varied substantially in format, from brief and general, to long, detailed, precise, and legalistic. The Team chose to adopt a very detailed format, reasoning that agencies that prefer the briefer format would still find the more detailed approach acceptable (but not necessarily vice-versa).
documentation confirming that a proposed data project conforms to the requirements of
the TPC MOU (without a need to develop a separate MOU for each instance); and
• “pre-matching” personal identifiers available in the Core Database with the internal
database identifiers used in participating agencies’ data systems.

The Core Database will permit nearly immediate turn-around for a substantial proportion of
analyses needed for TPC purposes. On those occasions when analyses require additional data not
included in the Core Database,

• the certification process will expedite authorization to access the relevant data, and

• extracting the necessary records from the appropriate systems will be greatly expedited
(in most cases) by having already completed the “pre-match.”

The proposed MOU takes into account the fact that some of the relevant, individual-level data
cannot be shared in identifiable form for TPC purposes (e.g., Medicaid data or data relating to
participation in treatment for chemical dependence), and it allows for the possibility that the
agency hosting such data might have to be the last in line to add data to a composite file and
might then have to be the agency that conducts the requested analyses.

Provisions of the MOU

The following briefly outlines the contents of each of the major sections of the MOU, as drafted
by the RIST members.

Intent

The participating agencies agree that they intend, whenever possible and as appropriate, to

• Share data to support TPC analyses
• Conduct and contribute to TPC analyses
• Develop and maintain an adult core database
• Explore the desirability and feasibility of a juvenile core database
• Construct and analyze special data sets as needed
• Match person or case identifiers in advance
• Limit release of data and findings to the TPC Steering Committee, its workgroups, and
the agencies that contributed data (except with the explicit approval for wider distribution
by the Steering Committee and the agencies that contributed data).

Participating agencies also agree that an agency may decline to supply requested data or conduct
requested analyses, provided the party explains in writing why supplying the data or conducting
the analyses is either illegal or not feasible.

Definitions
Definitions are provided for the following key terms: TPC analysis, data project, data project description, certification, data provider, data recipient, lead agency, aggregated data set, de-identified data set, limited data set, identifiable data set, adult core database, and special data set.

Confidentiality Safeguards Applicable to All Participating Agencies

Paragraphs 22–30 specify actions and limitations on use of data designed to protect confidentiality of individuals who are the subjects of the data, to which all participating agencies must agree.

Agency-Specific Provisions

Paragraphs 31–37 specify exceptions and additional limitations that apply to certain types of data or data held by certain participating agencies.

Request and Certification Procedures

Each instance of a need to prepare and analyze a “special data set” requires a separate data project description and data project certification. This section
• explains identification and role of the lead agency,
• specifies the required elements of a data project description, and
• explains the forms and procedures required to “certify” that a proposed data project complies with the provisions of the MOU.

Disclosure of Findings

Specifies that, prior to release to the Steering Committee or its workgroups, the findings of TPC analyses
• will be reviewed by data providers to correct factual errors, misinterpretations of data elements, or misinterpretation of agency policies; and
• will not be disclosed to anyone who is not a party to the MOU, without the explicit approval of the TPC Steering Committee and the agencies that contribute data to the analyses.

Attachment A: Certification Form

Attachment A of the MOU is the form that is to be completed, signed, and attached to the “data project description” for each proposed “data project.” It “certifies” that a proposed data project complies in all respects with the provisions of the TPC MOU.

According to the current draft of the MOU, the person authorized to sign the certification for each agency involved in a data project would be the agency’s representative on the Research and Information Support Team (RIST). An agency is, of course, free to establish internal procedures not documented in the MOU that might be prerequisite to authorizing its RIST representative to “sign off” on individual projects. However, since the purpose of establishing the certification

Transition from Jail to Community Initiative Implementation Toolkit www.jailtransition.com/toolkit
Module 4: Appendix C

process is to expedite the approvals, any additional layers of review should be kept to a minimum.
MEMORANDUM OF UNDERSTANDING CONCERNING SHARING OF DATA AND OTHER DATA ANALYSIS RESOURCES AMONG AGENCIES PARTICIPATING IN THE NEW YORK STATE TRANSITION FROM PRISON TO COMMUNITY INITIATIVE (hereinafter “TPC”), WHICH AGENCIES (hereinafter “the parties”) INCLUDE

The New York State Division of Criminal Justice Services (hereinafter “DCJS”) having its principal offices at 4 Tower Place, Albany, NY 12203, and

The New York State Department of Correctional Services (hereinafter “DOCS”) having its principal offices at Building 2, State Campus, Albany, NY 12226, and

The New York State Division of Parole (hereinafter “DOP”) having its principal offices at 97 Central Avenue, Albany, NY 12206, and

The New York State Department of Health (hereinafter “DOH”) having its principal offices at Corning Tower, Empire State Plaza, Albany, NY 12237, and

The New York State Department of Labor (hereinafter “DOL”) having its principal offices at the State Campus, Building 12, Albany, NY 12240, and

The New York State Division of Housing and Community Renewal (hereinafter “DHCR”) having its principal offices at Hampton Plaza, 38-40 State Street, Albany, NY 12207, and

The New York State Division of Probation and Correctional Alternatives (hereinafter “DPCA”) having its principal offices at 80 Wolf Road, Albany, NY 12205, and

The New York State Office of Alcoholism and Substance Abuse Services (hereinafter “OASAS”) having its principal offices at 1450 Western Avenue, Albany NY 12203, and

The New York State Office of Children and Family Services (hereinafter “OCFS”) having its principal offices at 52 Washington Street, Rensselaer, NY 12144, and

The New York State Office of Mental Health (hereinafter “OMH”) having its principal offices at 44 Holland Avenue, Albany, NY 12229, and

The New York State Office of Mental Retardation and Developmental Disabilities (hereinafter “OMRDD”) having its principal offices at 44 Holland Avenue, Albany, NY 12229, and

The New York State Office of Temporary and Disability Assistance (hereinafter “OTDA”) having its principal offices at 40 North Pearl Street, Albany, NY 12243.
WHEREAS, in order to identify potential targets for improvements in the management of offenders transitioning from prison to community and to support development of a multidisciplinary Transition Accountability Planning process, the parties have a mutual interest in compiling and sharing information about the characteristics and circumstances of offenders transitioning from prison to community, as well as information about case processing decisions, services, and other interventions for offenders transitioning from prison to community; and

WHEREAS, many analyses needed by the TPC Steering Committee and its workgroups for the above-mentioned purposes will require preparing data sets that include data maintained by two or more of the parties to this agreement; and

WHEREAS, it is recognized by the parties that, if the data sharing request and approval process and the data matching process must be undertaken separately for each TPC-related analysis, the work of the TPC Steering Committee and its workgroups will be repeatedly and substantially delayed;

NOW, THEREFORE, in order to promote efficiency in responding to the information needs of the TPC Initiative, the parties agree as follows:

1. The MOU will be deemed executed for the purpose of referencing the MOU as of the date it has been signed by authorized representatives of at least two of the parties. The MOU will become effective for each individual party as of the date it is signed by an authorized representative of the respective party.

Intent

2. Share data to support TPC analyses. The parties intend to share data needed to support TPC analyses for the TPC Steering Committee and its workgroups, to the extent that such data

   a. are under the control of a party to this agreement; and
   b. are readily available or obtainable given a reasonable commitment of resources; and
   c. are, in the judgment of the party in control of the data, not prohibited by applicable statutes and regulations to be shared for the purposes to be served by TPC analyses; and
   d. can be shared using data management procedures that comply with applicable statutes and regulations and the provisions of this MOU.

3. Conduct and contribute to TPC analyses. The parties intend to conduct analyses, or assist in the conduct of analyses, or otherwise contribute knowledge and expertise, as such contributions are requested by the TPC Steering Committee and its workgroups, or as individual parties independently determine that sharing information in their possession will facilitate the work of the TPC Steering Committee and its workgroups, to the extent that the individual parties determine that such contributions are feasible and that the necessary resources can be committed.
4. Develop and maintain an adult core database. To support rapid completion of as many as possible of the analyses needed by the TPC Steering Committee and its workgroups, DOCS, DOP, and DCJS intend to develop and maintain an adult core database that combines information from existing DOCS, DOP, and DCJS databases, and which is made available to DOCS, DOP, and DCJS analysts to support TPC analyses. The adult core database will include information for offenders in selected annual prison release cohorts. It will be developed and maintained pursuant to a data project description and data project certification prepared and executed by DCJS, DOCS, and DOP, according to procedures detailed in paragraphs 30 through 38 of this agreement.

5. Explore the desirability and feasibility of a juvenile core database. The parties intend to assist OCFS in determining whether it is desirable and feasible to construct a juvenile core database, analogous to the adult core database referenced above. If judged by the TPC Steering Committee to be desirable and feasible, the juvenile core database will be developed and maintained pursuant to a data project description and data project certification prepared by OCFS and executed by parties that agree to join in the resulting certified data project, according to procedures detailed in paragraphs 30 through 38 of this agreement.

6. Construct and analyze special data sets as needed. The parties intend to construct special data sets as needed to support TPC analyses that cannot be accomplished using either the adult core database alone, or, if it is developed and implemented, the juvenile core database alone. Individuals to be included in special data sets may be identified via analyses of a core database, but a special data set will also incorporate information which is not included in a core database and may include information from parties who do not contribute data to a core database. Special data sets will be developed and analyzed pursuant to data project descriptions and data project certifications, according to procedures detailed in paragraphs 30 through 38 of this agreement.

7. Match person or case identifiers in advance. In order to expedite the eventual construction and analysis of special data sets when the need arises, the parties intend to undertake advance matching of person or case identifiers for individuals in the release cohorts represented in the adult core database to the person or case identifiers that serve as links to case-level data in the parties’ respective data systems.

8. Limit release of data and findings. Data sets and analytic findings produced pursuant to this agreement are intended to be used for TPC purposes only. No individual-level information will be disclosed to anyone except those specified as data recipients in an applicable data project certification that conforms to the confidentiality protections specified in paragraphs 21 through 38 of this agreement. Aggregate findings will not be released to any person or organization other than the TPC Steering Committee, its workgroups, and the agencies that contributed data, without the approval of the Steering Committee and the agencies that contributed data.

9. Decline under exceptional circumstances. A party may decline to supply data or conduct analyses requested by the TPC Steering Committee or its workgroups, provided the party explains to the Steering Committee in writing why supplying the requested data or conducting the requested analyses is either illegal or not feasible.
Definitions

10. **TPC analysis** means a qualitative or quantitative analysis of offender characteristics and circumstances, case processing decisions, case plans and planning processes, or services and other interventions for offenders transitioning from prison to community, conducted at the request of the TPC Steering Committee or its workgroups, or proposed by the TPC Research and Information Support Team and endorsed by the Steering Committee.

11. **Data project** means a set of activities undertaken to combine data provided by more than one of the parties to this agreement, or to provide data maintained by one agency to analysts in another agency, and to conduct one or more TPC analyses using the shared data set. The data to be incorporated in a data project could come from existing electronic databases, or a data project could include conducting original interviews, conducting original surveys, or conducting original data collection from paper case files.

12. **Data Project Description (DPD)** means a document describing the purposes and methods of a proposed data project. A DPD is required as part of the process of certifying that a proposed data project complies with the provisions of this MOU.

13. **Certification** means a document, signed by the parties serving as data providers and data recipients for a data project detailed in an accompanying data project description, which attests to the fact that the data project complies with the provisions of this MOU.

14. For any given data project, an agency that is a party to this agreement may serve as a data provider, a data recipient, or the lead agency, or may serve any combination of these functions:

   a. **Data provider** means a party to this agreement that provides data to another party to this agreement pursuant to a certified data project, in a manner consistent with applicable rules, regulations, statutes, and the provisions of this MOU.

   b. **Data recipient** means a party to this agreement that receives data from another party to this agreement pursuant to a certified data project, in a manner consistent with applicable rules, regulations, statutes, and the provisions of this MOU. A data recipient may also be a data provider, when a data recipient combines data from two or more data providers, then forwards the combined data set to another data recipient or returns the combined data set to the original data provider.

   c. **Lead agency** means a party to this agreement that accepts responsibility for preparing the data project description for a given data project and for coordinating data preparation and TPC analyses for that project. The lead agency usually will also be the party taking responsibility for conducting the TPC analyses for a given data project, but there will be exceptions due to limitations on sharing data held by certain agencies.

15. **Aggregated data set** means a data set providing information on some number of variables (P), provided as counts of the numbers of cases with each unique combination of values for the P variables. Combinations with fewer than 5 cases are excluded, so that it is not possible to identify
individual persons either directly or indirectly. An aggregate data set may be provided in one of the following equivalent formats:

a. a P-way table, in which each cell corresponds to a unique combination of values for the P variables, each cell contains a count of the number of cases having the corresponding combination of values, and the count in each cell is either zero or at least five; or

b. a data file containing one record for each case, in which each record contains the values for the P variables in the corresponding case, and there are either zero records (no cases) or at least five records (>= 5 cases) having each unique combination of values for the P variables that occurs in the data set; or

c. a data file containing one record for each unique combination of values for the P variables that occurs in the data set, in which is recorded the P values that define a unique combination and the number of cases (at least five) having the corresponding combination of values.

16. De-identified data set is defined in this agreement according to the stringent criteria adopted in the OMH privacy policy. A data set is considered de-identified if either condition (a) or condition (b) is satisfied:

a. All of the following identifiers of the individual (and relatives, employers, or household members) are removed:
   i. Names;
   ii. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes (except that including the initial 3 digits of a zip code is permissible if the corresponding geographic area contains more than 20,000 people);
   iii. Elements of dates (except year) directly related to the individual, and all ages and elements of dates that indicate age for individuals over 89, unless aggregated into a single category of age 90 and older;
   iv. Telephone numbers; fax numbers; email addresses; social security numbers; medical record numbers; health plan beneficiary numbers; account numbers; certificate or license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers;
   v. Web Universal Resource Locators (URLs);
   vi. Internet Protocol (IP) address numbers;
   vii. Biometric identifiers;
   viii. Full face photographic images; and
   ix. Any other personally unique identifying number, characteristic, or code (e.g., indictment numbers or docket numbers); OR

b. A person who is employed by the data provider, who has appropriate knowledge and experience with generally acceptable statistical and scientific principles and methods, determines that the risk is very small that the information could be used, alone or with
other reasonably available information, to identify the individual who is the subject of the information.

17. Limited data set means a data set that excludes the following direct identifiers of the individual or of relatives, employers, or household members of the individual:

a. Names;
b. Postal address information, other than town or city, State, and zip code (county may be included because it is not considered postal address information for this purpose);
c. Telephone numbers; fax numbers; email addresses; social security numbers; medical record numbers; health plan beneficiary numbers; account numbers; certificate or license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers;
d. Web Universal Resource Locators (URLs);
e. Internet Protocol (IP) address numbers;
f. Biometric identifiers; and
g. Full face photographic images.

18. Identifiable data set means a data set that does not qualify as an aggregate data set, a de-identified data set, or a limited data set according to the criteria specified in this agreement.

19. Adult core database means a data set combining information from existing DOCS, DOP, and DCJS databases, made available to DOCS, DOP, and DCJS analysts without the necessity of further approvals, for the purpose of conducting TPC analyses as the need for such analyses arise.

20. Special data set means a data set that includes information that is not available in the adult core database, usually (but not necessarily) combined with information from the adult core database. A special data set is constructed pursuant to a certified data project, incorporates information from one or more of the data providers identified in the certification, and is made available for TPC analyses to one or more of the data recipients identified in the certification, as provided in the associated data project description.

Confidentiality Safeguards Applicable to All Participating Agencies

21. Data recipients may use data received from other parties pursuant to this agreement only for TPC purposes, as described in the applicable data project descriptions.

22. Data recipients will not combine information in a certified data set with information from sources other than those authorized in the applicable data project descriptions.
23. Data recipients will restrict access to data received from other parties to those employees whose responsibilities require access to accomplish the functions authorized in the applicable data project descriptions.

24. Data recipients will store all physical media containing individually identifiable information in secure locations.
25. Data recipients will refrain from adding any information that would make the records more identifiable than specified in the applicable data project descriptions.

26. Data recipients will retain the data only as long as necessary to effectuate the purposes specified in the applicable data project descriptions. Upon completion of the TPC analyses, the data recipients agree to return or, with the consent of the providing agencies, destroy all confidential or proprietary information. Destruction includes the complete purging of all confidential information from all computers and backup media storage.

27. Data recipients will permit data providers to monitor, audit, and review activities of receiving agencies to assure compliance with this agreement.

28. Data recipients will not disclose individual-level information received from data providers to any other person or organization, except as explicitly authorized in the applicable data project description and certification.

29. No party to this agreement may disclose to any other party to this agreement any chemical dependence treatment information that is governed by 42 CFR Part 2 in a form that permits it to be linked to an identifiable individual, nor any information that identifies individuals as chemical dependency treatment participants, without the written consent of each individual who is the subject of such data. Additionally, no party to this agreement may disclose to any other party to this agreement any information that identifies an individual’s HIV status.

Agency-Specific Provisions

30. DCJS can provide criminal history information under the following conditions: DCJS can provide aggregate data sets without restriction; can provide identifiable data sets, limited data sets, or de-identified data sets from which sealed cases have been excluded; and can also provide data sets which include sealed cases, dates, and geographic subdivisions, provided that such data sets are otherwise de-identified. DCJS can serve as a data recipient and, resources permitting, can match data sets, conduct person-level analyses on matched data sets, and provide matched data sets (either identifiable, limited, or de-identified, as permitted by the laws, rules, and regulations governing data disclosure by DCJS and the other parties contributing data to the matched data sets) to other parties to this agreement serving as data recipients, pursuant to applicable data project descriptions.

31. DOCS can provide aggregate data sets, de-identified data sets, limited data sets, or identifiable data sets, pursuant to certified data projects that comply in all other respects to the provisions of this agreement. DOCS can serve as a data recipient and, resources permitting, can match data sets, conduct person-level analyses on matched data sets, and provide matched data sets (either identifiable, limited, or de-identified, as permitted by the laws, rules, and regulations governing data disclosure by DOCS and the other parties contributing data to the matched data sets) to other parties to this agreement serving as data recipients, pursuant to applicable Data Project Descriptions.
32. DOP can provide aggregate data sets, de-identified data sets, limited data sets, or identifiable
data sets, pursuant to certified data projects that comply in all other respects to the provisions of
this agreement. DOP can serve as a data recipient and, resources permitting, can match data sets,
conduct person-level analyses on matched data sets, and provide matched data sets (either
identifiable, limited, or de-identified, as permitted by the laws, rules, and regulations governing
data disclosure by DOP and the other parties contributing data to the matched data sets) to other
parties to this agreement serving as data recipients, pursuant to applicable Data Project
Descriptions.

33. DOH can provide aggregated data sets but cannot release individual level data (neither
identifiable, limited, nor de-identified data sets) for the purposes of TPC analyses. DOH can
serve as a data recipient for client identifying data and, resources permitting, can match data sets
and conduct client-level analyses on matched data sets.

34. DOL is prohibited by federal and state privacy statutes and regulations from sharing client
identifying data without a specific release from each client. However, DOL can serve as a data
recipient for client identifying data and, resources permitting, match data sets and conduct client
level analyses on matched data sets. Nonetheless, DOL is limited to providing only aggregate
data and reports, and de-identified data sets, to other parties absent individual specific releases
from each client.

35. DPCA can provide aggregate data sets from the Integrated Probation Registration System
without restriction and other such data sets from which sealed cases have been excluded or de-
identified or as otherwise not restricted. It is further understood that any data physically
maintained on behalf of DPCA by DCJS is within DPCA control for purposes of this MOU.

36. OASAS is prohibited by federal privacy regulations from sharing client identifying data
without a specific release from each client. OASAS can serve as a data recipient for client-
identifying data and, resources permitting, match data sets and conduct client level analyses on
matched data sets. In the absence of client consent, OASAS is limited to providing only
aggregate data sets and reports to other parties.

37. OCFS may provide, resources permitting, aggregate data sets, de-identified data sets, limited
data sets, or identifiable data sets pursuant to certified data projects and, resources permitting,
can match data sets, conduct person-level analyses on matched data sets, and provide matched
data sets (either identifiable, limited, or de-identified, as permitted by the laws, rules, and
regulations governing data disclosure by OCFS) to other parties to this agreement serving as data
recipients, pursuant to applicable Data Project Descriptions.

38. OMH may provide health information in aggregated data sets or de-identified data sets. OMH
may also provide health information in limited data sets pursuant to a standard Confidentiality
and Non-Disclosure Agreement and a Data Exchange Agreement, provided the proposed use of
the data is judged by OMH to constitute bona fide research. OMH can serve as a data recipient
for client identifying data and, resources permitting, match data sets and conduct client level
analyses on matched data sets.
Request and Certification Procedures

39. Each instance of a need to prepare and analyze a special data set requires a separate data project description and data project certification.

40. One of the parties to this agreement will be designated to serve as the lead agency for each data project, based on the recommendation of the Research and Information Support Team chairperson, with the approval of the Steering Committee representatives from the agencies participating in the data project.

41. The Research and Information Support Team representative from the lead agency will coordinate preparation of the data project description, certification by the parties serving as data providers and data recipients for the data project, construction and maintenance of the necessary data set, and the analyses specified in the data project description.

42. The data project description must include the following elements:
   a. The purpose of the project and the questions to be addressed by the project;
   b. A definition of the cohort or sample of cases to be analyzed and an explanation of how cases will be identified and selected;
   c. Identification of the parties that will serve as data providers and data recipients;
   d. A list of the data elements or explanation of the types of data needed to support the proposed analyses, presented separately for each prospective data provider;
   e. An explanation of matching criteria and procedures, including matching sequence if more than two data providers will be contributing data;
   f. A summary of anticipated analyses and products; and
   g. Designation of the party or parties to conduct analyses.

43. The data project description will be reviewed for feasibility and compliance with the provisions of this agreement by the Research and Information Support Team representatives of the parties designated as data providers and data recipients for the proposed project, drawing on the expertise of other staff in their respective agencies as appropriate.

44. If satisfied that the proposed data project complies with the provisions of this agreement and does not violate the policies of their respective agencies, each Research and Information Support Team representative of the parties designated as data providers and data recipients for the proposed project will sign a certification form, included with this MOU as Attachment A, which
   a. Identifies the parties designated as data providers and data recipients;
   b. Certifies that the associated data project description conforms in all respects to the requirements for a data project description as specified in this MOU and describes a data project that conforms in all respects to the provisions of this MOU;
   c. Certifies that individuals for whom case record data are requested are the subjects of bona fide TPC Analyses being conducted or coordinated by the lead agency as described in the associated data project description;
   d. Certifies that any data obtained by data recipients from data providers will only be used for the purposes described in the associated data project description;
Module 4: Appendix C

e. Includes a summary of the kinds of data requested from each data provider and certifies that the associated data project description includes a specific listing of the data items requested from each data provider.

45. A completed certification form signed by the Research and Information Support Team representatives of the parties designated therein as data providers and data recipients shall constitute authorization to proceed with the data project as described in the associated data project description.

Disclosure of Findings

46. The findings of TPC analyses conducted pursuant to certified data projects will be reviewed by data providers to correct factual errors, misinterpretations of data elements, or misinterpretation of agency policies prior to being disclosed to the Steering Committee or its workgroups.

47. The data exchanged among the agencies that are parties to this agreement may be protected by law, rule, or regulation, and the findings of TPC analyses are confidential policy advice to the Steering Committee and its workgroups and will not be disclosed by any party to this agreement to any person or organization that is not party to this agreement without the explicit approval of the TPC Steering Committee and the agencies that contributed data to the analyses.

Term and Termination

48. This agreement shall take effect for each individual party immediately upon signature by that party, and shall remain in effect for each individual party so long as that party remains committed to the TPC data sharing initiative.

49. Each party shall have the right to terminate its participation in this agreement immediately upon written notice to the other parties.

50. This agreement may be modified or amended upon written notice of approval by a majority of members of the TPC Steering Committee and the unanimous written consent of the parties to this agreement.
Signatures

51. In witness whereof, the parties signed this agreement on the day and year appearing opposite their respective signatures.

NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
By: ___________________________ Title: ___________________________
Date: ____________

NEW YORK STATE DEPARTMENT OF CORRECTIONAL SERVICES
By: ___________________________ Title: ___________________________
Date: ____________

NEW YORK STATE DIVISION OF PAROLE
By: ___________________________ Title: ___________________________
Date: ____________

NEW YORK STATE DEPARTMENT OF HEALTH
By: ___________________________ Title: ___________________________
Date: ____________

NEW YORK STATE DEPARTMENT OF LABOR
By: ___________________________ Title: ___________________________
Date: ____________

NEW YORK STATE DIVISION OF HOUSING AND COMMUNITY RENEWAL
By: ___________________________ Title: ___________________________
Date: ____________

NEW YORK STATE DIVISION OF PROBATION AND CORRECTIONAL ALTERNATIVES
By: ___________________________ Title: ___________________________
Date: ____________

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
By: ___________________________ Title: ___________________________
Date: ____________

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
By: ___________________________ Title: ___________________________
Date: ____________
ATTACHMENT A: CERTIFICATION FORM

Certification by Data Recipients

WHEREAS, the data recipients listed below request permission from the data providers listed below to compile and analyze certain case record information specified in the attached Data Project Description, in accordance with the provisions of the attached “Memorandum of Understanding Concerning Sharing Of Data And Other Data Analysis Resources Among Agencies Participating In The New York State Transition From Prison To Community Initiative” (hereinafter “the MOU”) first executed on <mm/dd/yyyy>:

1. The undersigned data recipients certify that the attached Data Project Description conforms in all respects to the requirements for a Data Project Description as specified in the attached MOU and describes a data project that conforms in all respects with the provisions of the attached MOU;

2. The undersigned further certify that the individuals for whom case record data are requested are the subjects of bona fide TPC Analyses being conducted or coordinated by the Lead Agency as described in the attached Data Project Description;

3. The undersigned further certify that any data obtained from data providers pertaining to the individuals for whom case record data are requested will only be used for the purposes described in the attached Data Project Description;

4. The undersigned further certify that the attached Data Project Description includes a specific listing of the data items requested from each data provider, which listing may be summarized as follows:

brief paragraph summarizing kinds of data requested to be inserted here>

5. The undersigned further certify that only the appropriate data managers and analysts of the data recipients or their agents will have access to the data, and that the data recipients and their agents will comply in all respects with the procedures, requirements, and conditions specified in the MOU.

<table>
<thead>
<tr>
<th>Data Recipients</th>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>(Lead Agency)</td>
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CERTIFICATION FORM (CONTINUED)

Approval by Data Providers

The undersigned agree that the data providers listed herein shall provide the items of case record information specified in the attached Data Project Description, to the extent such items are contained in data providers’ files, subject to the terms and conditions of the attached MOU.

<table>
<thead>
<tr>
<th>Data Providers</th>
<th>Research and Information Support Team (RIST) Representative</th>
<th>Date</th>
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<tbody>
<tr>
<td></td>
<td>Name</td>
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TJC Baseline Measures
Jail Population Characteristics

I. Demographic Breakouts
• # of individuals booked in the county jail per reporting period
• # /% of individuals booked multiple times (3 or more) during reporting period (% = # of individuals with multiple bookings/ total # of individuals booked)
• #/first time arrestees
• #/with multiple priors, and range, mean, median # of priors among clients with priors
• Age – range, mean, median for individuals booked during the reporting period
• Race/Ethnicity – #/by category
• Sex – #/by category
• Offense type – #/by category (i.e., drug/person/property)
• Offense severity - #/by category (misdemeanor; felony; municipal, parole violation, other)
• Length of Stay (LOS) – mean, median in days; may calculate mean and median of hours for book and release
• #/with mental health flag
• #/with substance abuse flag
• Initial Classification Score – #/by category (i.e., high/medium/low risk); range of scores if risk classification is based on a score generated from the assessment.

II. Status type - by age, race, sex, offense type, criminal history (none, moderate, extensive), and LOS (mean, median # days in jail)
• #/book and release
• #/release within 48-72 hours
• #/pre-trial
• #/sentenced;
• #/in for technical violations
• #/other status (?)

III. Returning Clients (frequent fliers) – by age, race, sex, offense type
• Total #/of clients with 3 or more jail stays (custody events) in 12-month period
• # returns per client (average # of times in custody regardless of duration) in 12-month period) among those clients with 3 or more stays – range, mean, median
• Duration of stay – mean, median # of days in jail for subsequent stays

IV. Screening/Assessment/Needs (LSIR?)
• #/clients screened at booking/intake (%=# individuals screened/ total # booked)
• #/clients assessed (% = # individuals assessed/ total # booked; ideally would want to know % and # assessed of those flagged for assessment at screening)
• # days between screening and assessment – range, mean, median
• #/mental health flag that are screened, assessed, served
• #/substance abuse flag that are screened, assessed, served
• #/homeless at booking
• #/employed at booking, by status (full time, part time, seasonal/sporadic)
• #/with GED or high school, college, etc at booking (educational status)

---

1 There is some flexibility in defining this initial reporting period. For example, the reporting period could focus on one month of data (September 2008); this would provide a snapshot of the jail population. A longer reporting period, such as January-June 2008, would provide a more comprehensive picture of the jail population.

2 *Would also want to know where people are released -- # with a permanent address live, or to where they anticipate returning upon release (geographic location) – would want to know both.
V. In-Jail Services and Programming
- # inmates (unduplicated) enrolled in services/programs, by type
- Average # hours of services/programming received
- #/% completing programs
- #/% non-completers, by reason (released, dropped out, etc)
- #/% eligible for Life Skills program; #/% referred and served by Life Skills program
- #/% eligible for other in-jail programs; #/% referred and served by other programs (by program type, if possible)

VI. Criminal History Breakouts
- Age at first arrest – range, mean, median
- Age at first conviction – range, mean, median
- First arrest offense (report on offense categories)
- First conviction offense (report on offense categories)
- Types of crimes committed (specialist vs generalist) – individual level measure
- Prior arrests – #/% clients; range, mean and median # arrests, offense type
- Prior convictions – #/% clients; range, mean and median # convictions, offense type
- Prior jail stays* – #/% clients; range, mean and median # stays (could run for incarcerations)
## Correctional Facilities Performance Indicators

### Main Jail

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Output</th>
<th>Outcome</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance on MDOC inspections.</td>
<td>Number of MDOC inspections in this time period.</td>
<td>Rate of compliance on MDOC inspections. (Determined by looking at the “Operations Inspection Form” completed by the jail inspectors during their yearly inspections, and dividing the number of Administrative Rules we complied with by the total number of 37 Administrative Rules.)</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total for this month</td>
<td># Year to date</td>
<td>% for this month</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Assultive inmate rule violations.</td>
<td>Number of assaultive inmate rule violations. (Determined by counting the number of violations in the Main Jail of V215, V216, V218, V222, V302, V303, V304, V308, V312, V318, V319, or V320 during this time period.)</td>
<td>Rate of assaultive inmate rule violations per 100 inmates. (Determined by counting the number of assaultive violations in the Main Jail during this time period, divided by admissions into the Main Jail in this time period, and multiplying by 100.)</td>
<td>.80</td>
</tr>
<tr>
<td></td>
<td>Total # for this month</td>
<td># Year to date</td>
<td>% for this month</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>133</td>
<td>.93 per 100</td>
</tr>
<tr>
<td>Inmates receiving 14 day physicals.</td>
<td>Number of inmates receiving 14-day physicals. (Determined by the records kept in Intake by medical that track the number of inmates who came into Intake, didn’t refuse the physical, weren’t released, and received a physical within 14 days. Info obtained from PHS.)</td>
<td>Percentage of inmates receiving 14-day physicals. (Determined by dividing number of inmates who received a physical by the total number who came into Intake, didn’t refuse the physical, and weren’t released within 14 days. Info obtained from PHS.)</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>Total # for this month</td>
<td># Year to date</td>
<td>% for this month</td>
</tr>
<tr>
<td></td>
<td>165</td>
<td>1073</td>
<td>98.9%</td>
</tr>
</tbody>
</table>

### Community Reentry Center and Honor Camp

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Output</th>
<th>Outcome</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnerships with other agencies.</td>
<td>Number of partnerships with other agencies. (List of agency names available.)</td>
<td>Percentage of partnerships that are active.</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Total # for this month</td>
<td># Year to date</td>
<td>Total % for this month</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>14</td>
<td>100 %</td>
</tr>
<tr>
<td>Inmates who are productive during their stay.</td>
<td>Number of inmates who were productive. (Based on the last week in the month of the “Production Hours” spreadsheet that counts the eligible inmates on work release, working as trusties, in SLU, or in the GED program.)</td>
<td>Percentage of inmates who were productive. (Determined by dividing the number of productive inmates by the number of inmates who were there at least one calendar week.)</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>Total # for this month’s snapshot</td>
<td></td>
<td>Total % for this month</td>
</tr>
<tr>
<td></td>
<td>91 out of 119 eligible</td>
<td></td>
<td>76%</td>
</tr>
<tr>
<td>Inmates employed.</td>
<td>Number of inmates placed in jobs. (Determined by the “Resident Information Sheet” ’06 Excel file.)</td>
<td>Percentage of inmates placed in jobs. (Determined by dividing the number of working inmates by the number of inmates who are sentenced, have longer than 30 days left on their sentence, and have no medical restriction.)</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td># Year to date</td>
<td>% Year to date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>172 out of 330 eligible</td>
<td></td>
<td>52%</td>
</tr>
</tbody>
</table>

The following table is a year-to-date accounting of completions by the inmates in the Sober Living Unit, Kent County Jail’s intensive substance abuse treatment program.
Module 5: Targeted Intervention Strategies

Welcome to Targeted Intervention Strategies. This document is the PDF version of the online TJC Implementation Toolkit, and will not necessarily reflect the changes and updates made to the toolkit. To view the latest and most complete version of this module, visit www.jailtransition.com/Toolkit. This module provides an overview of targeted intervention strategies that are designed to improve the outcomes of people transitioning from jail to the community. This module also will explain how to use the Triage Matrix Implementation Tool to match offenders to the appropriate intervention and how to use the risk-need-responsivity model to increase the likelihood of success for those transitioning from jail to the community.

"Reentry is ultimately a local issue. Whether we like it or not, parolees are coming back into our communities. Once a parolee has returned, there is very little the Department of Corrections can do to improve his or her chance to successfully reintegrate into our community. All the critical needs have to be provided by our local community. And any new crimes committed by parolees adversely impact the public safety of our community. So it's in our best interest to help increase the probability of success for these parolees."

Rick Roney, Chair, Santa Barbara County Reentry Committee
Santa Barbara, California

This module has three sections and should take 10 to 15 minutes to complete.

The recommended audience for this module includes:

- Sheriffs
- Jail administrators
- Correction officers
- Jail treatment staff
- Community corrections staff
- Reentry coordinators
- Community providers
- Probation officers
- Pretrial services
- County commissioners
- County board members
- Criminal justice council members

This module also includes resource lists for additional reading.
Module Objectives

This module provides information that will help you to understand why and how targeted intervention strategies form the core of the Transition from Jail to Community (TJC) model at the individual level and comprise the basic building blocks for effective jail-to-community transition.

Improving transition at the individual level involves the introduction of specific interventions at critical points along the jail-to-community continuum. The underlying premise, based on research, is that interventions at these key points can facilitate reintegration and reduce reoffending, thereby increasing public safety.

Critical to this approach are the principles that:

- interventions should begin in jail with the booking process and continue, as needed, throughout incarceration and upon release into the community;
- targeted and more intensive interventions should be used for medium- to high-risk offenders identified through the assessment process, as they are most likely to recidivate;
- interventions should be tailored to the specific needs, risks, and strengths of each individual.

This module discusses the:

- primary elements of targeted intervention strategies;
- benefits of using targeted intervention strategies to help people transitioning from jail to the community;
- research evidence that supports the principles underlying targeted intervention strategies.

This module contains the following three sections:

1. A Triage Approach to Targeted Interventions
2. The Risk-Need-Responsivity Model for Assessment and Rehabilitation
3. Terms Used in the Field

By the end of this module, you should be able to:

- explain why targeted intervention strategies are needed;
- complete the Triage Matrix Implementation Tool;
- identify the key transition intervention strategies of the TJC’s Implementation Roadmap;
- discuss the research that supports targeted intervention strategies;
- understand the risk-need-responsivity model for assessment and rehabilitation.
The Transition from Jail to Community Model

The visual below indicates how Targeted Intervention Strategies are included in the Transition from Jail to Community model. They comprise one of five key system elements that must be in place for the TJC model to work.
Section 1. A Triage Approach to Targeted Interventions

In this section, you will learn the importance of prioritizing resources and targeting intervention strategies based on system and individual factors. Clearly, given the diversity of the jail population, unpredictable lengths of stay, limited resources, and principles of evidence-based practice, it is not possible or desirable to provide the same level of intervention to everyone who enters the jail setting.

In fact, to obtain an optimum level of efficiency and effectiveness, quick screening tools should be used to separate low-risk offenders from their medium- and high-risk counterparts. Interventions can occur both inside and outside the jail. The key is to match the right person to the right resources so that higher risk individuals receive more intensive interventions in the jail and the community. Therefore, the TJC project recommends a triage system to help a system determine “who gets what.”

Triage Planning

The word *triage* comes from the French term “trier,” to sort. We often think of triage scenarios when natural and human disasters occur and decisions have to be made quickly to identify and treat the most seriously injured.

**Triage protocols are effective because they:**

- bring order to a chaotic situation;
- quickly sort a large number of people on the basis of a serious condition;
- set the path for individualized treatment;
- facilitate a coordinated effort between jail- and community-based supervision agencies and providers;
- are fluid enough to accommodate changes in the number of people involved in the process, the availability of resources, and the extent of need.

A jail setting is a busy and sometimes chaotic environment, but decisions still have to be made at reception to determine each individual’s risk and needs. This is a particularly acute problem within a jail facility because of the rapid rate of turnover and short length of stay of most inmates. A triage matrix, tailored to the needs, resources, and timelines of your jurisdiction, will help determine the appropriate allocation of services by categorizing individuals and identifying the appropriate mix of targeted interventions.

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38 United States Army, Office of the Division Surgeon, 10th Mountain Division. Presentation delivered as part of a Trauma Focused Training. Fort Drum, NY.
The following case studies will help you to begin thinking about the unique risk and needs of your population.

**Case study 1.** Mr. Smith is a 34-year-old, single man serving a nine-month sentence for possession of crack cocaine. Mr. Smith has an extensive history of criminal offenses that includes three state terms of incarceration and 10 jail sentences. Mr. Smith has spent nearly 11 years of his adult life in jail or prison. Mr. Smith’s file also indicates that he dropped out of school in the tenth grade, has a history of significant reading problems that were never addressed by the educational system, and was homeless and unemployed at the time of his arrest.39

**Case study 2.** Mr. Jones is a 19-year-old, single man serving a 15-day sentence for possession of marijuana and medication (i.e., Concerta, a stimulant used to treat ADHD) for which he didn’t have a prescription. Prior to his arrest, Mr. Jones had no prior criminal record, attended community college, was employed part-time as a waiter at a local eatery, and lived with his mother.

Using these two case studies, ask yourself the following questions about these individuals:

- Which screenings and assessment instruments are needed to identify their risk and needs as they enter your facility?
- What are their unique risks?
- How pressing is the need for intervention?
- How extensive is the need for intervention?
- What is the likelihood of reoffending and how severe might the crime be?
- What are their unique needs?
- Do you know their length of stay?
- What factors would you use to sort them by risk and needs?
- What type of jail and community intervention is required?
- What type of transition planning and which specific targeted interventions, if any, are needed?

Don’t worry if you don’t have all the answers. In this module and the next three modules, you will learn how to perform the following 10 tasks (outlined in the Targeted Intervention Strategies section of the TJC Implementation Roadmap and designed to address these and related topics):

1. Complete the Triage Matrix Implementation Tool.40
2. Apply screening instruments to all jail entrants.
3. Apply risk/needs assessment instrument(s) to selected jail entrants.
4. Produce transition case plans for selected jail entrants.
5. Define the scope and content of jail transition interventions currently in place.
6. Provide resource packets to all jail inmates upon release.
7. Deliver in-jail interventions to selected inmates.
8. Deliver community interventions to selected released inmates.
9. Provide case management to selected jail entrants.

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10. Provide mentors to selected individuals.

To begin, review The Triage Matrix Implementation Tool referenced in Task 1 and developed by the TJC project team to help your jurisdiction prioritize goals, identify target populations, and allocate limited resources to your jurisdiction’s intervention strategies. An example of this document is available in Appendix A, and a full version is available at [http://www.urban.org/projects/tjc/toolkit/module1/Triage_Matrix.xls](http://www.urban.org/projects/tjc/toolkit/module1/Triage_Matrix.xls). The underlying concept is that everyone in the jail population should get some intervention, which may be as minimal as receiving basic information on community resources, but the most intensive interventions are reserved for inmates with higher risk and needs. The triage matrix includes the following four sections:

1. Screening and Assessment
2. Transition Case Plan
3. Pre-Release Interventions
4. Post-Release Interventions

The triage matrix includes a worksheet for each section and a sample matrix with all sections completed. All content in the sample triage matrix is approximate and should be adapted to fit your community. We recommend that you fill in the triage matrix as soon as possible to better understand the strengths and gaps in your present transition system.

**For more information and examples from the field**


Summary

Now that you have completed this section, you should understand that incarcerated people have varying needs. Some require intensive interventions, while others require little or no intervention. The Triage Matrix Implementation Tool and the TJC Implementation Roadmap can help you prioritize goals, identify task and target populations, and allocate resources efficiently and effectively.
Section 2. The Risk-Need-Responsivity Model for Assessment and Rehabilitation

In the last section, we frequently used the terms risk and needs. In this section, you will learn the research behind the risk-need-responsivity (RNR) model and why this model is an important concept to understand when carrying out the 10 tasks outlined in the Targeted Intervention Strategies section of the TJC Implementation Roadmap.

Risk-Need-Responsivity Model

Researchers have spent years formulating the principles of effective intervention strategies for correctional populations. Many researchers support the risk-need-responsivity (RNR) model, which states that the risk and needs of the incarcerated individual should determine the strategies appropriate for addressing the individual’s criminogenic factors before and after release.

According to Don Andrews and James Bonta, leading criminal justice scholars, the RNR model is based on the following three principles:

1. **Risk principle.** Match the level of service to the offender’s risk of reoffending, based on static factors (e.g., age at first arrest, gender) and dynamic factors (e.g., substance abuse, antisocial attitudes). High-risk offenders should receive more intensive intervention.

2. **Need principle.** Assess criminogenic needs and target them in treatment. High-risk offenders should receive intensive treatment, while low-risk offenders should receive minimal or no treatment.

3. **Responsivity principle.** Maximize the offender’s ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities, and strengths of the offender.

Principles of Effective Correctional Intervention

Latessa and his colleagues identify eight principles of effective correctional intervention. They are included here so you can better understand how to increase the chance of successful intervention. Tools such as the Correctional Program Assessment Inventory (CPAI) are available to determine the extent to which your strategy meets these principles.

Principle 1. Organizational Culture

Principle 2. Program Implementation/Maintenance

Principle 3. Management/Staff Characteristics

Principle 4. Client Risk/Need Practices

Principle 5. Program Characteristics

Principle 6. Core Correctional Practice

Principle 7. Inter-Agency Communication

Principle 8. Evaluation

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Terms to Know

**Risk:** The probability that an offender will commit additional offenses.

**Criminogenic Need:** Factors that research has shown have a direct link to offending and can be changed.

**Responsivity:** Matching an offender’s personality and learning style with appropriate program settings and approaches.

Criminogenic needs are dynamic (changeable) risk factors that are proven through research to affect recidivism. These factors include:

- antisocial values, beliefs, and cognitive emotional states.
- rage, anger, defiance, criminal identity.
- antisocial friends.
- isolation from prosocial others.
- substance abuse.
- lack of empathy.
- impulsive behavior.
- family dysfunction, such as criminality, psychological problems, abuse, neglect.
- low levels of personal education.

Criminologist Edward Latessa believes that programming focused on cognitive behavioral therapy is the most effective way to treat criminogenic needs. As he states, “Thinking and behavior are linked: offenders behave like criminals because they think like criminals; changing thinking is the first step towards changing behavior.”

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**Risk and Public Safety**

Risk relates to the actual and perceived threats that offenders released from jail pose to the safety and property of potential victims in the community. Imagine such risks as being on a continuum: At one end are offenders who are too dangerous to be safely managed in the community and at the other end are offenders who pose no real risk to public safety.

When determining where a person falls on the continuum (risk assessment), you need to consider a number of factors (criminogenic needs) that research has shown are associated with recidivism. These criminogenic needs are dynamic, in that they can change over time. Ensuring that the returning inmate has accessed and will continue to access partnership services that address criminogenic needs is critical for managing and reducing any potential risks he or she may pose to the community.

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For more information and examples from the field


Summary

Now that you have completed this section, you should understand the basis for effective practices central to the TJC model. By accurately assessing risk, you can determine the most appropriate treatment interventions. You should understand that only needs that are directly related to offending should be the subject of interventions. Interventions should be responsive to the offender’s individual learning style, motivation, abilities, and strengths.
Section 3. Terms Used in the Field

This section defines a number of basic terms used in this module. These terms will be highlighted throughout the module, allowing you to rollover the term to see the definition.

Assessment. The systematic collection, analysis, and utilization of objective information about an offender’s level of risk and need.\(^\text{47}\)

Cognitive behavioral process. The complex relationship among thoughts, feelings, and behavior. People learn to manage this relationship from personal experience and from interaction with significant others. Deficits in the cognitive behavioral process may reinforce antisocial behavior, and these deficits often can be corrected through cognitive behavioral therapy.\(^\text{48}\)

Criminogenic factors. Recognized factors that have been proven to correlate highly with future criminal behavior.

Criminogenic needs. Factors that research has shown have a direct link to offending and can be changed.

Effective practice. Modes of operation that produce intended results,\(^\text{49}\) and, in relation to the TJC model, that enable the successful community reintegration of offenders so they end up leading productive and crime-free lives.

Evidence based practice: the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual offenders by integrating individual clinical expertise with the best available external clinical evidence from systematic research.\(^\text{50}\)

Modeling. Within a social-learning environment, the demonstration of prosocial skills by correctional officers, staff, and counselors to reinforce positive changes exhibited by transitioning offenders. An all-important aspect of any transition effort because successful transition efforts have been proven to take place within social-learning environments.

Responsivity. Matching an offender’s personality and learning style with appropriate program settings and approaches.\(^\text{51}\)

Risk. The probability that an offender will commit additional offenses.\(^\text{52}\)


\(^{49}\) Ibid.


\(^{52}\) Ibid.
**Triage.** The process by which a person is screened and assessed immediately on arrival at the jail or community service to determine the urgency of the person’s risk and needs in order to designated appropriate resources to care for the identified problems.53

**Conclusion**

Now that you have completed this section, you should understand the basis for effective practices central to the TJC model. By accurately assessing risk, you can determine the most appropriate treatment interventions. You should understand that only needs that are directly related to offending should be the subject of interventions. Interventions should be responsive to the offender’s individual learning style, motivation, abilities, and strengths

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<table>
<thead>
<tr>
<th>Screening and Assessment</th>
<th>Brief Description</th>
<th>Target Population</th>
<th>When</th>
<th>Where</th>
<th>Who Provides</th>
<th>Incentives</th>
<th>Questions/Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>Quick initial review to assess an inmate’s immediate risks and needs and make decisions regarding follow-up and further assessment (examples include acute mental or physical health screens, suicide screen, etc.)</td>
<td>Everyone (sentenced and pretrial)</td>
<td>At booking</td>
<td>In jail</td>
<td>Correctional staff/intake officers</td>
<td>Mandatory</td>
<td>What items are included in the screen? Is this recorded electronically, or paper only?</td>
</tr>
<tr>
<td>Classification</td>
<td>Assessment to determine housing placement in the jail</td>
<td>Those who are in jail at least 48-72 hours.</td>
<td>After booking and initial screening</td>
<td>In jail</td>
<td>Correctional staff/classification staff</td>
<td>Mandatory</td>
<td>As this is already standard practice in most jails, can other assessment activities be combined with it?</td>
</tr>
<tr>
<td>Detailed Assessments</td>
<td>More comprehensive risk/needs assessment conducted when initial screen determines need for follow-up (e.g. comprehensive mental health assessments and risk/needs assessments)</td>
<td>Those in jail at least 72 hours; those who warrant further follow-up based on initial screen. Sentenced and pretrial</td>
<td>After booking; before housing placement (if any) and ongoing after housing placement (first 2 weeks)</td>
<td>In jail if still incarcerated; at release point otherwise</td>
<td>Correctional program staff; community supervision officers (pretrial and/or probation); or staff from community service agency</td>
<td>Mandatory</td>
<td>Which assessments should be used for which risks and needs?</td>
</tr>
</tbody>
</table>

**TRANSITION CASE PLAN**

| Transition Case Plan | In-custody (pre-release) plan: Locally determined but generally sentenced and pretrial whose assessments determine need for a case plan and expected to stay in jail more than 2 weeks. | Discharge plan: Everyone expected to stay more than two weeks Post-release plan: Locally determined but generally sentenced and pretrial whose assessments determine need for a case plan and expected to stay in jail more than 2 weeks | In-custody (pre-release) plan: After detailed assessment (within one week after) Discharge plan: After detailed assessment; reassess monthly Post-release plan: After detailed assessment; reassess monthly | In-custody (pre-release) plan: In jail Discharge plan: In jail Post-release plan: Initially developed in jail; revised in community | Ideally, one individual would oversee all phases of the transition plan. This individual could be a correctional casemanager; community service provider; community supervision officer (pretrial and/or probation); or staff from community service agency | Formal recognition for plan completion; release earlier in the day for those with a plan; improved access to services | What does the form look like? What are the categories? Checklist for all or solely for med-high risk? If the plan is not overseen by one person, how does it “follow” the individual? Establish process to share plan information with providers and community supervision. |

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**Who Gets What? A Triage Matrix Implementation Tool to Help Sites Operationalize the TJC Model (September 2009)**

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Transition from Jail to Community Initiative Implementation Toolkit [www.jailtransition.com/toolkit](http://www.jailtransition.com/toolkit)
<table>
<thead>
<tr>
<th>Resource Information &amp; Referrals</th>
<th>Brief Description</th>
<th>Target Population</th>
<th>When</th>
<th>Where</th>
<th>Who Provides</th>
<th>Incentives</th>
<th>Questions/Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information that can be provided to all individuals upon release</td>
<td>Information that can be provided to all individuals upon release</td>
<td>Everyone (sentenced and pretrial)</td>
<td>At booking; while completing discharge plan; upon release</td>
<td>Release point</td>
<td>Correctional staff; community service providers; inmates</td>
<td>Improved access to services</td>
<td>What information is provided? Who puts it together?</td>
</tr>
<tr>
<td>Short Courses (hour to 1 day)</td>
<td>Short informational sessions (e.g., on accessing resources, resume development, etc.)</td>
<td>All sentenced and pretrial in jail more than 24 hours</td>
<td>After booking (first 24-72 hours)</td>
<td>In jail or other facility</td>
<td>Correctional staff; community service providers or volunteers</td>
<td>Additional privileges for attendance (extra rec, visiting, phone calls, etc.); earned good time</td>
<td>What is the content of the short course(s)? Are these stand alone courses, or designed to funnel participants into post release services?</td>
</tr>
<tr>
<td>Brief Training Sessions (3-10 days)</td>
<td>Short-term services such as skill training, psycho-educational classes, etc.</td>
<td>Low or medium risk/need with short/medium LOS (both sentenced and pretrial) whose assessments determine eligibility and who are in jail long enough (e.g., more than 72 hours).</td>
<td>After screening and assessment(s)</td>
<td>In jail or other facility</td>
<td>Community service providers in the lead as a bridge to post-discharge services; correctional staff</td>
<td>Additional privileges for attendance (extra rec, visiting, phone calls, etc.); earned good time</td>
<td></td>
</tr>
<tr>
<td>Formal Services, Treatment, Training</td>
<td>Longer-term services such as cognitive based groups, educational services, employment readiness, job training and placement, mental health and substance abuse treatment</td>
<td>High risk/need with long LOS (at least 30-90 days) who are assessed as needing a particular treatment or training program. Both sentenced and pretrial</td>
<td>After transition plan is developed (2-4 weeks)</td>
<td>In jail or other facility</td>
<td>Community service provider; Correctional program staff</td>
<td>Visiting and rec privileges for program participants in good standing; earned good time</td>
<td>How long do you have to have for treatment interventions (in the facility) to be successful? Inventory community providers who could provide &quot;in-reach&quot;</td>
</tr>
<tr>
<td>Case Management</td>
<td>Intensive support and management for high risk/need individuals who need to follow strict treatment regimens</td>
<td>Those determined to be high risk and high need</td>
<td>Coincides with transition plan development</td>
<td>In jail or other facility</td>
<td>Community social worker; correctional social worker</td>
<td>First in line for ID’s, benefits. Small tangibles like bus passes and food vouchers</td>
<td>Which organization can supply case managers? Can the same case managers work with the offender both pre- and post-release?</td>
</tr>
<tr>
<td>Mentoring</td>
<td>Support services for individuals when they are in jail and links them to community based resources and treatment</td>
<td>Locally determined</td>
<td>After case plan development</td>
<td>In jail or other facility</td>
<td>Community service provider or volunteer; successful former offenders, faith-based groups</td>
<td>Supported mentor/mentee activities (e.g., college admissions counseling); Visiting and rec privileges for program participants in good standing.</td>
<td>How should mentors be match with mentees? What are the skills or connections mentors need to bring to the table? Would drawing on successful ex-offender require a change in jail policy?</td>
</tr>
</tbody>
</table>

Transition from Jail to Community Initiative Implementation Toolkit  www.jailtransition.com/toolkit
<table>
<thead>
<tr>
<th>Brief Description</th>
<th>Target Population</th>
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<th>Who Provides</th>
<th>Incentives</th>
<th>Questions/Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resource Information &amp; Referrals</strong></td>
<td>Information that can be provided to all individuals after release</td>
<td>Everyone (sentenced and pretrial)</td>
<td>After release (first 24 hours or ideally at release)</td>
<td>At release or in community</td>
<td>Community service provider; community supervision officer (pretrial and/or probation), mentor or volunteer</td>
<td>Improved access to services</td>
</tr>
<tr>
<td><strong>Brief Training Sessions (3-10 days)</strong></td>
<td>Brief interventions immediately following release (e.g., how to access resources, complete development and job search assistance, skill training, psycho-educational classes, etc.)</td>
<td>Those determined high need by assessment but not enough time in jail or low/medium risk/need</td>
<td>After release (first week out)</td>
<td>In community -</td>
<td>Community service provider; community supervision officer (pretrial and/or probation), correctional transition staff, or volunteer</td>
<td>Small tangible items for participants (e.g., bus passes, food vouchers)</td>
</tr>
<tr>
<td><strong>Formal Services, Treatment, Training</strong></td>
<td>Longer-term services such as cognitive based groups, educational services, employment readiness, job training and placement, mental health and substance abuse treatment</td>
<td>High risk/need assessed as needing a particular treatment or training program</td>
<td>Upon release (start within first week after release)</td>
<td>In community</td>
<td>Community service provider</td>
<td>If these are intensive programs, the incentives for participation need to be robust. Condition of probation if applicable.</td>
</tr>
<tr>
<td><strong>Case Management</strong></td>
<td>Intensive support and management for high risk/need individuals who need to follow strict treatment regimens</td>
<td>Those determined to be high risk and high need</td>
<td>Upon release (start within first week after release), continuation from pre-release case management where possible</td>
<td>In community</td>
<td>Community social worker, ideally same individual as pre-release</td>
<td>Short-term rent assistance, small tangibles like bus passes and food vouchers. Condition of probation if applicable.</td>
</tr>
<tr>
<td><strong>Mentoring</strong></td>
<td>Support services for individuals upon release and connects them to community based resources and treatment</td>
<td>Locally determined</td>
<td>After release</td>
<td>In community</td>
<td>Community service provider or volunteer; successful former offenders, faith-based groups</td>
<td>Short-term rent assistance, small tangibles like bus passes and food vouchers Supported mentor/mentee activities (e.g. college admissions counseling?)</td>
</tr>
<tr>
<td><strong>Supervision</strong></td>
<td>For those with terms of community supervision following release, supervision agencies can broker services and hold individuals accountable</td>
<td>Those who are released onto supervision</td>
<td>Upon release (start within first week after release)</td>
<td>In community</td>
<td>Community corrections agent</td>
<td>Mandatory</td>
</tr>
</tbody>
</table>

Transition from Jail to Community Initiative Implementation Toolkit [www.jailtransition.com/toolkit](http://www.jailtransition.com/toolkit)
Module 6: Screening and Assessment

Welcome to Screening and Assessment. This document is the PDF version of the online TJC Implementation Toolkit, and will not necessarily reflect the changes and updates made to the toolkit. To view the latest and most complete version of this module, visit www.jailtransition.com/Toolkit. This module focuses on screening and assessment, the starting point of any targeted intervention strategy.

The implementation of facility-wide screening and assessment allows us to triage higher-risk inmates into the programs and interventions targeted for their needs, without spending unnecessary resources on low-risk offenders who are not likely to return to jail. The process allows us to target scarce resources for the offenders who have the greatest needs.

Shannon Murphy
Reentry Director and TJC Site Coordinator
Douglas County Sheriff's Office
Douglas County, Kansas

Before we begin, take some time to think about the screening and assessment your facility presently does.

A basic definition for screening is the use of a brief instrument to detect an individual’s potential risk or needs, while assessment is the process of identifying and documenting the specific risk and needs.

Terms to Know

- **Screening**: The strategy used to identify an individual's potential risk or needs as he or she enters the jail or another agency.
- **Assessment**: A system of assessing inmate criminogenic risks and needs for the purpose of determining transition needs; for use in the facility as well as the in the community.

Ask yourself the following questions:
1. Does your intake screening process utilize an empirically based medical screen(s)?  
   - All the time  
   - Some of the time  
   - Never  
   - Don’t know

2. Does your intake screening process identify individuals with mental health issues?  
   - All the time  
   - Some of the time  
   - Never  
   - Don’t know

3. Does your intake screening process identify individuals with substance abuse issues?  
   - All the time  
   - Some of the time  
   - Never  
   - Don’t know

4. Does your intake screening process identify individuals with suicide risk?  
   - All the time  
   - Some of the time  
   - Never  
   - Don’t know

5. Do individuals who score positive on mental health or substance abuse screens receive further empirically based assessments?  
   - All the time  
   - Some of the time  
   - Never  
   - Don’t know

6. Does your intake screening process utilize an empirically based risk-to-reoffend screen(s)?  
   - All the time  
   - Some of the time  
   - Never  
   - Don’t know

7. Do individuals who score medium or higher on the risk and needs screens receive further empirically based assessments?  
   - All the time  
   - Some of the time  
   - Never  
   - Don’t know

8. Are your risk and needs screens distinct from your classification system instrument?  
   - Yes  
   - No

9. Does your facility use an objective classification system for all incarcerated people?  
   - All the time  
   - Some of the time  
   - Never  
   - Don’t know

Did you answer “All the time” to the above questions? If not, this module is meant to help you understand why these different assessment processes are so important to the Transition from Jail to Community (TJC) model.

This module has five sections and will take between 10 and 15 minutes to complete.

**Recommended audience for this module:**

- Sheriffs
- Jail administrators
• Correction officers involved in transition efforts
• Jail treatment staff
• Community corrections staff
• Reentry coordinators
• Community providers
• Probation officers
• Pretrial services
• County board members
• Criminal justice council members

This module also includes a list of links to commonly used screens and assessments.

**Module Objectives**

In *Module 5: Targeted Intervention Strategies*, you learned about the 10 tasks outlined in the Targeted Intervention Strategies section of the TJC Implementation Roadmap and the importance of using the risk-need-responsivity model to determine the appropriate strategies to address an individual’s criminogenic factors pre- and post-release.

In this module you will have the opportunity to explore the second and third Targeted Intervention Strategies tasks of the TJC Implementation Roadmap, which highlights the importance of screening and assessing individuals during incarceration and upon their return to the community.

Task 2. Apply screening instrument to all jail entrants to identify offenders of varying levels of risk.

Task 3. Apply a more comprehensive risk/needs assessment instrument(s) to selected jail entrants.

**This module has five sections:**

1. The Need for Screening
2. The Need for Assessment
3. Selecting Screens and Assessment Tools
4. The Logistics of Screening and Assessment
5. Terms Used in the Field

**By the end of this module, you will be able to**

• Explain the purpose and importance of using screens and assessment tools.
• Select screening and assessment instruments that will identify the level of risk and needs within your jail population.
• Create a structure to apply screening and assessment tools in your facility or agency.
• List the basic requirements of training staff to administer the instruments.

**Figure 1: Targeted Intervention Filter**
Figure 1 summarizes the relationships among screening, assessment, transition planning, and jail and community interventions and their usual ordering in time. Note that individuals identified as high and medium risk during screening are tracked to assessment, unlike those screened as low risk. Whether interventions will begin in the jail or in the community will depend on length of stay (LOS).

**The Transition from Jail to Community Model**

This visual indicates where Screening and Assessment fits in the Transition from Jail to Community model.
**Section 1: The Need for Screening**

This section provides an overview on why and how routine screening of individuals’ risks, needs, and strengths is an essential component of an effective jail transition intervention strategy. Remember that screens are not used to diagnose an individual’s risk or needs, but only to identify the individual for further assessment.

We start with the five *W*’s (**who**, **what** where, **when**, and **why**) and one *H* (**how**) to help us with our understanding.

**Who do you screen?**

Universal screening is a key element of the TJC model. This means that everyone entering your facility, regardless of length of stay or conviction status, is screened for risk to reoffend, health, and behavioral concerns that might affect transition to the community. These screens help to identify those who need to receive more comprehensive services and a full assessment with a risk and needs assessment tool.

**What do you screen them for?**

Physical health, behavioral health, risk of drug or alcohol withdrawal, and suicide risk screens are probably administered to every new arrestee arriving at your facility. In addition, the TJC model recommends a quick risk-to-reoffend screen. These screens allow you to group the arrestees into low, medium, and high risk and needs categories. A TJC Triage Matrix goal is to identify low-risk offenders and assign them to minimal intervention to prevent the inefficient expenditure of time and resources on extensive assessment and programming, and to separate low-risk individuals from their higher risk counterparts.

Include the following items in screening:

- Physical health
- Infectious diseases
- Substance abuse
- Mental health
- Suicide risk
- Need for medication
- Disabilities
- Criminal history
- Current offense

In Section 3, we discuss a number of valid, short, and easily administered screens available to identify an incarcerated person for further assessment.

**Where do you screen them?**

Screening should be done at intake during central booking or soon after.
When do you screen them?

Screening takes place early on. Here are some key times when administering screens is most common:

On arrival at the jail

- A brief health screen to “determine if arrestee can be admitted to the jail based on any medical needs (e.g., risk of drug or alcohol withdrawal; acute medical needs) that must be addressed at a medical facility”

During the booking process

- A brief screen(s) to identify physical, behavioral health, risk of drug or alcohol withdrawal, and suicide risk
- A brief screen to classify arrestees into low, medium, and high risk-to-reoffend categories

Why do you screen?

Screening is normally the first opportunity to quickly capture basic information about a person’s risk to reoffend and is used to determine if a fuller assessment is warranted. Screening also offers information important to jail classification and, at the evaluation stage, for comparison of groups, programs, and/or interventions.

How do you screen them?

A system of valid and reliable screens requires the following steps:

1. Develop or select validated screening instruments.
2. Create a structure to apply the screening tools to all jail entrants.
3. Train staff to apply the screening tools.
4. Apply the screening tools to all jail entrants.
5. Analyze the information to flag those who need further assessment.

Now that you understand the five W’s and one H of screening, you will want to take the time to conduct a case flow analysis of your present screening process to understand fully the reasons you perform screening and what you will do with the information obtained. A Screening and Assessment Case Flow Process template is available in Section 1 of Module 8: Tailored Transition Interventions.

Summary

In this section you learned that it is important to conduct a risk and needs screening of all arrestees entering your facility. A comprehensive risk/needs assessment is then administered to individuals who score in the medium or high range on screening instruments.

---

Section 2: The Need for Assessment

This section provides an overview on why and how assessment of individual’s risks, needs, and strengths is an essential component of an effective jail transition intervention strategy. Just as we did in the previous section, we start with the five Ws (who, what, where, when, and why) and one H (how) to help us with our understanding.

Who do you assess?

Assessment is used for those who are identified by screening to be above the level of risk that your jurisdiction determines to warrant further intervention.

What do you assess them for?

Individuals who score in the medium or higher range on screening should then be administered a comprehensive risk/needs assessment instrument to classify them by risk/need and offer them appropriate treatment and transitional services. The assessment process is likely to uncover many needs (criminogenic and noncriminogenic) among your incarcerated population that affect their current level of functioning and their ability to transition back home successfully.

Where do you assess them?

Depending upon the assessment instrument utilized, officers will require some additional training to create the proper atmosphere for assessment. The screening and assessment process should take place within a private area where an officer or a case manager can engage the incarcerated person in effective two-way communication. The dialogue should be somewhat structured and designed to facilitate discussion around the individual’s dynamic criminogenic needs or changeable factors within the individual’s life that, if addressed, will increase the probability of a successful transition from jail to home.

When do you assess them?

Assessment is ongoing—beginning at intake and continuing in the community after the person is released. Here are some key times when various screening and assessments are most common:

Immediately after booking

- Any person who screens positive for suicide risk, drug or alcohol withdrawal, or any serious medical need should be further assessed by a qualified medical professional and monitored immediately.

After admission to the jail

- Any person who was identified by screening with medium or higher risk to reoffend should be administered a comprehensive risk/needs assessment instrument after being admitted to the jail.
• Depending on individual circumstance, there may also be specialized assessments that will be useful to examine some incarcerated people for areas such as substance/alcohol abuse or other criminogenic and noncriminogenic needs.

Every three, six, or nine months while incarcerated

• Depending on available resources, individuals should be reassessed every three, six, or nine months while incarcerated to inform the construction of their initial jail-to-community transition plan and subsequent revisions to that plan.

Situational

• Reassessment should also occur based on individual circumstances. Martin and Rosazza\(^1\) recommend six reasons to reassess:

1. Improvement or deterioration of an incarcerated person’s behavior
2. A crisis in the incarcerated person’s life
3. A medical or mental health emergency
4. Court documents and commitment orders
5. An individual’s request for reclassification
6. An officer’s request for classification of an inmate

In the community

• Upon release, the primary agency charged with working with the individual should review the individual’s assessment file and determine what further assessments, if any, are needed.

Why do you assess?

Assessment informs decisions about classification, placement, and programming in the jail and transitional care upon release. It also indicates whether a specialized needs assessment is warranted.

Here are four key reasons for assessment:

1. Allows you to see the big picture of your population’s needs and trends over time.
2. Allows you to make informed decisions regarding efficient and cost-effective strategies to address criminogenic population needs during incarceration and upon release.
3. Helps identify prevalent criminogenic needs.
4. Identifies the level of support, responsibility and training your staff and contract vendors need to work with incarcerated people before and after release.

How do you assess them?

A system of valid and reliable assessment requires the following steps:

1. Develop or select assessment instruments that are or will be validated for use with your population.
2. Create a structure to apply the assessment tools to selected jail entrants.
3. Train staff to apply the assessment tools.
4. Identify the subset of incarcerated people to receive formal assessment (medium and high risk).
5. Identify the assessment tool (or tools) to be applied to medium- and high-risk incarcerated people.
6. Create a structure to apply assessment tool(s) to jail entrants identified appropriate for more extensive assessment(s).

See Appendix A for TJC Pre-Implementation Case Flow Process Screening and Assessment Template.

**For more information**


**Summary**

In this section you learned that it is important to conduct a risk and needs screening of all arrestees entering your facility. A comprehensive risk/needs assessment is then administered to individuals who score in the medium or high range on screening instruments.
Section 3: Selecting Screens and Assessment Tools

This section provides assistance and guidance in selecting appropriate screening tools and assessment instruments that satisfy both the informational requirements of the TJC model and local concerns (e.g., inexpensive, easy to administer, yield information useful to a variety of partners). This section offers different types of instruments to assess specific inmates’ risk and needs.

Questions to think about before choosing screens and assessments include the following:

- Is the screen or assessment valid and reliable?
- Is the screen or assessment copyrighted?
- Is there any cost to use the screen or assessment?
- How much staff time is needed to complete the screen or assessment?
- What is the cost of administering the screen or assessment, including staff time and training?
- How much training is involved to administer the screen or assessment?
- Is medical, mental health, or substance abuse training necessary to administer the screen or assessment?
- Is the screen or assessment available in other languages?
- Is the screen or assessment available in electronic format?

Screens Used During the Booking Process

The TJC model recommends that each person booked at your jail receive a short risk-to-reoffend screen to help identify those who need a full risk and needs assessment, which will target those inmates who should receive the most intensive services pre- and post-release.

The following table highlights three screens for this purpose. Our intent is not to endorse any individual screen, but instead to draw your attention to screens commonly used in correctional settings that are well regarded by experts in the field.

The Proxy Risk Triage Screener is the shortest of the three, with only three items. The eight-item Level of Service Inventory—Revised Screening Version categorizes a person into a low-, medium-, or high-risk group and takes 15 minutes to administer. The Wisconsin Risk Assessment, an 11-item instrument, asks more comprehensively about criminal history, drug/alcohol interference, living arrangements, and general attitude regarding change.
### Quick Risk Screening

<table>
<thead>
<tr>
<th>Tool Name</th>
<th>Cost</th>
<th>Time to Complete Interview</th>
<th>Inventory Items</th>
<th>Instrument Result</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proxy Risk Triage Screener (Proxy)</td>
<td>No cost</td>
<td>Five minutes or less</td>
<td>Three items – Current age, age at first arrest, # of priors</td>
<td>Risk of recidivism on an 8-point scale</td>
<td>j-sat.com</td>
</tr>
<tr>
<td>Level of Service Inventory—Revised Screening Version (LSI-RSV)</td>
<td>$2.20/use</td>
<td>15 minutes</td>
<td>Eight items – Criminal history, education/employment, family/marital, companions, alcohol/drug problems, attitudes/orientation, personal/emotional</td>
<td>Risk of recidivism score on an 8-point scale and brief summary of dynamic risk areas that may need attention</td>
<td><a href="http://www.mhs.com/">www.mhs.com/</a></td>
</tr>
</tbody>
</table>

### Assessments for Persons Who Score Medium to High on a Risk/Needs Screen

Comprehensive criminogenic risk/need assessment instruments are targeted to those who scored medium to high on the quick screen, indicating that they may need more intensive intervention. Multipurpose risk/needs assessments are advantageous because they not only identify the risk of recidivism, but attempt to discern categories of needs in areas identified as being most likely to impact recidivism, including education, employment, financial, family, housing, leisure, substance abuse, criminal thinking, and other personal needs. By discerning these criminogenic needs areas, the assessment tools identify targets for intervention.

The following table provides information on seven comprehensive risk/needs assessments for inmate treatment, planning, and placement.
<table>
<thead>
<tr>
<th>Tool Name</th>
<th>Cost</th>
<th>Time to Complete Interview</th>
<th>Inventory Items</th>
<th>Instrument Result</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Service Inventory--Revised (LSI-R)</td>
<td>$2.20/use</td>
<td>60 minutes</td>
<td>54-item inventory – interview</td>
<td>Total risk/need score and 10 subdomain scores</td>
<td><a href="http://www.mhs.com/">http://www.mhs.com/</a></td>
</tr>
<tr>
<td>Level of Service / Case Management Inventory (LS-CMI)</td>
<td>$2.20/use</td>
<td>120–180 minutes</td>
<td>124-item inventory – interview Risk, needs, responsivity. Case and release planning</td>
<td>Risk/needs score, responsivity score, generates plan for case management</td>
<td><a href="http://www.mhs.com/">http://www.mhs.com/</a></td>
</tr>
<tr>
<td>Correctional Offender Management Profiles for Alternative Sanctions (COMPAS)</td>
<td>Per user fee of approx. $225/user/year</td>
<td>90 minutes</td>
<td>98-item inventory – interview Risk, needs, responsivity Case and release planning</td>
<td>Risk/needs score and plan for case management</td>
<td><a href="http://www.northpointeinc.com">www.northpointeinc.com</a></td>
</tr>
<tr>
<td>Applied Correctional Transition Strategy (ACTS)</td>
<td>By jurisdiction Software license or hosted online</td>
<td>60-minute initial interview Ongoing during jail transition planning and treatment</td>
<td>Risk triage + 24-item interview for full risk/needs, Additional modules for change readiness responsivity Jail transition planning</td>
<td>Risk triage rating Risk score Needs rating Change readiness Targeted transition modules Transition plan and progress notes</td>
<td><a href="http://www.correctionspartners.com">www.correctionspartners.com</a></td>
</tr>
<tr>
<td>Client Management Classification (CMC)</td>
<td>No cost</td>
<td>60–75 minutes</td>
<td>71 items – interview Risk, needs, responsivity Case and release planning</td>
<td>Risk/needs score and suggested plan for case management</td>
<td>nicic.org/Library/000532</td>
</tr>
<tr>
<td>Correctional Assessment Intervention System (CAIS)</td>
<td>By jurisdiction Software license or hosted online</td>
<td>60 – 75 minutes</td>
<td>82 items</td>
<td>Risk/needs score, generates plan for case management</td>
<td><a href="http://www.nccd-crc.org/nccd/initiatives/cais-ais.html">http://www.nccd-crc.org/nccd/initiatives/cais-ais.html</a></td>
</tr>
</tbody>
</table>
Here we briefly discuss some other screens and assessments used in the jails and the community throughout the country.

**Field note: Hampden County, Massachusetts**

The Hampden County, Massachusetts, Correctional Center uses the LSI-R short-form screening version (LSI-R: SV), which provides only a yes/no indication of need in eight categories. The total score ranges from 0 to 8. As Hampden County screens all sentenced inmates entering the facility, it chose the short screening version because it takes only 10 minutes to administer, compared with nearly an hour for the long form.

**Specialized Screens and Assessments**

Specialized screens and assessments, in conjunction with comprehensive general risk and needs assessments, can be used to contribute to targeted treatment and transitional planning. Selective use of one or more of these tools is recommended when an individual scores high on all or a section of a comprehensive risk/needs assessment. The tables below list commonly used behavioral health, substance abuse, and sex offender screens and assessments.

**Behavioral Health Screens and Assessments**

| Specialized Screens and Assessments for Populations with Behavioral Health Issues |
|---------------------------------|---------------------|-----------------|-----------------|----------------------|---------------------|
| **Tool Name** | **Cost** | **Time to Complete Interview** | **Inventory Items** | **Instrument Result** | **Additional Information** |
| The Brief Jail Mental Health Screen | No cost | Less than three minutes | Eight items – interview, behavioral health | Quick screen for the presence of a mental health disorder | gainscenter.samhsa.gov/html/resources/MHscreen.asp |
| Mental Health Screening Form-III | No cost | Three to five minutes | 17 items – interview, behavioral health | Quick screen for the presence of a mental health disorder | www.renocounseling.net/mhsf.pdf |
| Global Appraisal of Individual Needs – Short Screener (GAIN-SS) | By jurisdiction Software license or hosted online | Three to five Minutes | 20 items – interview, behavioral health | Quick screen and identification of clients with one or more behavioral health concerns | www.chestnut.org/LI/gain/GAIN_SS/index.html |
| Global Appraisal of Individual Needs – (GAIN) | By jurisdiction Software license or hosted online | 90–120 minutes | 123 items – interview, behavioral health | Identification of clients with one or more behavioral health concerns | http://www.chestnut.org/ |
| Hare Psychopathy Checklist–Revised: 2nd Edition (PCLR 2nd ed.) | Excluding start-up cost $3/use | 120–180 minutes | 20-item inventory + structured interview to assess psychopathy | Assessment of psychopathy | http://www.mhs.com/ |
Medical Screens

1. **U.S. Department of Health and Human Services** – Infectious Disease Screen.  
http://ncadi.samhsa.gov/govpubs/BKD143/11m.aspx

2. **The Texas Uniform Health Status Update** is a medical screen that is easy to use and comes with user-friendly instructions. Some benefits of this screen are its one-page length and instructions to guide the screener on its use.  
http://www.tcjs.state.tx.us/docs/UHSUF.pdf

3. **The New York City Correctional Health Services** screen is a four-page screening instrument that uses prompting questions during the medical history section. The screen includes a section on the last page that reminds the staff to give each inmate three brochures on HIV, sexually transmitted disease, health, and dental needs.  
http://www.urban.org/projects/tjc/toolkit/module6/Mod6_Sec3_NYHealth.pdf

Activities of Daily Living Screen

Dr. Brie Williams, a geriatrician and correctional health care expert, recommends that inmates who miss two or more of the following activities of daily living (ADL) answers be transferred directly to a nursing home or assisted living facility if family cannot care for them. Inmates who miss one ADL and/or have fallen in the past year should be assessed more carefully for possible assisted living or nursing home–level care.

**Activities of Daily Living: Is the inmate able to do each of the following?**

- Bathing: sponge, shower, and/or tub
- Dressing/undressing: able to pick out clothes, dress and undress self (tying shoes is not included)
- Toileting: able to get on/off toilet, clean self afterward
- Transferring: able to get in/out of bed and chair without assistance or mechanical aids
- Eating: able to completely feed self
- Mobility: able to walk without help except from cane, walker, or crutch and does not need lifting from bed

Suicide Risk Screens

1. **The Texas Commission on Jail Standards’ Mental Disability/Suicide Intake Screen** is one page and determines if a further mental health evaluation is needed. Any positive response to the six suicide-related questions requires further evaluation of the person.  
http://www.tcjs.state.tx.us/docs/mhmr.pdf

2. **The Suicide Prevention Screening Guidelines**, a 16-item screen developed by the New York Commission of Correction, has detailed instructions on how to administer it and is well regarded by experts.  
http://www.urban.org/projects/tjc/toolkit/module6/NYC_Suicide_Screen.pdf
Alcohol or Drug Withdrawal Screens

1. **The Clinical Institute Withdrawal Assessment for Alcohol (CIWA-AR)** is a recommended alcohol withdrawal screen that can also be used for the psychoactive drug benzodiazepine. This screen requires five minutes to administer and may be reproduced freely. http://images2.clinicaltools.com/images/pdf/ciwa-ar.pdf


Substance Abuse Screens


Treatment Screens

1. **CJ Comprehensive Intake (TCU CJ CI)** is usually administered by a counselor in a face-to-face interview held one to three weeks after admission, when the offender has had time to detox and reach greater stabilization and cognitive focus (90 minutes). http://www.ibr.tcu.edu/pubs/datacoll/cjtrt.html

2. **CJ Client Evaluation of Self and Treatment, Intake Version (TCU CJ CEST-Intake)** is a self-rating form completed by the offender at the time of admission to treatment. It includes short scales for psychological adjustment, social functioning, and motivation. These scales also provide a baseline for monitoring offender performance and psychosocial changes during treatment (15 minutes). http://www.ibr.tcu.edu/pubs/datacoll/cjtrt.html

3. **CJ Client Evaluation of Self and Treatment (TCU CJ CEST)** records offender ratings of the counselor, therapeutic groups, and the program in general. It also contains scales assessing psychological adjustment, social functioning, and motivation (35 minutes). http://www.ibr.tcu.edu/pubs/datacoll/cjtrt.html

4. **TCU Criminal Thinking Scales (TCU CTS)** is a supplement to the Criminal Justice - Client Evaluation of Self at Intake (CJ-CESI) and CJ-CEST and is designed to measure “criminal thinking.” The six criminal thinking scales are Entitlement, Justification, Power Orientation, Cold Heartedness, Criminal Rationalization, and Personal Irresponsibility, which represent concepts with special significance in treatment settings for correctional populations (five to ten minutes). http://www.ibr.tcu.edu/pubs/datacoll/cjtrt.html

Homeless Screens

1. **New York City Department of Health Homeless Checklist** is a nine-item screen to determine the rate of homelessness of the jail population. The homeless are often frequent users of the jail and shelter system. Identifying this population can help your jail at incarceration transition to direct these individuals to supportive services and shelter or supportive housing at release instead of sending...
them back to the street, knowing that they will shortly return to jail.

**Employment Assessments**

An important issue to address among your jail population is its vocational and employment needs. Many maintain that there is a very strong connection between employment and crime: when individuals are working, they are less likely to be committing crimes. Thus, it is important that we do what we can to foster the employability of inmates when they leave our jails.

Many government and nonprofit agencies have developed tools to assess the employment readiness of people with criminal records. We include two employment assessment tools.

1. **PS Plus Employment Assessment Form** was developed in the United Kingdom for a prison and community-based project. It surveys for vocational interests, skills, and history; education levels and qualifications; and other barriers to employment, such as driver's license suspension.

2. **Maryland Correctional Education Program Employment Survey** was originally developed by the New Mexico Corrections Department and modified and adapted by the Maryland Correctional Education Program. This assessment tool poses a series of 49 questions intended to identify potential challenges the job seeker may face. This tool groups issues by the following six categories: education/training, personal/health, offender, attitude, support, and job search.

**For more information and examples from the field**


   http://www.urban.org/publications/411661.html


Summary

This section has drawn your attention to a number of screening, comprehensive risk/needs, and specialist assessments appropriate for use with correctional populations. You also understand that assessments can be revisited during the course of the individual’s incarceration, so that changes in risks and needs can be tracked and updated.
Section 4: The Logistics of Screening and Assessment

In this section, you will learn the importance of a well-designed physical and staffing environment to facilitate the screening and assessment process. There are two main questions to ask:

1. How well suited is your jail’s intake and release area for efficiently screening and assessing a larger number of people on a daily basis?
2. Has your staff been properly trained in your agency’s screens and assessments?

The following are recommendations to ensure proper screening and assessment of your population.

Privacy

Many older jails were not built to provide intake and release functions in privacy; however, this does not mean that improvements cannot be made. Medical and risk/needs screens and assessments should be conducted in a private area where inmates feel comfortable discussing sensitive information about themselves. This will increase the truthfulness of their information and the validity of the information for housing and programming needs.

Location

The intake and release areas or other areas should be designated with an appropriate number of case/discharge planners and interview rooms to maximize the efficiency of working with the population. Often, facilities without specific space designed for reentry services use consultation areas designed for professional visits with lawyers and social workers.

Training Staff

In many jails, custodial, medical, mental health, and programming staff are all involved in some way in screening and assessing individuals, and all should participate in training. Universal participation also helps cement staff commitment to the TJC model. The level of training required is directly related to the type of assessment instrument being used.

Full assessments, for example, take significantly longer to complete than screening instruments. The most common mistake among staff is to have the incarcerated person complete an assessment with little or no assistance from the staff. Such an approach is not responsive to the individual. The best information is gathered through an interactive assessment process undertaken by trained and committed staff who are active listeners. Staff must be identified who have the interest and capability to complete these assessments as they were designed.

Most of the screens we have mentioned were designed to require minimal training. Full assessment work will require more extensive training to ensure that your staff is maximizing the effectiveness of the instrument. Therefore, an agency must ensure that it has the resources available to provide full initial training to designated staff. Train-the-trainer modules are available for most assessments, which will allow staff on-site to train others as the need arises. Measures and methods should be
implemented to evaluate fidelity and to ensure that screening and assessment are completed as prescribed.

Agencies already working with the jail population—such as drug and alcohol treatment providers—may be able to offer your staff interview and assessment training. Motivational interviewing training may be useful for developing staff assessment capacities while maximizing valid responses.

At a minimum, screening and assessment training should cover the following areas:

- Understanding the prevalent risk and needs within the population
- Techniques for building dialogue and soliciting valid responses during the assessment process
- Adhering to confidentiality requirements when recording the information
- Instructions on administering specific screens and assessments
- Techniques used to monitor and assess whether the screen and assessments are being properly conducted
- Strategies to offer remediation to staff who need additional training

Field note: Sullivan County, New Hampshire

The Sullivan County Criminal Justice Coordinating Committee decided to move toward reentry services in designing a new facility. The new 72-bed facility will have two intensive treatment units, a work release center, and an aftercare center. The booking practices allow for more effective screening and assessment, and the facility has a small interview room. The transition process begins at booking. Planning for this facility took more than three years, and the building will open in June 2010. It allows the county to provide for assessment and treatment of offenders following a continuum that includes post-release services upon returning to the community.

For more information


Summary

In this section, you learned that it is important that all staff completing screening and assessment tools have training that encompasses an understanding of the prevalent risks and needs of jail populations, active listening skills, confidentiality, and tool-specific information. The tools should be administered in an environment that respects the individual's privacy.
Section 5: Terms Used in the Field

This section defines a number of basic terms used in this module. These terms will be highlighted in purple throughout the module, allowing you to rollover the term to see the definition.

Active listening skills: A technique for improving understanding of what is being said by taking into account how it is said and the nonverbal signs and body language that accompany it.55

Assessment: A system of assessing inmate criminogenic risks and needs for the purpose of determining transition needs; for use in the facility as well as the in the community.56

Custodial level: The degree of supervision an inmate receives in a jail facility.

Custody reassessment/review: The periodic review and update of an incarcerated person’s custody level, which takes into consideration any change in the person’s risk and needs.

Inmate classification: An objective means of assessing severity and type of crime and inmate risks while in jail (as opposed to risk of recidivism after release), resulting in specific risk classifications and cell assignment.

Jail programs: Any formal, structured activity that takes inmates out of their cells and sets them to instrumental tasks.

Motivational interviewing: A direct, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence regarding change.57

Needs assessment instrument: Used to identify criminogenic and non-criminogenic needs of individuals for assignment to employment, education, drug treatment, mental health, and other programs.

Preclassification assessment: To be completed on all newly admitted inmates prior to housing assignments to determine custody levels. (Initial custody – conduct primary classification based upon verified, objective data, generally within 72 hours, if preclassification housing is available.)

Programs: The activities that are provided, such as educational and vocational opportunities, counseling services, and recreation and hobbies.

Reliability: The degree to which an instrument consistently measures an attribute over time.

Screening: The strategy used to identify an individual’s potential risk or needs as he or she enters the jail or another agency.

55 http://dictionary.bnet.com/definition/active+listening.html.
57 http://www.motivationalinterview.org/clinical/whatismi.html
**Validity**: The degree to which a measure accurately reflects the concept that it is intended to measure.

**Conclusion**

All arrestees entering your facility should undergo a screening that examines risk to reoffend, basic physical health, behavioral health, risk of drug or alcohol withdrawal, and suicide risk. Individuals scoring in the medium or high range on any screening tool should receive a comprehensive risk/needs assessment and a specialized assessment. All staff completing screening and assessment tools must have received training, which at a minimum encompasses an understanding of the prevalent risks and needs of jail populations, active listening skills, confidentiality, and tool-specific information.
**TJC Preimplementation Case Flow Process: Screening and Assessment Template**

This template highlights gaps in your screening and assessment practices. Once completed, this template should reflect your current state and flow of screening and assessment, rather than what you would like to have available.

A quick reminder: Screens are used to identify an individual’s potential risk or needs as the individual enters the jail or another agency, while assessment is the process of identifying and documenting the specific risk and needs.

<table>
<thead>
<tr>
<th>Assessed Population</th>
<th>Screening Tool Used</th>
<th>Who Completes</th>
<th>When Applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretrial/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sentenced</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felon / Misdemeanor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Stay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Population</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk/Needs Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Medical Assessment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>&amp; History</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Suicide Prevention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pretrial Release</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community corrections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessed Population</td>
<td>Pretrial/Screening</td>
<td>Felon / Misdemeanor</td>
<td>Length of Stay</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>Initial Screening</strong></td>
<td>Both</td>
<td>Both</td>
<td>All</td>
</tr>
<tr>
<td><strong>Classification Screening</strong></td>
<td>Both</td>
<td>Both</td>
<td>&gt; 72 hours</td>
</tr>
<tr>
<td><strong>Risk/Needs Assessment</strong></td>
<td>Sentenced</td>
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<td>&gt; 60 days</td>
</tr>
<tr>
<td><strong>Mental Health Assessment</strong></td>
<td>Both</td>
<td>Both</td>
<td>&gt; 24 hours</td>
</tr>
<tr>
<td><strong>Medical Assessment &amp; History</strong></td>
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<td>Both</td>
<td>&gt; 24 hours</td>
</tr>
<tr>
<td><strong>Suicide Prevention</strong></td>
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<td>Both</td>
<td>Any</td>
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<tr>
<td><strong>Pretrial Release</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Community Corrections</strong></td>
<td>Pretrial if presumptive community corrections</td>
<td>Felony</td>
<td>Any</td>
</tr>
</tbody>
</table>
Module 7: Transition Plan Development

Welcome to Transition Plan Development. This document is the PDF version of the online TJC Implementation Toolkit, and will not necessarily reflect the changes and updates made to the toolkit. To view the latest and most complete version of this module, visit www.jailtransition.com/Toolkit. This module explores the use of individualized written transition plans that lay out the intervention, treatment, and services for a person in jail and after release, based on prior assessment of his or her risk and needs.

Transition plans are essential in preparing individuals for release and enhancing long-term reintegration, particularly for those who are assessed as moderate or high risk/need. Transition plans also serve as a means by which offenders can open a dialogue with their counselors, case managers, and program or supervision officers and plan for their return to the community.

The most vital piece of successful reentry is a comprehensive reentry plan. This plan should begin as early as possible, and entail having the inmate active in the development and completion of the plan. Community agencies need to build a relationship with the offender and schedule appointments. The plan should be given to community agencies, the offender and facility programs. The comprehensive reentry plan is a road map to success for offenders trying to negotiate the struggles of a new lifestyle.

Paul Mulloy,
Director of Programs, Offender Reentry Center
Davidson County, Tennessee, Sheriff’s Office

Before we begin, take some time to think about what transition plans, if any, your jail presently uses. Ask yourself the following three questions:

<table>
<thead>
<tr>
<th></th>
<th>Does your jail facility use transition plans?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Do your jail facility’s transition plans include in-custody, discharge, and post-release components?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Do risk and needs assessments actively inform the individual’s transition plan?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

Did you answer “Yes” to each of the questions? If not, this module is meant to help you develop transition plans that identify the appropriate range of in-jail and community-based interventions for your incarcerated population, given the range of needs identified.
This module has five sections and will take between 15 and 20 minutes to complete.

Recommended audience for this module

- Sheriffs
- Jail administrators
- Correction staff involved in transition efforts
- Jail treatment staff
- Community corrections staff
- Reentry coordinators
- Community providers
- Probation officers
- Pretrial services
- County board members
- Criminal justice council members

**Terms to Know**

**Transition Plan**: Preparation and strategy for each individual prisoner's release from custody, preparing them for return to the community in a law-abiding role after release. In some jurisdictions, transition plans are referred to as case management, discharge, reentry, supervision, or aftercare plans.

**Module Objectives**

In Module 5: Targeted Intervention Strategies, you learned about the 10 tasks outlined in the Targeted Intervention Strategies section of the TJC Implementation Roadmap and the importance of using the risk-need-responsivity model to determine the appropriate strategies to address an individual’s criminogenic factors pre- and post-release.

In this module we guide you through tasks 3 and 4 of the Targeted Intervention section of the Roadmap. These tasks highlight the importance of developing transition plans for selected individuals during their jail stay, based on objective assessment of risks and needs.

**Task 3. Identify which incarcerated people receive transition plans.**

**Task 4. Produce transition plans for selected jail clients.**

**This module has five sections:**

1. The Role of Transition Plans
2. Transition Plan Content
3. Selecting the Targeted Population
4. Transition Plan Process
5. Terms Used in the Field

**By the end of this module, you will be able to**

- Explain why transition plans are important.
- Identify the essential elements of a transition plan.
- Determine who receives transition plans.
- Develop transition plans for your population.
The Transition from Jail to Community Model

This visual indicates where Transition Plan Development fits in the Transition from Jail to Community model.
Section 1: The Role of Transition Plans

This section describes the important role formal transition plans play in the TJC model. Informed by risk and needs assessment, a transition plan specifies

- The types of interventions an individual needs
- When and where interventions should occur and who will provide them
- The activities for which the individual needs to take responsibility

Transition plans are intended to help make transition back to the community as healthy and productive as possible by developing specific actions and/or strategies designed to address individual needs. Beyond the obvious advantage of planning for success over the medium to long term, transition plans provide specific direction for an individual during his or her first days post-release. As we are all too aware, choices people make soon after their release are pivotal to their success or failure.

Transition plans target issues such as housing, employment, family reunification, educational needs, substance abuse treatment, and health and mental health services. In many cases, a transition plan is the primary intervention for individuals released within hours or a few days of entering jail.

We use the term “transition” because it embodies a central tenet of the TJC model—that the overwhelmingly majority of those in jail are passing through—returning to the community—and need help identifying support and interventions in both locations.

A transition plan has three components:

1. **In-custody (prerlease) plan section**: This component specifies prerlease interventions to be delivered either by jail staff or community-based providers conducting jail “in-reach.”
2. **Discharge plan section**: This component specifies interventions addressing the “moment of release”—those critical first hours and days after release from jail—and facilitating the provision of needed services in the community.
3. **Post-release plan section**: This component specifies interventions for covering the mid- to long-term transition period upon return to the community. Though the post-release plan is initially developed in jail, it is expected to be revised in the community.

Implicit in this approach is the understanding that one size does not fit all and that plans should be tailored to the needs of each individual. Some individuals, for example, will need extensive services and support, including intensive case management, to effectively transition to the community; others may require only minimal assistance, if any.

Regardless of the individual, however, the goals of a transition plan are to

- Prioritize a person’s needs.
- Develop an individualized written plan of intervention.
- Identify when goals have been accomplished.
- Identify who is responsible for providing each intervention.
- Link and schedule appointments with community providers.
• Ensure continuity of interventions from jail to the community.
• Establish goals and/or targets of change that are agreed upon by the inmate and those responsible for his or her custody and treatment.

For more information


Summary

In this section, you learned that a transition plan specifies the types of interventions an individual needs, when and where the interventions should occur, and by whom. A transition plan has three components: (1) an in-custody (prerelease) section, (2) a discharge planning section, and (3) a post-release planning section.
Section 2: Transition Plan Content

This section guides you through the development of a transition plan based on the National Institute of Corrections’ Transition Accountability Plan (TAP). According to Peggy Burke, author of the Transition from Prison to Community Reentry Handbook, a transition plan has the following components:

- It is based on validated assessments of risk and needs.
- It indicates appropriate interventions to address the highest areas of criminogenic need.
- It is developed early in the period of incarceration.
- It is shared with members of the case management team.
- It follows the individual through his or her time in the jail and post release.
- It is automated so that the collaborative case management team can update it and share it across organizational boundaries.58

At minimum, according to Burke, transition plans should

- Identify the assessed risk level and criminogenic needs of the incarcerated person.59
- Develop strategies to address obstacles and triggers.60
- Outline the incarcerated person’s responsibilities clearly and concisely, and work with him or her to gain consensus on how to carry out these responsibilities.61
- Articulate specific goals that are directly related to the highest rated domains of criminogenic need. Each goal should specify strategies that are clearly stated, measurable, attainable, relevant, and have a timeline.62
- Afford a degree of flexibility to accommodate change and recognize small successes during planning, treatment, and intervention.
- Identify the individual’s strengths or protective factors, and build strategies to maximize prosocial assets already present in the individual’s life.
- Assess the need for interventions to minimize the effects of criminal thinking on the realization of an offender’s transition plan.
- Assess the individual’s readiness for change, and consider the best ways to enhance motivation for change.

Terms to Know

Trigger: A stimulus which has been repeatedly associated with the preparation for, anticipation of, or the use of alcohol or other drugs. These stimuli include people, places, things, time of day, emotional states, and secondary drug use.

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58 Peggy B. Burke, TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community Model (Washington, DC: Center for Effective Public Policy, The National Institute of Corrections, 2008).
59 Ibid.
60 Ibid.
61 Ibid.
62 Ibid.
The transition plan template contained in Appendix A reflects the minimum requirements of an effective transition plan. Our purpose is not to recommend any one transition plan, but instead to provide you with a transition plan template you can modify based on your jurisdiction’s needs. However, as discussed in the previous section, each plan must identify the types of interventions an individual needs, when and where interventions should occur, and by whom.

Discussed here is the rationale for each section of the plan:

- **Transition Plan Section**: The plan begins with the incarcerated person’s name and identifying information. Identifying the individual’s current status (pretrial detainee or sentenced inmate) and expected release date helps you estimate how much time you have to work with this individual prior to his or her release.

- **Risk Level, Treatment and Criminogenic Needs Section**: The plan reminds you of the importance of objective assessment to guide the transition plan. For example, a person who does not have a substance abuse problem should not be referred to Alcoholics or Narcotics Anonymous. You will want to modify this portion of the plan based on the risk assessment used in your facility. Persons who have a medium- to high-risk score should have more referrals than those with low-risk scores.

- **Interventions Needed Section**: This section of the plan identifies the 10 most common needs incarcerated people face when returning to the community.

  1. **Identification**: Recognizing the need for multiple types of identification—for example, to apply for a job, public benefits, or a driver’s license—this section determines the number of identification documents a person has. Ideally, the individual will have access to identification application forms in jail to begin the process prior to release.

  2. **Benefits Eligibility**: Recently released persons will need a source of income, at least temporarily, until they are employed. Though not all will qualify for public entitlements, this plan identifies the available benefits so individuals can begin applying for eligibility while incarcerated or at release.

  3. **Transportation**: The first few hours and days after release are crucial in determining whether a person will recidivate. Those discharged without reliable transportation to home or to a program may find themselves dropped off or walking in an environment that triggers problematic behavior. Over the longer term, transportation is a key factor in gaining and maintaining employment, attending school, making appointments, and participating in treatment.

  4. **Housing**: Stable housing is an important component of successful reintegration back into the community. Those released without shelter are more likely to return to the criminal justice system.

  5. **Medical/Mental Health/Dental**: For individual and public health reasons, it is important that recently released individuals attend to their health care needs; a plan to maintain their medical regimen after release and a referral to a health care provider for any health-related issues are key. Individuals with mental health issues must have medication at release and continue with mental health treatment immediately upon release.

  6. **Substance Abuse Counseling/Treatment**: Substance abuse is a dynamic criminogenic risk factor that affects recidivism. Those identified with a recent history of problematic drug use or dependency should be referred to treatment.
7. **Family:** Though reuniting with family members can be exciting, it can also be stressful for both those returning to the community and their families. It is important to know what the family situation is prior to determining whether marital and family counseling and parenting classes are appropriate. Many factors—including family criminality, domestic violence, sexual offense, and varying levels of abuse—are important considerations.

8. **Education:** A low level of personal education is a criminogenic risk factor. Though education is often not included in a person’s short-term transition plan, it should be noted for longer term planning, particularly if the person does not have a high school diploma or GED.

9. **Employment:** Getting a job is one of the most important things people need to do after release. The job development section helps begin the process by identifying what, if any, skills must be attained before the individual is employable.

10. **Financial Obligations:** Paying financial obligations is an important part of the transition process. Failure to pay court fines or child support increases the chance of the person being re-arrested and possibly serving additional time in jail.

- **In-Jail Program Participation Section:** This section identifies the prerelease interventions delivered by either jail staff or community-based providers conducting jail “in-reach” that are available to meet the needs of the incarcerated population. The plan identifies what program(s) a person has participated in and whether he or she will need to continue working on each identified need in the community after release. This section will help determine moving into step-down programs like work release, day reporting, and electronic monitoring. Each jail should modify this section based on its range of existing transition programs.

- **Post-Release Community Referrals Section:** This section specifies effective interventions in the community to address the person’s needs at the “moment of release”—those critical first hours and days after release—and longer term—weeks and months after returning to the community.

A comprehensive knowledge of community resources by the transition planner is essential. Each individual who needs a referral must be given the agency’s name and address as well as a contact person’s name, and in many cases the date and time of an appointment. Though the post-release plan is initially developed in jail, it should be reviewed and revised by a community-based partner upon release.

Released individuals often have a difficult time following up on a referral, even when post-release services are available and accessible. This plan includes a reentry accountability plan so the person can work with his or her case manager or counselor to identify behaviors that may impede them from utilizing a referred community service.

- **Completion of Plan Section:** This section records whether the transition plan was completed and discussed with the incarcerated person.

**Case Manager/Counselor Information and Inmate Agreement Section:**

This section formalizes the transition plan process and requires the inmate to sign the agreement in an effort to increase buy-in and participation.
For more information and examples from the field


Summary

In this section, you learned both the rationale for each section of the transition plan and the 10 most common needs incarcerated people face when returning to the community. A transition plan template was provided, which you can modify to fit your jurisdiction's needs.
Section 3: Selecting the Targeted Population

This section provides an overview of who to target for transition plans. Your goal is to identify the high-risk and -needs individuals who research tells us stand to benefit the most from a transition plan. Research indicates that low-risk individuals do not need transition plans, and resource limitations may preclude planning for those who are not likely to be released back to the community or for whom someone else will take responsibility for developing a plan (i.e., those facing deportation or transfer to state or federal prison).

First, determine if your incarcerated population has been screened and assessed and if their information is easily accessible.

Second, the TJC model recommends using a person’s risk and needs levels as the two main criteria to identify who should receive transition plans.

1. Risk

Screen your entire jail population and assign individual levels of risk of reoffending to each inmate. Set a cut-off point considering the risk screen score and the resources available to provide extensive assessment and transition services to higher risk inmates.

Remember that based on the Risk-Need-Responsivity (RNR) model for assessment and rehabilitation, low-risk individuals should not be targeted for extensive intervention; however, as indicated in previous modules, they can still receive referrals and information that will address targeted needs. For higher risk inmates above the established cut-off point, a more extensive risk/needs assessment should be conducted to inform your transition plan.

2. Needs

Next, identify the criminogenic needs (e.g., antisocial values, substance abuse, family dysfunction, antisocial friends, and low levels of personal education) of the population who have a high-risk score. As we discussed previously, research shows a positive relationship between these needs and re-arrest.

Transition plans should also target and address basic survival needs (e.g., identification, housing, employment), health, and mental health needs because homelessness and severe mental illness, for example, can affect transition from jail to the community. Transition plans should address the needs identified by individual risk/needs assessments and avoid a “one-size-fits-all” approach.

Other criteria your jurisdiction will want to consider:

- **Length of stay**: How long a person is going to be incarcerated is often used to identify where the person receives a transition plan. Generally, you should develop transition plans for sentenced and pretrial persons whose assessments determine need for a transition plan and who are expected to stay in jail for more than 10 days. Transition plans should be
initiated in the community after release for those with high risk and/or needs, but who will be in jail for a shorter period.

- **County of release**: Will transition plans be provided to people with high risk or needs who are released to counties outside of your jurisdiction?
- **Chronic health problems**: From a public health standpoint, will all individuals identified with an infectious disease (e.g., HIV/AIDS, tuberculosis, viral hepatitis, sexually transmitted disease) receive a transition plan?
- **Capacity**: Will time and monetary cost, staff availability, and staff training limit transition plans, even for those who meet the threshold criteria? Is some method available to target the highest need individuals to ensure the best expenditure of available resources?
- **Receptivity**: Will the transition plan be voluntary? The TJC model recommends that all persons who meet the criteria receive a transition plan, whether they want it or not.
- **Incentives**: Develop incentives to foster inmate participation in the recommended services, especially post-release.

<table>
<thead>
<tr>
<th>In Jail Incentives</th>
<th>Community Based Incentives</th>
</tr>
</thead>
<tbody>
<tr>
<td>More visitations</td>
<td>Bus passes</td>
</tr>
<tr>
<td>Later curfews</td>
<td>Access to phone cards</td>
</tr>
<tr>
<td>More phone access</td>
<td>Food</td>
</tr>
<tr>
<td>More recreation time</td>
<td>Special activities for people who participate in programs – donated from community</td>
</tr>
<tr>
<td>More television</td>
<td>Better housing</td>
</tr>
<tr>
<td>Access to more television channels</td>
<td>Family reconciliation</td>
</tr>
<tr>
<td>Certificates of completion</td>
<td>Certificates of completion</td>
</tr>
<tr>
<td>Letters of recognition</td>
<td>Letters of recognition</td>
</tr>
<tr>
<td>Improved housing assignments</td>
<td>Being asked to serve as a mentor to other offenders</td>
</tr>
<tr>
<td>Extra or early movement into community corrections</td>
<td>Reduction of conditions</td>
</tr>
<tr>
<td>Good-time credits</td>
<td>Early termination of supervision</td>
</tr>
</tbody>
</table>

For more information and examples from the field


Summary

In this section, you learned that an individual’s risk and needs level should be the main criteria for identifying who should receive a transitional plan.
Section 4: Transition Plan Process

In this section, we discuss the transition plan process. Ideally, one individual oversees and coordinates all phases of the transition plan. This individual could be a correctional case manager, community service provider, community supervision officer (pretrial and/or probation), correctional program staff, or other designated staff member.

For the section that follows, we use the term “case manager,” but this role could be filled by someone inside or outside the jail—or both, with a dual-based case management system.

Keys to Effective Case Management

- Establish an empathic relationship with the client.
- Complete a comprehensive assessment of the client.
- Develop a comprehensive treatment plan.
- Develop a contract that focuses on short-term goals.
- Work with the client to develop a comprehensive aftercare plan.
- Provide a system of incentives to assist clients in meeting their goals.
- Have a good understanding of the communities to which people return.
- Be aware of community services and resources.
- Understand that different treatment approaches suit different clients.
- Provide regular opportunities to review progress with the client.
- Make a connection at the first meeting.
- Have a good orientation for each client.
- Provide a welcoming environment.
- Engage clients and link them to appropriate interventions.

In addition to the “hard” components of the transition plan identified above (risk/needs), what is most important is the professional’s ability to work with the incarcerated person to design a transition plan that meets the needs of the jurisdiction and facilitates change in behavior after release. Therefore, although the case manager starts the transition planning process, to achieve maximum effectiveness, the transition plan must be developed in collaboration with the incarcerated person.

Referrals

Only service providers committed and accessible to the incarcerated population should be included in a transition plan. It is frustrating when the formerly incarcerated contact service providers only to discover that the location is overloaded or cannot provide a service for some other reason. This creates unnecessary conflict and obstacles early in a person’s transition; therefore, we recommend that the transition planner contact providers to verify their interest and ability to work with the returning population. Ideally, the services will be available for free or on a sliding scale.

You may also want to have a conversation with service providers about the use of appointments. Many people have a difficult time making their appointments after they are released and tend to show up at services hours, if not days, late. Discuss with service providers how they can service the drop-in population, understanding the need to provide services to former inmates regardless of their limitations, especially close to their release from jail.

Unity Health Care, Inc., the largest provider of medical care in Washington, D.C., to the medically underserved and the homeless population, has an open-access system. Individuals get an appointment the day they call. Unity allows an override for patients coming from the D.C. jail because they want as much access for this population as possible.
Corrections professionals know that the individual’s participation in the transition planning process increases adherence to the plan and that even people with high risk and needs can often recognize their problems and have preferences about which interventions are best suited for them. Simply stated, a person who views his or her transition plan as his or her own will be more likely to adhere to agreed-upon actions and will be far more likely to avoid behaviors associated with recidivism.

The transition plan process has six steps:

**Step 1: Identify the transition plan population.**

- Review all screens and assessments gathered at intake.
- Identify assessed individuals in need of a transition plan, and determine who will receive more intensive interventions based upon a risk triage process.
- Generate a list of soon-to-be-released individuals to further assist triaging based on risk, needs, and length of stay.

**Step 2: Begin to fill out the transition plan.**

- Fill out sections of the transition plan with information available from the person’s file.
- Triage activities dictate who should be seen first and to what extent he or she will receive service and/or further assessment.

**Step 3: Prepare the transition plan in consultation with the incarcerated person.**

- A program room, booking area, or other space in the jail should be designated for transition planning conferences.
- To maximize effectiveness and impact, case managers, counselors, or officers responsible for transition planning meet face-to-face with incarcerated individuals to discuss and form transition plans, including the interventions needed both in jail and after release to the community.
- If prerelease interventions are required, offer to help the transitioning person apply or sign up.
- Discuss pre- and post-release interventions and make referrals as indicated by interviews and assessments. Inmates receive a copy of the transition plan with names of the service providers, addresses, telephone numbers, time and date of appointments, and, if possible, public transportation routes to get there.

**Step 4: Identify interventions.**

The case manager, reentry director, counselor, or officer

- Counsels the incarcerated person on interventions available in the jail and in the community.
- When feasible, invites a community service provider into the jail to meet face-to-face with the person prior to his or her release to enhance successful linkage and responsivity after release.
• Works with jail classification and security to coordinate transition plan activities, including housing assignments, program attendance, and referrals to in-custody and community-based services.
• Develops incentives (e.g., increased visitation, release earlier in the day for those with a plan, improved access to services) to reward the person for starting the in-jail component of the plan and meeting short-term goals.
• At a minimum, creates a mechanism and timeline to update a transition plan when the incarcerated person completes in-jail programming. The transition plan should act as a “living” document and be reviewed with the incarcerated individual and updated to reflect progress and new goals.

Step 5: Make referrals.
The case manager, reentry director, counselor, or officer

• Communicates with community programs and agencies to ensure intervention referrals.
• Revises transition plans as changes occur.
• As much as practical, acts as a liaison with community entities to support and invite their presence within the jail. May make presentations and provide information as well as meet potential referrals prior to their release.
• Schedules referrals for appointments for specific times whenever possible.
• Notifies local health departments in advance of the release of any person with an infectious disease such as active tuberculosis.

Step 6: Ensure that the transition plan follows the person back to the community.
The case manager, reentry director, program staff counselor, or officer

• Determines a comprehensive mechanism for having transition plans follow people from jail to the community.
• Ensures that transition plans are written in a format that allows them to also be used by probation officers and service providers upon release.
• Ensures that all individuals with mental health issues leave with medication and an appointment at their local health clinic.
• Contacts all individuals with high risk and/or high needs within the first week after release to determine if they have kept appointments, maintained prosocial contacts, complied with treatment or probation directives, and maintained employment. Provides any additional help or referral that might be necessary.

For more information and examples from the field


Summary
In this section, you learned that the transition plan is a six-stage process. Key to the process is involving the incarcerated person in the transition planning.
Section 5: Terms Used in the Field

This section defines a number of basic terms used in this module. These terms will be highlighted in purple throughout the module, allowing you to rollover the term to see the definition.

Case manager: The individual responsible for establishing release planning and addressing offender issues during and after incarceration.63

Criminogenic: Recognized factors that are proven to correlate highly with future criminal behavior.

Discharge plan section: Specifies interventions addressing the moment of release—those critical first hours and days after release from jail—and facilitating the provision of needed services in the community.

In-custody (pre-release) plan section: Specifies prerelease interventions to be delivered by either jail staff or community-based providers conducting jail “in-reach.”

Post-release plan section: Specifies interventions covering the mid- to long-term transition period to the community. Although the post-release plan is initially developed in jail, it should be revised in the community.

Prosocial: Caring about the rights and welfare of others.64

Transition plan: Preparation and strategy for each individual prisoner’s release from custody, preparing them for return to the community in a law-abiding role after release.65 In some jurisdictions, transition plans are referred to as case management, discharge, reentry, supervision, or aftercare plans.

Trigger: “A stimulus which has been repeatedly associated with the preparation for, anticipation of, or the use of alcohol or other drugs. These stimuli include people, places, things, time of day, emotional states, and secondary drug use.”66

Conclusion

The main goal of Targeted Intervention Strategies is to develop and implement individualized transition plans based on assessed risk and needs in order to coordinate programming and services in the jail, and to link inmates with appropriate community resources upon release. Well-conceived transition plans group incarcerated persons by risk and need, consider all post-release treatment/placement options, offer services in jail that are consistent with those in the community, and place high importance on the input and assistance of the incarcerated persons themselves. Such plans position both incarcerated persons and system professionals to achieve the many benefits associated with successful transition from jail to the community.

63 http://www.doc.state.mn.us/crimevictim/terms.htm
66 Joan E. Zweben, Peggy F. Hora, and Judith B. Cohen, Moving Evidence Based Treatment into the Drug Court Setting (Rockville, MD: Center for Substance Abuse Treatment, 2004). Available at www.ebcrp.org
## Transition Plan

<table>
<thead>
<tr>
<th>Inmate Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
<th>Gender</th>
<th>DOC Number:</th>
<th>SSN#</th>
<th>DOB:</th>
<th>Today’s Date:</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Person Completing Form:</th>
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</table>

<table>
<thead>
<tr>
<th>Current Status:</th>
<th>Pretrial Detainee □</th>
<th>Sentenced Inmate □</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Admission:</th>
<th>Expected Release Date:</th>
</tr>
</thead>
</table>

### Risk Level, Treatment, and Criminogenic Needs

- Was the inmate’s screen and assessment questionnaire reviewed? Yes □ No □
- Risk/Needs Assessment Score: High □ Medium □ Low □

### Interventions Needed

#### Identification

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<thead>
<tr>
<th>Social Security Card</th>
<th>Yes □ No □</th>
<th>Veteran Identification Card</th>
<th>Yes □ No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Certificate</td>
<td>Yes □ No □</td>
<td>Passport</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Alien Registration Card</td>
<td>Yes □ No □</td>
<td>Valid State ID/Driver’s License</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Picture Identification</td>
<td>Yes □ No □</td>
<td>Military Discharge Papers</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Certificate of Naturalization</td>
<td>Yes □ No □</td>
<td>High School Diploma/GED Certificate</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

Are any identification documents in inmate’s property?

If yes, specify type of documentation:

If no, explain how identification is being obtained:

### Benefit Eligibility

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<thead>
<tr>
<th>Public Assistance</th>
<th>Yes □ No □</th>
<th>Food Stamps</th>
<th>Yes □ No □</th>
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<tr>
<td>Medicaid</td>
<td>Yes □ No □</td>
<td>SSI</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>SSD</td>
<td>Yes □ No □</td>
<td>Veteran</td>
<td>Yes □ No □</td>
</tr>
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</table>

### Transportation

If known – Time of Release

- Will someone pick up the inmate? Yes □ No □
  - If yes, who?
  - If no, how will the inmate get home?

### Housing

<table>
<thead>
<tr>
<th>Address at Release:</th>
<th>Apt #:</th>
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<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Cell Phone:</td>
</tr>
<tr>
<td>Work Phone:</td>
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</tbody>
</table>

[Transition Plan](#)
### Module 7: Appendix A

Transition from Jail to Community Initiative
Implementation Toolkit

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes □</th>
<th>No □</th>
<th>Other □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the inmate expect to be released to known housing?</td>
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<tr>
<td>Does the inmate expect to be released to a homeless shelter?</td>
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<tr>
<td>Type of housing assistance required:</td>
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</tr>
<tr>
<td>Medical/Mental Health/Dental</td>
<td></td>
<td></td>
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<tr>
<td>Primary health care needed:</td>
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<tr>
<td>Medical specialist needed:</td>
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<td>Mental health provider needed:</td>
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<td>Medication needed:</td>
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<tr>
<td>Date of last full physical:</td>
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<tr>
<td>Substance Abuse Counseling/Treatment</td>
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<td>Alcohol counseling/treatment needed:</td>
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<tr>
<td>Substance abuse counseling/treatment needed:</td>
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<td>Level of care required:</td>
<td>Outpatient</td>
<td>Residential</td>
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<td>Family</td>
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<tr>
<td>Will have custody of children:</td>
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<td>Family counseling needed:</td>
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<td>Education</td>
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<td>Has GED</td>
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<td>Continuing education needed:</td>
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<td>Employment</td>
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<td>Job skills training needed:</td>
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<td>Job placement needed:</td>
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<td>Financial Obligations</td>
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<td>Court:</td>
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<tr>
<td>Child Support:</td>
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<td>Medical:</td>
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<tr>
<td>Civil:</td>
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<tr>
<td>In-Jail Program Participation</td>
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<td>Completion Information</td>
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<td>Postrelease Referral</td>
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<td>AA/NA</td>
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<tr>
<td>Cognitive Behavioral Change</td>
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<tr>
<td>Domestic Violence</td>
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<td>Education</td>
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<tr>
<td>Employment Skills</td>
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<tr>
<td>Inmate Worker</td>
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<tr>
<td>Parenting</td>
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<td>No □</td>
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<td>------------------------</td>
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<tr>
<td>Religious Studies</td>
<td>Yes □</td>
<td>No □</td>
<td>N/A □</td>
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<tr>
<td>Substance Abuse</td>
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</tr>
<tr>
<td>Other:</td>
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<tr>
<td>Other:</td>
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<td>No □</td>
<td>N/A □</td>
</tr>
</tbody>
</table>

**Post-Release Community Referrals**

Check each need and then fill out a separate referral for each need.

<table>
<thead>
<tr>
<th>Aging &amp; Disability Services □</th>
<th>Community Corrections □</th>
<th>Domestic Violence □</th>
<th>Drug or Alcohol Treatment □</th>
<th>Education □</th>
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<td>Rent Assistance □</td>
<td>Social Security □</td>
<td>Transportation □</td>
</tr>
<tr>
<td>Unemployment □</td>
<td>Vocational Training □</td>
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</tr>
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</table>

1. **Referral Type:**

<table>
<thead>
<tr>
<th>In-Custody: □</th>
<th>At Discharge: □</th>
<th>Post-Release: □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Referred To:</td>
<td>Contact Phone:</td>
<td>Contact Person:</td>
</tr>
<tr>
<td>Appointment Date/Time:</td>
<td>Location:</td>
<td>Referral Faxed/E-mailed: Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax # or E-mail Address</td>
</tr>
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</table>

**Reentry Accountability Plan:**

My self-defeating behavior that blocks my success with this issue:

My behavioral goal to address my issue is:

My action plan to meet the above goal: Target Completion Date: Completion Date:

Staff action plan to meet the above goal:

Comments:

2. **Referral Type:**

<table>
<thead>
<tr>
<th>In-Custody: □</th>
<th>At Discharge: □</th>
<th>Post-Release: □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Referred To:</td>
<td>Contact Phone:</td>
<td>Contact Person:</td>
</tr>
<tr>
<td>Appointment Date/Time:</td>
<td>Location:</td>
<td>Referral Faxed/E-mailed:</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------</td>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

**Reentry Accountability Plan:**

My self-defeating behavior/problem that block my success with this issue:

My behavioral goal to address my problem is:

My action plan to meet the above goal: | Target Completion Date: | Completion Date: |
|---------------------------------------|-------------------------|-------------------|

Staff action plan to meet the above goal:

Comments:

### 3. Referral Type:

**In-Custody:** □  **At Discharge:** □  **Post-Release:** □

<table>
<thead>
<tr>
<th>Agency Referred To:</th>
<th>Contact Phone:</th>
<th>Contact Person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment Date/Time:</td>
<td>Location:</td>
<td>Referral Faxed/E-mailed:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

**Reentry Accountability Plan:**

My self-defeating behavior/problem that blocks my success with this issue:

My behavioral goal to address my problem is:

My action plan to meet the above goal: | Target Completion Date: | Completion Date: |
|---------------------------------------|-------------------------|-------------------|

Staff action plan to meet the above goal:

Comments:

### 4. Referral Type:

**In-Custody:** □  **At Discharge:** □  **Post-Release:** □

<table>
<thead>
<tr>
<th>Agency Referred To:</th>
<th>Contact Phone:</th>
<th>Contact Person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment Date/Time:</td>
<td>Location:</td>
<td>Referral Faxed/E-mailed:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

**Reentry Accountability Plan:**

My self-defeating behavior/problem that blocks my success with this issue:

My behavioral goal to address my problem is:

My action plan to meet the above goal: | Target Completion Date: | Completion Date: |
|---------------------------------------|-------------------------|-------------------|

Staff action plan to meet the above goal:

Comments:
### Completion of Plan

<table>
<thead>
<tr>
<th>Full plan completed and discussed with inmate?</th>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>If no, why? Inmate refused □ Court release before plan completed □ Incomplete for other reasons □</td>
<td>Specify:</td>
<td></td>
</tr>
</tbody>
</table>

### Case Manager/Counselor Information

<table>
<thead>
<tr>
<th>Name of Case Manager/Counselor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility:</td>
</tr>
<tr>
<td>Date Memorandum of Agreement Signed:</td>
</tr>
<tr>
<td>Case Manager/Counselor (signature):</td>
</tr>
<tr>
<td>Supervisor:</td>
</tr>
<tr>
<td>E-mail Address:</td>
</tr>
</tbody>
</table>

### Inmate Agreement

I have participated in the completion of this transition plan, received a copy of this transition plan, emergency numbers for assistance in the community, and necessary psychiatric referrals (if necessary).

<table>
<thead>
<tr>
<th>Inmate’s Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate’s Signature:</td>
</tr>
</tbody>
</table>

---

1 Transition plan adapted from the following plans: New York City Department of Corrections Rikers Island Discharge Enhance (RIDE) Plan; New York City Department of Corrections Discharge Planning Questionnaire; Davidson County, Tennessee, Sheriff’s Office Re-Entry Release Plan; Washington, D.C., Department of Corrections Discharge Planning Form; Travis County, Texas, Inmate Discharge Plan; GAINS Re-Entry Checklist for Inmates Identified with Mental Health Service Needs; SAMHSA Sample Prison/Jail Substance Use Disorder Program Discharge Summary to Help with the Reentry Process; State of Missouri Department of Corrections; Douglas County, Kansas, LoCIRP reentry plan.
Module 8 Targeted Transition Interventions

Welcome to Targeted Transition Interventions. This document is the PDF version of the online TJC Implementation Toolkit, and will not necessarily reflect the changes and updates made to the toolkit. To view the latest and most complete version of this module, visit www.jailtransition.com/Toolkit. This module concentrates on the development and implementation of appropriate jail transitional strategies and follow-up services in the community.

Your jurisdiction’s targeted interventions may range from comprehensive programs that transition the individual from the jail to the community, to resource packets and referrals to community-based providers.

Some interventions will occur in jail, while others will take place in the community after release. Ideally, many interventions will be available both in and outside the jail facility—beginning in jail and continuing with a community-based provider after the individual’s release, facilitating greater continuity of service delivery.

Correctional administrators need to pay attention to the different mechanisms by which individuals come into their custody, how long they will stay, and how they will be released, and design appropriate reentry interventions, programs, and practices to address their transitional needs and different correctional settings. Indeed the challenge for correctional administrators is that they can’t choose one “franchised” reentry program; instead, they will need to craft a strategy that makes sense for their correctional system and community.

Stefan LoBuglio, Chief
Pre-Release and Reentry Services
Montgomery County, Maryland,
Department of Correction and Rehabilitation

This module has five sections and will take between 10 and 15 minutes to complete.

Recommended audience for this module

- Sheriffs
- Jail administrators
- Correction officers involved in transition efforts
- Jail treatment staff
- Community corrections staff
- Reentry coordinators
- Community providers
- Social service providers
- Probation officers
- Pretrial services
• County board members
• Criminal justice council members

This module also includes a list of resources to help in the process

**Module Objectives**

In *Module 5: Targeted Intervention Strategies*, you learned about the 10 tasks outlined in the Targeted Intervention Strategies section of the TJC Implementation Roadmap and the importance of using the risk-need-responsivity model to determine the appropriate strategies to address an individual’s criminogenic factors pre- and post-release.

The purpose of this module is to identify jail and community intervention strategies based on the risks and needs of the incarcerated population. An intervention can be as simple as providing resource packets before release, or as comprehensive as working with a case manager and community-based providers weeks or months before release and after return to the community.

In this module, you will have the opportunity to explore tasks 5 through 10 of the Targeted Intervention Strategies section of the TJC Implementation Roadmap.

**Task 5.** Define scope and content of jail transition interventions currently in place.

**Task 6.** Provide resource packets to all jail inmates upon release, including referral to community-based providers.

**Task 7.** Deliver in-jail interventions to selected inmates through evidence-based curriculum.

**Task 8.** Deliver community interventions to selected releases.

**Task 9.** Provide case management to selected jail inmates.

**Task 10.** Provide mentors to selected jail inmates.

**This module has five sections:**

1. Identifying Your Present Interventions
2. Resource Packet Development
3. Delivering In-Jail and Community Interventions through Evidence-Based Curriculum
4. Incentivizing Program Participation and Support
5. Terms Used in the Field.

**By the end of this module, you will be able to**

• Define the scope and content of jail transition interventions currently in place.
• Create resource packets.
• Deliver in-jail and community interventions to targeted populations.
The Transition from Jail to Community Model

This visual indicates where *Tailored Intervention Strategies* fits in the *Transition from Jail to Community* model.
Section 1: Identifying Your Present Interventions

This section will help you first identify the current jail and community transition intervention programs currently in place and then determine gaps in service. This is a starting point in any intervention process and is useful for the following reasons:

- Helps you to understand service availability and accessibility
- Helps you identify gaps in services
- Assists in evaluation of new resources and/or approaches
- Improves responsiveness
- Improves system continuity
- Helps jails and service providers coordinate their interventions
- Gives you information to develop resource guides

Intervention examples

1. Resource information and referrals
2. Short courses
3. Brief training sessions
4. Formal services, treatment, and training
5. Case management
6. Mentoring
7. Supervision

You will want to briefly describe the type of interventions available, the client and staff type, and when and where the intervention takes place.

Next, use other sources to add to your inventory. These can include the following:

- Health and human service resource guides are available in most cities and counties. The United Way or government agencies publish these guides, which often focus on a particular need, such as homelessness, HIV/AIDS, or job training.
- Partnering agencies and stakeholders, discussed in the Collaborative Structure and Joint Ownership module, have a wealth of knowledge on available services.
- The presently and formerly incarcerated are often willing to assist in understanding system efficiencies and gaps in service. Consider convening several focus groups of recently released individuals and others released some time ago, and ask them directly which resources were helpful and which were not.

Do not assume that all the information you receive is accurate and current.

- All services must be contacted before being listed in your final inventory and should be contacted every six months to verify the information.
- Some service providers will tell you they provide multiple programs, when the reality is they mainly refer clients to other services.
- Make sure to question providers on the specific programs they offer.
- Services not meeting the needs of the inmates or not consistent with known best practices should be deleted from the database and alternative agencies sought.
The following are categories that might be included in a community inventory:

<table>
<thead>
<tr>
<th>Service Provider Database Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency name</td>
</tr>
<tr>
<td>Program name</td>
</tr>
<tr>
<td>Services provided</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Contact person</td>
</tr>
<tr>
<td>City, state, zip code</td>
</tr>
<tr>
<td>Neighborhood or geographic zone</td>
</tr>
<tr>
<td>Phone number</td>
</tr>
<tr>
<td>E-mail address</td>
</tr>
<tr>
<td>Web site address</td>
</tr>
<tr>
<td>Fax number</td>
</tr>
<tr>
<td>Hours and days of operation</td>
</tr>
<tr>
<td>Weekend days and hours</td>
</tr>
<tr>
<td>Appointment required</td>
</tr>
<tr>
<td>Referral required</td>
</tr>
<tr>
<td>Language(s) spoken</td>
</tr>
<tr>
<td>Eligibility requirements</td>
</tr>
<tr>
<td>Program exclusions</td>
</tr>
<tr>
<td>Space availability</td>
</tr>
<tr>
<td>Documents required</td>
</tr>
<tr>
<td>Fee structure</td>
</tr>
<tr>
<td>Other information</td>
</tr>
<tr>
<td>Date agency first contacted</td>
</tr>
<tr>
<td>Date agency information last updated</td>
</tr>
<tr>
<td>Comments</td>
</tr>
</tbody>
</table>

Finally, develop a database that inventories programs in the jail and the community to better manage available services and help you identify any gaps or lack of continuation of services from the jail to the community.

Provided in Appendix A is a template of a jail- (J) and community-based (CB) service and treatment inventory table. You will want to revise the template based on the service availability in your community. However, the 29 interventions listed are the most common services offered and found useful by those transitioning from jail to the community.

**Conducting a case flow analysis**

Many communities conduct a case flow analysis to take an inventory of the resources available and evaluate the resource gaps in their community. Such an analysis involves community agencies; correction, probation, and parole officers; social workers; and the incarcerated themselves in the cataloguing of available information and data and asks them to identify and fill in any community resource gaps. Allow all participants to include what information, data, and/or community resource they would find valuable to help transition people from jail to the community that does not presently exist.

**The process of conducting a case flow analysis is as follows:**

- Identify who will be responsible for developing the case flow analysis.
- Develop a standardized template for all partners to fill out.
- Make it available electronically to facilitate dissemination and easy updating.
- Solicit partner input during the meeting and/or through a survey.
- Emphasize the importance of partners being open about what resources they do and do not have.
- Develop the case flow report.
• Use the information to identify gaps in service and/or resources and make recommendations.

The following questions and TJC Preimplementation Case Flow Process templates attached to them are designed to help you start this process. We include four blank Case Flow Process templates for your own analysis. No two jail systems are alike, so make sure to modify the questions and templates to fit your needs.

Under each template, we also provide an example from one county to help you understand how the tables might be completed. Remember that these examples are pre-TJC implementation, so the goal here is to observe how one county filled in its information and the resource gaps this particular county is facing.

We hope this promotes more discussion in your own county. For example, in the Case Flow Process In-Jail Services and Treatment Programs County Example, the county acknowledges that no anger management programs are offered because of a lack of volunteers. This is the type of detail you will want to include in your own analysis to help the reentry council understand the present process and how to improve it.

1. Screening and Assessment Key Questions

• What screens and assessment instruments are used?
• What type of individuals are screened and assessed?
• What percentage of the total population is screened and assessed?
• At what point in the process is this done?
• How will screening and assessment help to determine interventions?
• Who is responsible for completing the assessments?
• Is assessment information shared with staff in the facility?
• Is assessment information shared with community agencies and other system stakeholders?
• How are assessment data stored?
• Are assessment data analyzed?
• Who makes decisions based upon data analysis?
• What gaps do you see in the present system?
• What are the strengths of the current system?

See Appendix B for Case Flow Process: Screening and Assessment Template and County Example

2. Case Management Services Key Questions

• How does an inmate “enter” the case management system?
• Does screening and/or assessment contribute to case management?
• What are the key intervention decision points as the inmate moves through your jail-to-community system?
• How is an inmate’s movement in and through the system (case flow) monitored or tracked? Is this information entered into a database?
• How is an inmate’s movement/compliance with court-ordered services tracked?
• What information are providers expected to report? How often?
• How are referrals and utilization captured in the system?
• How is this process coordinated with community providers?
• What are the gaps in the present system?
• What are the strengths of the current system?

See Appendix C for Case Flow Process Case Management Services Template and County Example

3. In-Jail Treatment and Transitional Programs Key Questions

• How is movement into programs determined?
• Is there good coordination between the jail and community provider staff?
• Do in-jail programs match community-based programs on approach or curriculum?
• What is the referral process?
• Are inmates linked to the same providers they worked with in the jail as they reenter the community?
• Is there a central classification system that considers reentry case flow?
• How are inmates solicited to participate in programs?
• How is movement into programs determined?
• Does screening and/or assessment drive the program/intervention assignment?
• Is a standardized means or method utilized to identify or solicit offenders equally, regardless of sanction, placement, or any other factor?
• What is the primary focus and goal of transition programs?
• Is programmatic information provided to community providers? How?
• How are data collected on this process?
• What are the major gaps in this system at present?
• What are the strengths of the current system?
• How is success measured?

See Appendix D for Case Flow Process In-Jail Services and Treatment Programs Template and County Example

4. Community-Based Treatment Key Questions

• When inmates transition to the community, are they linked to the same providers they saw in the jail?
• For individuals needing multiple services, who coordinates services across providers?
• Do programmatic initiatives within the community match similar initiatives offered within the jail?
• Is there good coordination between jail and community management and staff?
• Does jail treatment or transition staff “reach out” to community providers to assist community programs and enhance program continuity?
• What is the referral process from jail to the community provider?
• Does programmatic information flow to and from community providers?
• How are data collected on this process?
• What are the major gaps in providing transitional service from the jail to the community at present?
• What are the strengths of the current interagency collaborations?
See Appendix E for the Case Flow Process Community-Based Treatment Template

Once the case flow process is completed, have the reentry council review the case flow tables to discuss how individuals are presently flowing through the system and ways to improve the process.

Key considerations when evaluating the information obtained from the case flow analyses:

- What are the characteristics of the high-risk clients you are trying to serve?
- What are the goals of each program and how will goal attainment be measured and evaluated?
- How long will clients be in jail?
- What services can be provided at the facility based on length of stay?
- What is the proper program dosage needed?
- How will in-jail interventions be linked to community-based interventions?
- Will there be a coordinated plan and curriculum?
- Does the curriculum have to be delivered in sequential order (e.g., do you have to start at lesson 1, or can you come in at lesson 10)?

The case flow tables should also help you understanding the following issues:

- The preinitiative process by which the jail population interacts with each partnering agency
- How the community serves the jail population
- Resources needed to fill identified gaps and/or change existing practice

For more information and examples from the field

1. A template of a cover letter and a self-report questionnaire you can send to agencies requesting information about their services. The questionnaire was adapted from a survey developed by Department of Human Services, Allegheny County, Pennsylvania. Available http://www.urban.org/projects/tjc/toolkit/module8/Allegheny%20Cover%20Letter%20and%20Questionnaire.pdf.

2. A questionnaire that you can send to different stakeholders in your community, including the formerly incarcerated, to better understand their perceptions of the barriers that impede individuals from receiving services. Available http://www.urban.org/projects/tjc/toolkit/module8/Jail%20Transition%20Questionnaire.pdf


Summary

In this section, you learned that by making a detailed inventory of all jail-based, transitional, and community interventions, you can clearly identify the programs that are currently in place and determine any gaps in service delivery. Templates were provided, including a self-report questionnaire for agencies, a survey of stakeholders’ perceptions of transitional barriers, and a completed intervention inventory.
Section 2: Resource Packet Development

This section will help you create resource packets or guides to empower those incarcerated to use services while in jail and after release. You will also learn the best way to distribute the guides, including training for jail staff.

The development of a user-friendly county- or city-specific resource brochure, pamphlet, or pocket-size resource guide will help the returning population and their families understand the community resources available to meet their needs.

The content of resource brochures and guides ranges from listing the most important numbers and hotlines to providing a description of the challenges inmates face at release and helpful tips to manage them.

Resource packets are important for a number of reasons:

- Link those leaving jail to interventions that can help them
- Help jail staff gain a better understanding of community services when assisting inmates
- Provide an easy guide for the formerly incarcerated when they are released

Flesch Reading Ease Software

Transition plans need to be written at a reading level the average incarcerated person can understand. Many of those in jail read between the fifth- and seventh-grade levels, so consider that when developing your transition plans.

An easy way to measure the readability of your reentry plans is to use the Flesch Reading Ease readability assessment software, available in Microsoft Word. The following directions explain how to access these readability statistics when using Microsoft Word 2007:

- Click the Microsoft Office Button, and then click Word Options.
- Click Proofing.
- Make sure Check Grammar with Spelling is selected.
- Under When correcting grammar in Word, select Show readability statistics check box.
- Click OK.
- Now you will get the readability statistics whenever you click F7 full document spelling check.

After Microsoft Word checks for spelling errors, it will display information about the reading level of the document.
Following are 12 recommendations for the development of reentry guides:67

1. **Provide an honest and hopeful introduction.**
2. **Provide letters of support and sponsorship from other former inmates.**

Include positive statements by formerly incarcerated individuals dispersed throughout the resource:

*Been in the game since I was 12. By the time I was 22, I was through. I gave up the game because I had children and I didn’t want them comin’ into the jail to see me. I’m soft but I know where I come from.*68

3. **Prioritize crucial first steps, and include a reference list for less immediate issues.**

A reentry guide should focus on the immediate, crucial aspects of moving toward life stability within the first few months after release; true self-sufficiency and social reintegration should be handled through other routes.

4. **Incorporate the guide into a training curriculum with in-person support.**

The most effective way to prepare individuals for reentry is through in-person prerelease instructional programs. Introducing the guide and its contents during prerelease classes will familiarize those incarcerated and give them a chance to make arrangements before release to increase the likelihood of successful transition to the community.

5. **Provide the guide well ahead of release to help prepare a smoother transition.**

Having the guide available in advance will allow individuals to consider employment, housing, and other topics prior to release, weighing the feasibility and benefits of their options. The guide will also provide a basis for program officers or case managers to discuss these options with transitioning offenders.

6. **Include content that helps to manage specific challenges.**

Sample text of job letters and resume layouts can make guides more engaging and effective in helping plan for reentry.

7. **Include maps of cities, transportation routes, and the locations of major service providers.**

Maps of geographic areas with different service providers marked can be an excellent source of information, especially for those with minimal reading skills.

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8. Include informative, motivational text, being conscious of prevalent literacy levels.

Remember that many inmates have learning disabilities and have difficulty reading above a sixth-grade level. Therefore, the complexity and length of text in a guide must be compatible with the literacy levels of the intended audience.

9. Include only service providers committed and accessible to individuals with a history of involvement in the criminal justice system.

The clients should be referred to agencies that best meet the needs of the inmate population. Some agencies specialize in working with women or other distinct groups of offenders. Both the client and the agency must be comfortable working with one another. Agencies may assert that they work with the formerly incarcerated but in practice seek to waitlist them or refer them to another agency.

10. Be sensitive to language barriers.

The issue of developing foreign language versions for certain jurisdictions is also important to consider.

11. Keep the guide small, portable, and discreet.

Make the guide reasonable and attractive for individuals to carry with them. If possible, the guide should be designed to be transportable in a back pocket. Gang colors and titles that would mark users as formerly incarcerated should be avoided. These small design features are likely to have important effects on clients’ use of the guide.

Field note: Kent County, Michigan

The website **www.reentry.org** was created by our local citizen’s group called Reentry Roundtable. It is intended to help offenders locate area resources. On the home page you will see a drop down list called Please Choose, that allows you to enter the site and do some searches. Pick Former Offender and go in and search for some services. The sites that come up in the search, and all the information on those pages, is entered and maintained by the various non-profits themselves.

If the offenders take the time to register with the site and create an account, there are additional benefits. The search results will come up with the services closest to his home address first. They are able to save the search results to their own personal folders. They are also able to save documents to their folder in this website, and that is great because it allows them to work on a resume at a computer at the library, save it, and later open it at any other PC with internet access. As you try some searches you may come across some of the other features. For example, search for Food and along with the food pantries it should bring back a "Tutorial" on bridge cards (food stamps). There are other tutorials about how to ride the bus system, etc.

The creators are willing to share this platform with other cities for a very nominal cost. That would allow other towns to set it up on a server and allow their own local non-profits to add their own information and make it available to their offender population.

Capt. Randy Demory
Kent County Correctional Facility
Grand Rapids, MI
12. Evaluate reactions before and after publication of the guide.

Objective evaluation of the guide to refine the first edition and subsequent revisions is the only way to gauge effectiveness. Focus groups and questionnaires with those incarcerated, corrections staff, provider agencies, and transitional experts can be used to help improve content.

Benefit Boards

Benefit boards located throughout your facility are an effective way to disseminate transitional materials, including informational pamphlets and applications from the Social Security Administration; state and local government agencies responsible for health, education, labor/employment, public assistance, identification, and housing; U.S. Veterans Administration; and U.S. Citizenship and Immigration Services.

<table>
<thead>
<tr>
<th>New York City Department of Correction Benefits Board &amp; Information Wagon</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Image of Benefit Boards" /></td>
</tr>
</tbody>
</table>

For more information and examples from the field

Following are examples of different types of resource materials for people transitioning from jail and prison to the community.

1. *Essex County Smart Book: A Resource Guide for Going Home* will give you a better idea of information you may want to include in a resource guide.  
http://www.state.nj.us/corrections/OTS/PDFs/090311/090311_Essex_Co_Smartbook.pdf


8. Online Reentry Resource Center to help the formerly incarcerated reenter the community (Grand Rapids, MI) http://www.reentryhelp.org/

9. Online list and map of emergency resources in Lawrence, Kansas (Douglas County, KS). http://www2.liworld.com/kansas/lawrence/maps/emergency-resources/

**Summary**

Identifying the community resources available and accessible to individuals transitioning back to the community is critical for successful reentry. Resource guides link incarcerated people to helpful interventions and inform jail staff of existing community services.
Section 3: Delivering In-Jail and Community Interventions through Evidence-Based Curriculum

This section explains the process of developing and delivering interventions through an evidence-based curriculum to selected people in the jail and upon release to the community. Interventions can include short courses, training sessions, formal services, and treatment programs. Whenever possible, the program and services offered in the jail should mirror or work in conjunction with community programs, ideally by the same provider in and out of the jail.

Course selection must consider

- The individual’s length of stay
- The level and type of criminogenic risk and need that will be targeted and serviced
- Group space and staff who can deliver the curriculum
- Training needs of staff to deliver the curriculum
- Alignment with existing programs and services

Work done while in jail to begin treatment, develop relationships with service providers, and connect individuals to service appointments in the community will have less impact after release if there is no follow-up in the community. Community-based organizations and support networks must provide continuity of care—or in many cases, initiate care—through services, training, treatment, and case management when an individual is released.

There are five basic steps to developing and delivering interventions.

Step 1: Determine which individuals should receive which interventions.

The eligibility for participation in any in-jail and community-based intervention is based on a thorough risk/needs assessment, a completed transition plan, and the individual’s length of jail stay. Secondary considerations include jail and community capacity, staff availability, staff training, financial resources, and receptivity of the incarcerated population.

Guided by evidence-based practices, low-risk individuals with few needs do not receive comprehensive interventions but still have access to less intensive programming and services in the jail and the community.

High-risk individuals with many needs should receive the most comprehensive interventions available at the jail and upon release.

See Appendix F for a table that outlines the type of in-jail and community interventions available to a person based on his or her risk and needs score and length of stay in the facility or program. As you see, the longer the length of stay, the more interventions are available in the jail setting.
Step 2: Select interventions.

After you identify your population needs, it’s time to define the content and curriculum of evidence-based short courses, training sessions, formal services, and treatment programs designed to reduce recidivism.

Research shows that certain interventions have the greatest impact on recidivism rates for correctional populations. The following are five major areas of treatment:

- Cognitive behavioral/life skills groups
- Substance abuse groups
- Job readiness and employment
- Educational programs
- Housing and community reintegration planning

We recommend that you enlist programming experts, such as those listed below, to suggest evidenced-based interventions for your population:

- Psychologists
- Correctional researchers
- Staff from institutes and government agencies
- Consultants
- Other jail facilities

These experts understand the importance of evidence-based interventions and will be helpful in discussing with you which interventions are backed by research proving their effectiveness. You can often locate them by contacting

- American Correctional Association
- American Jail Association
- American Probation and Parole Association
- International Community Corrections Association
- National Institute of Corrections
- Colleges and universities
- Community-based organizations

Remember, regardless of whom you work with, make sure to have them show you why theirs is an evidenced-based intervention. Empirically based studies have provided evidence of statistically significant effectiveness of the treatment or program.

Step 3: Pilot the new intervention.

Pilot testing your program on a small group before extending the intervention to all individuals who meet the criteria is necessary for the following reasons:

- It allows you to identify which factors helped or hindered implementation of the intervention before you spend a large amount of time and money on the intervention.
• It allows you to determine whether staff are adequately trained, and if not, gives you time to help them improve the delivery of the intervention.

Step 4: Implement the intervention.

High-quality implementation of the intervention is the next step. An evidenced-based curriculum alone does not guarantee successful implementation. Your organization has to be “ready” and have the capacity to meet the challenges of implementing a new program. The following factors influence high-quality implementation:

• **Staff selection**
  Identify who is best qualified to carry out the intent of the curriculum. Beyond academic credentials, certain characteristics should be part of the staff selection process (e.g., respect for those in need, know

• **Pre-service and in-service training**
  Training is an efficient way to provide knowledge of background information, theory, and values to staff and to introduce and reinforce the core components of a new curriculum and the rationale for key practices.

• **Ongoing consultation and coaching**
  Typically, most of the skills needed by staff for the successful implementation of a new curriculum are learned on the job with the help of training and a consultant or coach who is familiar with the core concepts of the curriculum, as well as the organizational or system culture in which the curriculum will be delivered. Such a presence helps to diagnose misdirection and missed opportunities and maximizes scarce resources

• **Staff evaluation**
  Assessment of staff progress provides useful feedback to administrators and curriculum developers regarding the progress of implementation, the quality of training and coaching, and strengths and weakness in the intervention itself

• **Facilitative administration**
  A leadership team that is oriented as an action learning team uses data to inform decision making to support the overall process. Such a team also uses systems of objective evaluation to keep staff organized and focused on desired outcomes, as well as program fidelity.

• **System interventions**
  Develop strategies to work with external stakeholders and resources to ensure diffusion of complementary messages throughout the jail and the community. Mixed messages from different parts of the system will impede individual change.

---

Step 5: Extend the new intervention to all individuals who meet the criteria.

Moving to a full-scale implementation of the intervention occurs once the pilot program has been determined to be successful. Of course, once you have fully implemented the program, your work to develop effective transitional services is not complete. Developing and delivering evidence-based interventions is an ongoing, iterative process. In Module 9: Self-Evaluation and Sustainability, you will learn methods for continually evaluating your progress and ensuring that you are delivering the most effective and valid interventions.

For more information and examples from the field

1. A table of different cognitive-behavioral, substance abuse, fatherhood, and staff curricula, including cost and number of classes required. http://www.urban.org/projects/tjc/toolkit/module8/CurriculaTable.pdf


3. The Orange County, Florida, Educational and Vocational Programs is a recommended resource on how programs can be implemented in your jail. http://www.ncjrs.gov/pdffiles/166820.pdf


Summary

In this section, you learned the five basic but necessary steps to develop and deliver evidence-based interventions. You learned that it is important to receive advice from programming experts, as well as to pilot-test intended interventions.
Section 4: Incentivizing Program Participation and Support

This section aims to help you understand how to support prosocial behavior through incentivizing program participation and mentoring. Often, the target population for in-jail and community interventions is resistant because of long histories of failed efforts in programs and ambivalence about change.

As Deputy Commissioner Kathleen Coughlin of the New York City Department of Corrections notes, incarcerated people have been disappointed numerous times before by the criminal justice and social service systems, and they are both “program-weary” and “program-wary.”

Your recruitment and retention efforts must take into account this resistance to programming, because limited outreach will undoubtedly result in low participation and completion rates.

Research indicates that incentives can motivate people to sign up and complete programs.

<table>
<thead>
<tr>
<th>In Jail Incentives</th>
<th>Community Based Incentives</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased visitation</td>
<td>• Bus passes</td>
</tr>
<tr>
<td>• Later curfews for work release inmates</td>
<td>• Access to phone cards</td>
</tr>
<tr>
<td>• Later lock-in times</td>
<td>• Food vouchers</td>
</tr>
<tr>
<td>• More phone access</td>
<td>• Special activities for people who participate in programs – donated by the community</td>
</tr>
<tr>
<td>• More recreation time</td>
<td>• Housing</td>
</tr>
<tr>
<td>• More television</td>
<td>• Family reconciliation efforts</td>
</tr>
<tr>
<td>• Access to more television channels</td>
<td>• Certificates of completion</td>
</tr>
<tr>
<td>• Certificates of completion</td>
<td>• Letters of recognition</td>
</tr>
<tr>
<td>• Letters of recognition</td>
<td>• Being asked to serve as a mentor to other offenders</td>
</tr>
<tr>
<td>• Improved housing assignments</td>
<td>• Reduction of supervision conditions</td>
</tr>
<tr>
<td>• Extra or early movement into community corrections</td>
<td>• Early termination of supervision</td>
</tr>
<tr>
<td>• Good-time credits</td>
<td></td>
</tr>
</tbody>
</table>

Mentoring

Mentoring can help with successful reintegration by providing positive role models to people returning to the community. Ideally, individuals are paired with mentors during custody, with the intent of maintaining the relationship in the community after release.

Though each mentor/mentee relationship is different, a successful mentor will have the following attributes:

- Good listener
- Positive role model
- Communicates effectively
- Understands the time commitment
- Patient
• Has knowledge and resources to help solve problems and address needs, within appropriate limits
• Clear on the role and what they can and can’t do (i.e., they know they’re not a case manager)
• Maintains contact and provides updates with the agency overseeing the mentoring program

Peer mentoring by previously incarcerated individuals or those in recovery who have turned their lives around and have maintained a prosocial lifestyle for an extended period can also serve an important role in the transition process. In fact, research has found that support from recovering peers may be more effective in reducing recidivism than support from clinical staff or correctional officers.¹

You can’t beat the credibility of an ex-offender when trying to show offenders how their lives can be different. They can look a prisoner in the eye and say, “I have been in your shoes.”

Sheriff Michael Hennessey  
San Francisco Sheriff’s Department

Training

Developing a mentoring program takes time, and a training program is required to teach volunteers how to mentor people while they are incarcerated and after release. Following are a few recommendations:

• Screen all mentors to ensure they have the appropriate demeanor, time commitment, and motivation to dedicate a minimum of one year working with a mentee.
• Provide a mentor training program.
• Provide ongoing support during the mentorship.

For more information and examples from the field


6. A number of useful resources—including why good volunteers do bad things, how to deal with volunteer conflict, interviewing, and retaining and supervising volunteers—is available at the Court Appointed Special Advocates for Children (CASA) http://www.casanet.org/program-management/volunteer-manage/.

**Summary**

In this section, you learned that incentivizing program participation and developing mentor/mentee relationships can increase the chance for a successful transitional from the jail to the community.
Section 5: Terms Used in the Field

This section defines a number of basic terms used in this module. These terms will be highlighted in purple throughout the module, allowing you to rollover on the term to see the definition.

Core components of an intervention: The most essential concepts (those that contribute significantly to changes in attitudes, beliefs, and behaviors), activities, and ideas included in the intervention.

Evidence-based: A practice that has been proven to be effective through scientific research and, once applied locally, is measurable and evaluated consistently for its effectiveness.

Incentive: A method or action to used to reinforce program participation and/or the exhibit of prosocial skills or behavior.

Mentoring: “The practice of matching up an individual who has a stable educational, professional and personal life with another individual who is in need of guidance in those areas.”70

Post-release interventions: Interventions designed to aid the individual’s transition from jail to the community and to sustain gains made through prerelease interventions. Examples of discharge interventions include resource packets; referrals to community agencies; scheduled appointments in the community; a temporary supply of medication; identification documents; updated transition plans; transportation to a service provider, home, or probation office; and contact information for key individuals who will facilitate the individual’s service plan in the community.

Pre-release interventions: Interventions delivered either by jail staff or community-based providers in the jail. Examples of prerelease interventions include provision of informational resources such as resource packets, information bins in the facility, or a designated resource officer; brief training programs that prepare individuals for reentry; services such as drug and alcohol treatment, educational programs, and job training; access to community-based and informal social supports such as family, mentors, and members of the faith community; and case management to facilitate continuity of care.

Conclusion

Jail-based and community interventions include the distribution of resource packets, working closely with case managers or treatment managers, and participating and completing an evidence-based cognitive-behavioral program. Before delivering interventions, a detailed resource inventory should be drawn up. It is important to keep the inventory updated. Interventions that are provided should have empirical studies that show them to be effective. Such interventions must be targeted to those who have the greatest risks and needs. Carefully considered incentives may promote program participation.

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Provider(s) Name</th>
<th>Eligible Population</th>
<th>Program Capacity</th>
<th>Curriculum</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Anger Management</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>2.</td>
<td>Aging &amp; Disability Services</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>3.</td>
<td>Cognitive-Behavioral Change</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>4.</td>
<td>Community Corrections</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>5.</td>
<td>Community Resource Packets</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>6.</td>
<td>Domestic Violence</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>7.</td>
<td>Drug or Alcohol Treatment</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>8.</td>
<td>Educational Services</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>9.</td>
<td>Family</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>10.</td>
<td>Food/Clothing</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>11.</td>
<td>Gender-Specific Treatment</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>12.</td>
<td>Health Care Benefits</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>13.</td>
<td>HIV/Communicable Disease</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>14.</td>
<td>Housing</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>15.</td>
<td>Identification</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>16.</td>
<td>Income/Benefits/Entitlements</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>17.</td>
<td>Life Skills Training</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>18.</td>
<td>Job Skills Training</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>19.</td>
<td>Employment</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>21.</td>
<td>Medical/Dental Care/Local Health Clinic</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>22.</td>
<td>Mental Health Care</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>23.</td>
<td>Medication</td>
<td>J</td>
<td>CB</td>
<td>J</td>
<td>CB</td>
<td>J</td>
</tr>
<tr>
<td>Assistance</td>
<td></td>
<td></td>
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<tr>
<td>-----------------------------------------------</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>24. Orientation/Info Sessions on Community Providers</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>25. Parenting</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>26. Rent Assistance</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>27. Religious Studies</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>28. Social Security</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>29. Transportation</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
TJC Preimplementation Case Flow Process: Screening and Assessment Template

This template highlights gaps in your screening and assessment practices. Once completed, this template should reflect your current state and flow of screening and assessment, rather than what you would like to have available.

A quick reminder: Screens are used to identify an individual’s potential risk or needs as the individual enters the jail or another agency, while assessment is the process of identifying and documenting the specific risk and needs.

<table>
<thead>
<tr>
<th>Assessed Population</th>
<th>Screening Tool Used</th>
<th>Who Completes</th>
<th>When Applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classification</td>
<td>Summit</td>
<td>Booking</td>
<td>Immediately upon every booking</td>
</tr>
<tr>
<td>Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk/Needs</td>
<td>Summit Classificati</td>
<td>Summit Classificati</td>
<td>@ 72 hours, @ 30 days, @ 60 days</td>
</tr>
<tr>
<td>Assessment</td>
<td>on Sgt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Reentry LSI R</td>
<td>Reentry Director</td>
<td>Generally, 2 weeks after sentencing</td>
</tr>
<tr>
<td>Assessment &amp; History</td>
<td>Reentry LSI R SV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide Prevention</td>
<td>Reentry LSI R SV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prettrial Release</td>
<td>Reentry LSI R SV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Corrections</td>
<td>Reentry LSI R SV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TJC Preimplementation Case Flow Process: Screening and Assessment County Example

<table>
<thead>
<tr>
<th>Assessed Population</th>
<th>Screening Tool Used</th>
<th>Who Completes</th>
<th>When Applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Screening</td>
<td>Both</td>
<td>Booking</td>
<td>Immediately upon every booking</td>
</tr>
<tr>
<td>Classification</td>
<td>Both</td>
<td>Summit</td>
<td>@ 72 hours, @ 30 days, @ 60 days</td>
</tr>
<tr>
<td>Screening</td>
<td>Both</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk/Needs</td>
<td>Both</td>
<td>Reentry</td>
<td>Generally, 2 weeks after sentencing</td>
</tr>
<tr>
<td>Assessment</td>
<td>&gt; 60 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Both</td>
<td>Summit</td>
<td>Booking</td>
</tr>
<tr>
<td>Assessment &amp; History</td>
<td>&gt; 24 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide Prevention</td>
<td>Both</td>
<td>Facility-based</td>
<td>As risk factors present</td>
</tr>
<tr>
<td>Prettrial Release</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Corrections</td>
<td>Pretrial if presumptive community corrections</td>
<td>LSI R</td>
<td>ISO Usually postconviction, presentence on inmates that are presumptive Community Corrections probation</td>
</tr>
</tbody>
</table>

Transition from Jail to Community Initiative Implementation Toolkit  www.jailtransition.com/toolkit
TJC Preimplementation Case Flow Process: Case Management Services Template

This template highlights gaps in your case management services practices. Once completed, this template should reflect your current state and flow of case management rather than how you would like it to flow or what case management services you would like to have available.

A quick reminder: Case management refers to coordinated case management and the staff can be jail or community based.

<table>
<thead>
<tr>
<th>Case Managed Population</th>
<th>Who Provides Case Management</th>
<th>Case Managers Report To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretrial/Sentenced Pretrial/Sentenced</td>
<td>Case Managers</td>
<td>In-Jail Case Management</td>
</tr>
<tr>
<td>Felon/Misdemeanor Felon/Misdemeanor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOS LOS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Population Special Population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Jail Case Management In-Jail Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Case Management Transitional Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community-Based Case Management Community-Based Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Case Management Mental Health Case Management</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TJC Preimplementation Case Flow Process Case Management Services County Example

<table>
<thead>
<tr>
<th>Case Managed Population</th>
<th>Who Provides Case Management</th>
<th>Case Managers Report To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretrial/Sentenced Pretrial/Sentenced</td>
<td>Social Service Providers</td>
<td>As needed, as arises</td>
</tr>
<tr>
<td>Felon/Misdemeanor Felon/Misdemeanor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOS LOS</td>
<td>Reentry Director Program Director</td>
<td>Reentry Director</td>
</tr>
<tr>
<td>Special Population Special Population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Jail Case Management In-Jail Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Case Management Transitional Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community-Based Case Management Community-Based Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Case Management Mental Health Case Management</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Transition from Jail to Community Initiative Implementation Toolkit

www.jailtransition.com/toolkit
TJC Preimplementation Case Flow Process: In-Jail Services and Treatment Programs

Template

This template highlights gaps in your in-jail services and treatment program practices. Once completed, this template should reflect your current state and flow of in-jail services and treatment programs rather than how you would like it to flow or what services and programs you would like to have available.

A quick reminder: The template identifies services offered in a jail setting by jail or community-based staff.

<table>
<thead>
<tr>
<th>Services</th>
<th>Eligible Population</th>
<th>Serviced Population</th>
<th>Program Capacity</th>
<th>Curriculum</th>
<th>Provider(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger Management</td>
<td>All except segregated inmates</td>
<td>Has been offered in Max, Med, Min, &amp; all female custody levels</td>
<td>Groups generally limited to 8 inmates or fewer</td>
<td>Cage Your Rage materials primarily, though CMH offered Max program (curriculum unknown)</td>
<td>CMH, community volunteers, interns (School of Social Welfare)</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>All except segregated inmates</td>
<td>Medium, minimum &amp; female pod primarily, but all pods have some services occasionally</td>
<td>AA &amp; especially NA are very limited by volunteer availability, with medium pod the only NA group at this time</td>
<td>* 12 Steps for both AA, NA * HC-adapted to native circle concepts and White Buffalo recovery curriculum * CMH curriculum</td>
<td>AA, NA, Health Center</td>
</tr>
<tr>
<td>Employment Readiness and Job Retention</td>
<td>All except Max, SPM &amp; segregated inmates</td>
<td>Med, Min, (co-ed PRN)</td>
<td>Improvised lesson plan (Note: Currently)</td>
<td>Private contractor Greystone Educational Materials DVD series</td>
<td><a href="http://www.jailtransition.com/toolkit">www.jailtransition.com/toolkit</a></td>
</tr>
<tr>
<td>Service Area</td>
<td>Program Description</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Retention</td>
<td>Using a DVD “Employment After Prison” series &amp; handbook to provide some continuing job programming</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Skills Training</th>
<th>None at this time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Services</td>
<td>All except Max &amp; segregated inmates</td>
</tr>
<tr>
<td></td>
<td>Up to 10 inmates from each security classification may attend each class</td>
</tr>
<tr>
<td></td>
<td>State-approved high school curriculum State Board of Education</td>
</tr>
<tr>
<td></td>
<td>LL &amp; two volunteers for tutoring</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>All including segregated inmates</td>
</tr>
<tr>
<td></td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Professional standards</td>
</tr>
<tr>
<td></td>
<td>CMH</td>
</tr>
<tr>
<td>HIV/Communicable Disease</td>
<td>All except segregated inmates</td>
</tr>
<tr>
<td></td>
<td>All except segregated inmates</td>
</tr>
<tr>
<td></td>
<td>All except segregated inmates</td>
</tr>
<tr>
<td></td>
<td>Improvised lesson plan workshop</td>
</tr>
<tr>
<td></td>
<td>CAP</td>
</tr>
<tr>
<td>Cognitive-Based Treatment</td>
<td>All except Max, SPM &amp; segregated inmates</td>
</tr>
<tr>
<td></td>
<td>All except Max, SPM &amp; segregated inmates</td>
</tr>
<tr>
<td></td>
<td>All except Max, SPM &amp; segregated inmates</td>
</tr>
<tr>
<td></td>
<td>DBT modified &amp; ST uses DVDs &amp; thinking reports, structured discussions</td>
</tr>
<tr>
<td></td>
<td>CMH = Dialectical Behavior Therapy</td>
</tr>
<tr>
<td></td>
<td>Ex-offender contractor &amp; program director for Stinkin’ Thinkin’ for DBT</td>
</tr>
<tr>
<td>Orientation/Info Sessions on Community Providers</td>
<td>All including segregated inmates</td>
</tr>
<tr>
<td></td>
<td>All including segregated inmates</td>
</tr>
<tr>
<td></td>
<td>All including segregated inmates</td>
</tr>
<tr>
<td></td>
<td>Pod officers &amp; booking, reentry director, programs director</td>
</tr>
<tr>
<td>Community Resource Packets</td>
<td>Posted in all pods</td>
</tr>
<tr>
<td></td>
<td>All including segregated inmates</td>
</tr>
<tr>
<td>Family (visitation services only)</td>
<td>All except segregated inmates</td>
</tr>
<tr>
<td></td>
<td>Visitation services only</td>
</tr>
<tr>
<td>Parenting</td>
<td>All except segregated inmates</td>
</tr>
<tr>
<td></td>
<td>All including segregated inmates</td>
</tr>
<tr>
<td></td>
<td>All including segregated inmates</td>
</tr>
<tr>
<td></td>
<td>Thirteen Principles of Effective Parenting</td>
</tr>
<tr>
<td></td>
<td>CMH</td>
</tr>
<tr>
<td>Gender-Specific Treatment</td>
<td>All except male Max, SPM &amp; segregated inmates</td>
</tr>
<tr>
<td></td>
<td>All including segregated inmates</td>
</tr>
<tr>
<td></td>
<td>All including segregated inmates</td>
</tr>
<tr>
<td></td>
<td>CMH</td>
</tr>
</tbody>
</table>

Legend:
- AA Alcoholics Anonymous
- CMH Community Mental Health (both professional staff & intern providers)
- HC Health Center
- Service Center SCESC
- PRN (females only included at request of reentry director)
- NA Narcotics Anonymous
- CAP County AIDS Project
- LL Learning Lab South Central Education
- ST Stinking Thinking
TJC Preimplementation Case Flow Process: Community-Based Services and Treatment Programs Template

This template highlights gaps in your community-based services and treatment program practices. Once completed, this template should reflect your current state and flow of community-based treatment practices rather than how you would like it to flow or what services you would like to have available.

A quick reminder: The template identifies services offered solely in the community by community-based providers.

<table>
<thead>
<tr>
<th>Services</th>
<th>Eligible Population</th>
<th>Serviced Population</th>
<th>Program Capacity</th>
<th>Curriculum</th>
<th>Provider(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment Readiness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Skills Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/Communicable Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive-Based Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientation/Info Sessions on Community Providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Resource Packets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender-Specific Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TJC Preimplementation Case Flow Process: Community-Based Services and Treatment Programs County Example

<table>
<thead>
<tr>
<th>Services</th>
<th>Eligible Population</th>
<th>Serviced Population</th>
<th>Program Capacity</th>
<th>Curriculum</th>
<th>Provider(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger Management</td>
<td>Generally, person-related offenses (M or F)</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>CMH, Probation, HCC</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>Addicted</td>
<td>Addicted</td>
<td>For state-funding, limited</td>
<td>Cognitive-based; 12 step</td>
<td>DCCCCA, Prof. Treatment Services, Private</td>
</tr>
<tr>
<td>Employment Readiness</td>
<td>Anyone</td>
<td>Unemployed, to improve employment</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Workforce Ctr, Ind Inc, SRS</td>
</tr>
<tr>
<td>Job Skills Training</td>
<td>Anyone</td>
<td>Improve Skills</td>
<td>Unknown</td>
<td>Unknown</td>
<td>County Community College certificate programs</td>
</tr>
<tr>
<td>Educational Services</td>
<td>Anyone</td>
<td>Improve education level</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Diploma Completion, SRS</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Mentally Ill</td>
<td>Mentally Ill</td>
<td>Unknown</td>
<td>Unknown</td>
<td>CMH, private</td>
</tr>
<tr>
<td>HIV/Communicable Disease</td>
<td>Anyone for ??</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>CAP, LDCHD</td>
</tr>
<tr>
<td>Disease</td>
<td>Testing, family of patients, patients</td>
<td>?</td>
<td>Unknown</td>
<td>Unknown</td>
<td>CMH, DCCCA, Probation,</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>--------------------------------------</td>
<td>---</td>
<td>---------</td>
<td>---------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Cognitive-Based Treatment</td>
<td>??</td>
<td>??</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Individually by providers at providers</td>
</tr>
<tr>
<td>Orientation/Info Sessions on Community Providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jail, Headquarters, United Way</td>
</tr>
<tr>
<td>Community Resource Packets</td>
<td>Anyone</td>
<td>By request</td>
<td>Unlimited</td>
<td>Info and referral only</td>
<td>TFI, DCCCA Preservation, Success by 6</td>
</tr>
<tr>
<td>Family</td>
<td>Families; Court Ordered</td>
<td>Families</td>
<td>Unknown</td>
<td>Info and referral only</td>
<td>TFI,</td>
</tr>
<tr>
<td>Parenting</td>
<td>Parents; Court Ordered</td>
<td>Unknown</td>
<td></td>
<td></td>
<td>TFI,</td>
</tr>
<tr>
<td>Gender-Specific Treatment</td>
<td>Unknown</td>
<td>Unknown</td>
<td></td>
<td></td>
<td>WTCS,</td>
</tr>
<tr>
<td>Risk &amp; Needs</td>
<td>Length of Time</td>
<td>Length of Time</td>
<td>Length of Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>---------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Short: 72 hours or less</td>
<td>Medium: 3–30 days</td>
<td>Long: 31+ days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>• Information resources</td>
<td>• Information resources</td>
<td>• Information resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Short course on accessing services</td>
<td>• Short course on accessing services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Short course on accessing services</td>
<td>• Referrals to specific providers based on screening</td>
<td>• Longer course(s) as appropriate (e.g., resume development)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Referrals to specific providers based on screening</td>
<td>• Possibly make referrals to specific providers based on screening</td>
<td>• In-house programming and activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>• Information resources</td>
<td>• Information resources</td>
<td>• Information resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Short course on accessing services</td>
<td>• Short course on accessing services</td>
<td>• Full assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Referrals to specific providers based on screening</td>
<td>• Possibly make referrals to specific providers based on screening</td>
<td>• Individual transition/case plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Possibly schedule appointments</td>
<td>• Tailored transition plan</td>
<td>• In-house programming and treatment as necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>• Information resources</td>
<td>• Information resources</td>
<td>• Information resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Short course on accessing services</td>
<td>• Short course on accessing services</td>
<td>• Full assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Referrals to specific providers based on screening</td>
<td>• Referrals to specific providers based on screening</td>
<td>• Individual transition/case plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Possibly schedule appointments</td>
<td>• Schedule appointments</td>
<td>• In-house intensive programming and treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Tailored transition plan</td>
<td>• In-house case management</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tailored transition plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Referrals and appointments with community providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Post-release service provision</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Post-release case management</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Possibly supervision</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Module 9: Self-Evaluation and Sustainability

Welcome to *Self-Evaluation and Sustainability*. This document is the PDF version of the online TJC Implementation Toolkit, and will not necessarily reflect the changes and updates made to the toolkit. To view the latest and most complete version of this module, visit [www.jailtransition.com/Toolkit](http://www.jailtransition.com/Toolkit). This module assists you with guiding, improving, and maintaining your jail transition effort through self-evaluation.

In Orange County, California, we are moving toward the incorporation of a self-evaluation model and development of a database focusing on key factors in evaluating our in-jail and community-based reentry system. This will improve our efforts as we move forward to help assess and adjust the model to meet the needs of our clients and the community.

Dominic Mejico
Inmate Reentry Manager
Orange County (CA) Sheriff’s Department

Module Objectives

Self-evaluation, also known quality assurance, involves the use of objective, observable information (i.e., data) to guide operations, monitor progress, and inform decision making about changes or improvements that may need to be made. When done properly, self-evaluation can validate the effectiveness, or lack thereof, of a program or approach. This can be very helpful in leveraging resources and support from your community.

Self-evaluation doesn’t have to be complicated or expensive, but it does require support from your partners and a commitment to use data to examine processes and procedures on a regular basis.

Self-evaluation also provides a foundation for sustainability. Sustainability involves the use of strategies and mechanisms to ensure the gains or progress your initiative makes are sustained over time despite changes in leadership, policy, funding, and staffing.

Before you begin this module, ask yourself to what degree your agency and local partnerships have developed and implemented self-evaluation procedures to track current performance and inform improvements to your community’s transition initiatives. For example,

1. Does your agency measure and make public the rate at which people released from jail are rearrested, reconvicted, and reincarcerated?
2. Are your agency’s programs regularly assessed for their impact on targeted outcomes, such as recidivism, employment or homelessness?
3. Does your agency have a written definition of enrollment and completion, and does your agency regularly calculate both the enrollment rate and the completion rate for your programs?
4. Does your agency monitor its programs to ensure that a curriculum is delivered as intended (e.g., program fidelity)?
5. Does your agency measure outcomes as they relate to individual officers, treatment providers, or practitioners?

Some of you will be just beginning to develop self-evaluation procedures, while others will be evaluating your programs and broader transition strategies and feeding the results back into program planning. In either case, this module will help you understand how self-evaluation is vital to monitoring your initiative, delivering programs where they are effective, and sustaining your transition efforts.

This module has five sections and will take between 20 and 30 minutes to complete.

**Recommended audience for this module**

- Sheriffs
- Jail administrators
- Correction officers
- Jail treatment staff
- Classification and intake staff
- Community corrections staff
- Reentry coordinators
- Community providers
- Social service providers
- Probation officers
- Pretrial services
- County board members
- Criminal justice council members
- Funders
- Executive branch governmental staff
- Local legislators
- Information technology staff working on development of data systems

This module explores the final system-level building block, Self-Evaluation and Sustainability, needed to ensure the success of your TJC initiative.

**This module includes:**

- Understanding the need for routine assessment and self-evaluation.
- Why the development of a theory of change model is the start of the process.
- The importance of selecting the right performance measures to track important outcomes and monitor progress.
- Common evaluation techniques to assess your TJC initiative.
There are five sections in this module:

1. Power of Self-Evaluation
2. Evaluation Roadmap
3. Routine Assessment and Self-Evaluation
4. Sustainability
5. Terms Used in the Field

This module also includes templates, resource links, field notes, case studies, and other materials to help you expedite the self-evaluation process in your community.

By the end of this module you will be able to:

- Develop a theory of change model to guide both your initiative and self-evaluation plans.
- Identify the multiple performance measures available to monitor progress and anticipated change at the system and individual levels.
- Understand the differences among a process, an outcome, and a cost-benefit evaluation.
- Develop tactics and mechanisms to facilitate sustainability of your TJC initiative.

**The Transition from Jail to Community Model**

This visual indicates where *Self-Evaluation and Sustainability* fits in the *Transition from Jail to Community* model. It is one of five key system elements that must be in place for the TJC model to work.
Section 1: Power of Self-Evaluation

In this section, we discuss the importance of developing a strong and lasting self-evaluation component to your TJC initiative. Your goal is to recognize that only through ongoing evaluation will you understand your successes, identify areas for improvement, learn from them, and institute policies and procedures that will continually clarify and improve your future efforts.

At the most basic level, self-evaluation helps you answer three questions:71

1. Is the TJC initiative producing the desired results?
2. Is the TJC initiative having the greatest possible impact on public safety?
3. Is the TJC initiative making the most efficient use of public funds?

Self-evaluation doesn’t have to be complicated or costly, and any short-term inconvenience is far outweighed by the risk of not identifying the areas where improvement is needed to successfully implement the TJC initiative. In fact, without self-evaluation, your resources will not be used as effectively as they might be and your efforts to improve long-term public safety will not have the impact that they should.

According to the Evaluation Toolkit produced by the Government of Ontario, Canada72, evaluation is beneficial because it enables you to

- Demonstrate effective, efficient, and equitable use of financial and other resources.
- Measure actual changes and progress made.
- Identify success factors, need for improvement, or areas where expected outcomes are unrealistic.
- Respond to demands for accountability.
- Validate that desired outcomes are being achieved.

Self-Evaluation Process

The self-evaluation process is ordered in four simple steps:

1. Evaluation Plan
2. Data Collection
3. Routine Assessment
4. Reporting the Results

---


You will learn more about elements 1, 3, and 4 in the following sections. Refer back to Module 4: Data-Driven Understanding of Local Reentry for Step 2: Data Collection.

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**Field note: Hampden County, Massachusetts**

In the late 1990s, Sheriff Michael Ashe of Hampden County, Massachusetts, decided that he did not want to depend solely on universities and outside researchers to answer basic questions that would help him manage his inmate population. He hired his own PhD-level researcher as part of a grant program.

For his 2,000-bed jail system, he had many questions about internal operations and external factors, including the effectiveness and efficiency of the jail’s security operations and rehabilitative programs offered to inmates.

In 2000, he tasked his research department to look at all the treatment and educational programs in his facilities and to examine whether they were running in accord with evidenced-based practices. The research department conducted surveys, examined curricula, convened meetings, and determined that many programs, though well intentioned, did not have a strong research basis. As a result, the administration stopped these programs and redirected the resources to programs that could demonstrate effectiveness.

Since 1998, the Hampden County Sheriff’s Department has conducted an ongoing study of recidivism and has generated a database of more than 15,000 individuals. The department has focused on sentenced offenders—approximately 40 percent of its inmate population—and reports one- and three-year recidivism rates. Recidivism rates are computed for many subpopulations by offense type, demographic background, custody status, and program participation, including security status at the time of release. The annual report validates the department classification procedures by confirming that those released from its community-based programs have lower recidivism rates than those released from medium- and maximum-security units. Hampden County’s example demonstrates the power of developing internal research capacity and for a jail system to see itself as a larger partner in the criminal justice system and not just the receiving institution for populations from the courts, police, and probation and parole. Even in jurisdictions too small to support a full research department, collaborating with other institutions, such as criminal justice coordinating committees, may help develop a research agenda that can better ensure public safety resources are used wisely.


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**For more information**


**Summary**

This section demonstrated to you that self-evaluation enables program staff and their partners to guide and improve operations by collecting empirical information to substantiate and measure effectiveness.


Section 2: Evaluation Roadmap

An evaluation roadmap is a graphical summary outlining how you plan to evaluate your TJC initiative. Each step of the roadmap must be completed before the next step can occur. Here, the old adage applies: “If you don’t know where you’re going, you’ll probably end up somewhere else.”

A theory of change model, often referred to as a logic model, is one of the most common tools used to map out your specific community’s approach. It will not only document your theory of change for the TJC initiative but articulate to your TJC partners the rationale for actions or strategies. It guides your self-evaluation by identifying how resources and activities or programs are linked to desired outcomes.

Your theory of change model will describe your TJC strategies and activities, and also help identify the data that should be collected by stating what measures will be used for its short- and long-term outcomes. A reentry council or criminal justice policy council, as well as each partnering agency, will typically develop its own theory of change model.

The flow of the theory of change model begins with identifying the target population and ends with long-term outcomes. We’ve listed the headings most often used for each column.

Figure 1. Theory of Change Column Headings

| Goal/ Purpose/ Theory of change | Objectives | Strategies/ Activities | Immediate outcomes/ Outputs | Intermediate outcomes | Long-term outcomes/ Impacts |

A Theory of Change Model:

- Offers a written rationale or a theory for selecting various strategies, programs, or intervention activities to implement the TJC initiative.
- Identifies the objective or change you hope will occur by implementing those various strategies, programs, or interventions to the population targeted.
- States the strategies, programs, and activities to be implemented (Activities in figure 2).
- Identifies the immediate, short-term outcome of the strategies, programs, or intervention activities (Outputs in figure 2).
- Identifies the intermediate outcomes of the strategies, programs, or intervention activities (Outcomes in figure 2).
Identifies the final outcomes (long-term outcomes) of the strategies, programs, or intervention activities (Impact in figure 2).

Figure 2. Theory of Change Model

<table>
<thead>
<tr>
<th>GOAL</th>
<th>OBJECTIVES</th>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
<th>IMPACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement of the overall purpose of the project</td>
<td>Specific statements of what the project sets out to accomplish</td>
<td>Specific tasks to complete through implementation of the project</td>
<td>Immediate results (direct products of project activities)</td>
<td>Intermediate results (1 to 3 years after project starts)</td>
<td>Long-term results (3 to 10 years after project starts)</td>
</tr>
<tr>
<td>What is the key challenge or problem your project is working to resolve?</td>
<td>More specific than a goal, project objectives reflect the concrete changes you are aiming to make through implementation of the project.</td>
<td>Focus on the key steps necessary to achieve your objectives.</td>
<td>What are the actual concrete products of your activities?</td>
<td>What changes in behaviour, practice, policy or conditions will your project achieve?</td>
<td>What long-term changes will your project produce?</td>
</tr>
<tr>
<td>Language “To develop...” “To reduce...”</td>
<td>A typical project will have 3-5 objectives; Try to limit to a few objectives.</td>
<td>Identify participants, beneficiaries or stakeholders for each activity.</td>
<td>Could be quantitative or qualitative.</td>
<td>Timeline: typically see these results 1-3 years after the project starts</td>
<td>Typically not realized or measurable until a few years after project commenced.</td>
</tr>
<tr>
<td>Visionary, high level statement.</td>
<td>Determine the time required to achieve each objective (1-3 years).</td>
<td>What mix of activities will give you the greatest chance of reaching your objectives?</td>
<td>Examples: “15 members complete the course” or “increased awareness of safety procedures”.</td>
<td>Examples: “80% of course participants will apply the technology in their work” or “increased collaboration among network members”</td>
<td>“Impact” describes the ultimate changes you expect to see at a high level organizational, community, society.</td>
</tr>
<tr>
<td>Long-term timeframe.</td>
<td></td>
<td>Check each activity or group of activities to see if they will logically lead to the desired outcomes; if not, then consider alternative activities…or ask yourself if your desired outcomes are realistic.</td>
<td>Usually tracked for each quarter or year of the project.</td>
<td></td>
<td>Measuring impact requires adequate funding to undertake long-term research.</td>
</tr>
</tbody>
</table>

Goals and Objectives represent the strategic direction of your project.

Activities comprise the Project Work Plan, which should include details for each activity (Who? What? When? Where? How?).

Outputs link directly to project activities; activities are what is done, outputs are the expected results.

Outcomes relate to your objectives; objectives are desired, outcomes are the expected results.

Impacts relate to goals; a goal is desired, impacts are the expected end-results.


Developing a theory of change model is a group activity; it requires input from multiple stakeholders central to your community’s TJIC initiative. Crafting a theory of change model begins by convening key stakeholders from the community and the jail to discuss and define the initiative’s goals and objectives, and the interventions or activities your community views as essential to achieving these goals and objectives. As discussed in module 4, a data-driven understanding of local reentry issues should inform many of these early discussions.

A theory of change model, however, is only a first step. You will still need to define your key outcome measures, determine what data will be needed to measure these outcomes, decide how to collect and analyze the data, then do so, and report the results. See module 4 for more information on data collection and analysis.

Below, we have provided several examples of theory of change models, focusing on transitioning people back to the community, provided by the Criminal Justice Research and Evaluation Center at John Jay College.
**Figure 3. Collaborative Initiative Program Plan**
Criminal Justice Research and Evaluation Center, John Jay College.

**GOAL**

**PRE ENGAGEMENT ACTIVITIES**
Initial Discharge Planning Meetings: Counselor, Discharge Team, Family, Pre-Release

1. Facilitate transition from detention back to the community. Meet with adult to introduce service and estimate engagement plan. Agreement to meet and establish dialogue 2 or 3 times before release.
2. Home visit. Home visit as soon as possible. Engagement through family assessment tool, case history to define challenges and successful strategies in the past. Also introduce services and estimate plan to obtain full engagement. Stress availability case workers 24/7 for support.

**ENGAGEMENT ACTIVITIES**
Discharge (arrange pick-up, if required)

- Client is seen at home with family if possible
- First appointment with psychiatrist (never more than three days after release)
- Operational plan development for short-term manageable chunks (e.g., first weekend, then three weeks, etc.)
- Dialogue with family about mental health, including medication list for family

**FULL ENGAGEMENT ACTIVITIES**
90 Day Mental Health Treatment Plan Begins

- Case manager makes home visits and attends appointments with adult and family as required
- Ongoing mental health treatment
- School issues addressed and resolved
- Active dialogue and strategizing
- On-site group activities with family

**PROGRAM SUPERVISION ACTIVITIES**

To monitor and ensure Full Engagement

- Case managers meet weekly for supervision and case review with program director
- Program director meets weekly with psychiatrist to review all cases
- Program director acts as liaison with evaluation team with regard to program design, implementation, documentation, ongoing feedback, and outcome reporting, as required

**OUTCOMES**

- Successful engagement of client(s) before release
- Completion of intake and family engagement before release
- Completion of home visit begins bonding and trust process to ensure engagement and participation

**Client stays engaged in services for at least 90 days**

- Therapeutic integrity and delivery—trust
- Consistency of culturally relevant service delivery
- Data and knowledge sharing across service providers

- Program improvement as identified through data collection
- Process and outcome evaluation

Hurtling a shared vision, developing and following a clear operational plan, building trust and sharing resources can enhance community-based service delivery to adults with a mental health classification who are released from the jail.
Figure 4. Reentry Committee Community Capacity Building—Process Logic Model

Criminal Justice Research and Evaluation Center, John Jay College

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**Theory**

Public social control defined as the ability of a community to solicit and secure needed resources to solve its problems can be developed and enhanced (even in stressed communities) through supportive capacity-building collaborations.

**Target Group**

Stressed urban communities.

---

**Reentry Committee Community Capacity Building—Process Logic Model**

Criminal Justice Research and Evaluation Center, John Jay College

---

**Immediate Outcomes**

Community stakeholders and networks are identified with information from:
- Community boards
- Community newspapers
- School districts/parent groups
- Religious leaders

Consensus regarding the major community problems, and their priority status.

---

**Intermediate Outcomes**

Action plan is developed, including:
- Measurable deliverables
- Milestones
- Benchmarks
- Resource needs
- Tracking of outcomes
- Deadlines

---

**Final Outcomes**

Action plan is implemented
- Community has built capacity that will allow it to solicit and secure external resources to solve its most pressing problems.

---

**Strategies/Activities**

Identify Community Influentials* and Networks**

Organize focus groups with community influencers and networks.

Organize work groups to gather data to demonstrate the breadth and scope of each problem.

The Agency provides ongoing technical assistance to help communities identify the skills and knowledge needed at each stage.

The Agency documents strategies, activities, and outcomes at each step of the process, so it can be replicated with other communities in the future.

---

* Influentials are respected by others because they have demonstrated knowledge about “what’s going on” and their knowledge is credible.

** Influentials know lots of people, they have casual social connections to many different interest groups.
Figure 5. Mother and Child, Jail and Community Connections
Criminal Justice Research and Evaluation Center, John Jay College

<table>
<thead>
<tr>
<th>Theory</th>
<th>Strategies / Activities</th>
<th>Implementation 3–6 Months</th>
<th>9–12 Months</th>
<th>15–18 Months</th>
<th>Final</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>Recruit and train mentors and teach them with inmates.</td>
<td>*numerator of mentors are retained and reused.</td>
<td>*Engaging experiences of mentor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre- and Post-Program Assessment</td>
<td>Focus on growth, skill, and caregiver’s reading abilities, family dynamics, and care-styles.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Design</td>
<td>Mentorship is tailored to meet the needs of the mentoring program with a focus on the role of the mentor as a leader.</td>
<td>*Mentors in this role are effective in their communication skills.</td>
<td>*Mentors in this role are skilled in positive interactions with community.</td>
<td>*Increase in self-confidence and self-esteem.</td>
<td>*Increase in literacy</td>
<td></td>
</tr>
<tr>
<td>Increased Family Cohesion and Boundaries</td>
<td>Bonding with family will lessen the impact of the program’s environment on family.</td>
<td>*Increase in positive communication begins to stabilize and improve family bonds.</td>
<td>*Increase in positive communication begins to stabilize and improve family bonds.</td>
<td>*Establishment of family bonds</td>
<td><em>Increased academic performance</em> and improved communication</td>
<td></td>
</tr>
<tr>
<td>Successful reintegration</td>
<td>*Establishes positive family cohesion.</td>
<td>*Strong family bond</td>
<td><em>Increased academic performance</em> and improved communication</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Needs precise definitions
Performance Measures

The development of TJC performance measures is the next step after developing your theory of change model. Performance measurement refers to the “regular and systematic collection of quantitative information that will empirically demonstrate results (outcomes) of activities (e.g., modified policies, practices, new program activities). Performance measurement connects indicators (i.e., quantitative measures) with specific agency or jurisdictional objectives (i.e., expected outcomes).”

Performance measures determine the type of data you must collect to measure your short, intermediate, and long-term outcomes and are thus directly connected to your theory of change model.

David Osborne and Ted Gaebel, in Reinventing Government: How the Entrepreneurial Spirit Is Transforming the Public Sector identify the power of performance measures:

- What gets measured gets done.
- If you don’t measure results, you cannot tell success from failure.
- If you can’t see success, you can’t reward it.
- If you can’t reward success, you’re probably rewarding failure.
- If you can’t see success, you can’t learn from it.
- If you can demonstrate results, you can win public support.

Innovating agencies use performance measures to improve performance but they also recognize that for desired behaviors to replace old habits or behaviors, they must be reinforced. Below are several examples of actions or rewards to reinforce desirable organizational behaviors or actions:

- **Paying for performance**: Use performance measures as a basis to determine and reward effectiveness.

  The New York City Department of Corrections, for example, employs performance-based contracts with its transitional service providers. Service providers bill the NYC DOC for individual clients, and the billing structure relies on a pay scale that ties increased fee amounts with continued client involvement. Performance-based contracts provide strong incentives for service providers to be aggressive in their efforts to maintain client engagement.

- **Managing for Performance**: Use performance measures to improve outcomes through the following steps: identify problems, analyze them, locate the root cause, and develop and implement the solution.

- **Budgeting for Results**: Use performance measures and information to allocate resources. As table 1 indicates, results-based budgeting is outcome driven, promoting ongoing evaluation and interagency collaboration.

---

### Table 1. Traditional Budgeting vs. Budgeting for Results

<table>
<thead>
<tr>
<th>Incremental or Traditional Budgeting</th>
<th>Results-based Budgeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus is on the allocation of “new monies” only</td>
<td>Focus is on nearly all monies or the entire budget (excepting certain obligations, such as debt)</td>
</tr>
<tr>
<td>Concentration is on inputs (what you buy), that is, “objects of expenditure”</td>
<td>Concentration is on outputs (what results are expected)</td>
</tr>
<tr>
<td>Narrow or marginal decisionmaking</td>
<td>Comprehensive or enterprise-wide decisionmaking</td>
</tr>
<tr>
<td>Subjective based</td>
<td>Objective based</td>
</tr>
<tr>
<td>Preserving the status quo</td>
<td>Determining new, creative approaches to problems and needs</td>
</tr>
<tr>
<td>Agency or bureaucracy driven</td>
<td>Outcome driven</td>
</tr>
<tr>
<td>Promotes restraints, restrictions, and red tape</td>
<td>Encourages flexibility and ingenuity</td>
</tr>
<tr>
<td>Control orientation</td>
<td>Planning and management orientation</td>
</tr>
<tr>
<td>Emphasizes compliance and preserving legality</td>
<td>Emphasizes performance and innovation</td>
</tr>
<tr>
<td>Stresses audit trails and conformity and preserving legality</td>
<td>Stresses program evaluation and improvement</td>
</tr>
<tr>
<td>Involves agency heads, elected officials, and advocacy groups</td>
<td>Involves everyone wanting to participate, especially those wearing a “citizen’s hat”</td>
</tr>
<tr>
<td>Encourages and perpetuates single-agency programs</td>
<td>Encourages intra- and interagency cooperation among programs and activities</td>
</tr>
</tbody>
</table>

Begin by developing TJC performance measures for each of your theory of change model’s short-term, intermediate, and long-term outcomes. This needs to be done before you develop your data collection plan to make sure your strategy for collecting data supports each performance measure used in your self-evaluation. There must be a clear and compelling link between your initiative’s objectives, outcomes, performance measures, and indicators, and the data you plan to regularly collect and analyze.

Many people believe that rearrest, reconviction, and reincarceration rates are the only ways to measure successful transition strategies. Although public safety is very important, there are other important outcomes to measure.

The TJC initiative has developed a menu of performance measures that reflect and support the initiative’s broad goals to increase public safety, improve reintegration outcomes, and effect systems change. To help you with this process, we have identified the following system-level, public safety, and reintegration TJC initiative outcomes and performance indicators:

---

• **System-Level Outcomes**  
  o Screening, assessment, referrals, engagement, service utilization, and completion

• **Public Safety Indicators and Outcomes**  
  o Reduced reoffending, reduced jail stays, and increased time between jail stays

• **Reintegration Indicators and Outcomes**  
  o Reduced substance use, reduced homelessness and increased housing stability, increased employment and employment stability, and improved physical or mental health

The menu of TJC performance measures located at the end of this module offers several indicators (actual measures) for each above measure. The process measures, although difficult to track, should be a priority for each jurisdiction as they will allow progress to be monitored on an ongoing basis. Depending on the agreed upon definitions (e.g., indicators selected, specified time frame for measurement), the public safety and reintegration measures can take a long time to demonstrate progress and success. The process measures represent intermediate outcomes that should be monitored closely, keeping in mind that if the associated activities are targeted and implemented correctly, they should positively affect reintegration and public safety outcomes.

**System-Level Performance Measures**

This menu of system-level performance measures helps you identify those that are most important to your initiative. You may want to collect and review these data monthly to support internal monitoring but report on them quarterly to the broader stakeholder group to track outputs and short-term and intermediate outcomes.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Outcome</th>
<th>Data Source</th>
<th>Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>System-level change</td>
<td>Improve the frequency of risk, need screening, or assessment</td>
<td>Agency data</td>
<td>- Number or percentage of clients receiving screening in jail and community</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Number or percentage of clients receiving comprehensive risk needs assessments in jail and community</td>
</tr>
<tr>
<td></td>
<td>Increase transition planning for medium- and high-risk offenders</td>
<td>Agency data</td>
<td>- Number or percentage of medium- and high-risk clients receiving a transition plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Number or percentage of transition plans updated after release</td>
</tr>
<tr>
<td></td>
<td>Increase multiagency partnerships</td>
<td>Quarterly assessments, surveys, agency data</td>
<td>- Number or percentage of partnership agreements formed between the jail and the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Number of partner assets and needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Degree of continuity of practice between partner agencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Degree of integration of electronic and Information Management System</td>
</tr>
</tbody>
</table>
- Amount of reimbursement income from state and county entities
- Number of referrals to partnering agencies
- Degree of partner access to data systems, where relevant and appropriate
- Degree of efforts to establish a system data repository or database to which all partners contribute and have equal access
- Degree of trust, quality of communication, and partner-to-partner activities that are formalized through a criminal justice council or similar body
- Understanding of each partner’s role and their agency’s importance to the success of the system partnership
- Number and type of protocols and processes for referring clients
- Cost-benefit analysis of the TJC activities

<table>
<thead>
<tr>
<th>Service engagement and use</th>
<th>Increase in participation in programs and services</th>
<th>Agency data, self-report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Number or percentage of risk and needs-based jail programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number or percentage of new risk and needs-based jail programs since TJC initiative began</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number or percentage of target population referred to services (monthly), by service type</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number or percentage using detox and treatment programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number or percentage provided access to mental health counseling and services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number or percentage attending services or programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number or percentage of days or sessions attended during specified period</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number or percentage of completing programs or services by program type</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number or percentage not completing by reason for exit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number or percentage of days participated by completer or noncompleters</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Number or percentage of high-risk offenders targeted for services</td>
<td></td>
</tr>
</tbody>
</table>

**Public Safety Performance Measures**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Outcome</th>
<th>Data Source</th>
<th>Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public safety</td>
<td>Reduce recidivism</td>
<td>Booking records, agency data</td>
<td>- Number or percentage of clients that remain crime-free for specified time (3, 6, 9, or 12 months after release) as measured by new arrests, new convictions, and/or new incarcerations</td>
</tr>
<tr>
<td></td>
<td>Reduce reoffending</td>
<td>Booking records, agency data</td>
<td>- Number or percentage of arrests and violations for specified time (3, 6, 9, 12 months)</td>
</tr>
<tr>
<td></td>
<td>Reduce jail stays</td>
<td>Booking records, agency data</td>
<td>- Average length of stay by risk or need</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Number or percentage of repeat jail stays</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Number or percentage of two or more jail stays by age,</td>
</tr>
<tr>
<td>Goal</td>
<td>Outcome</td>
<td>Data Source</td>
<td>Performance Measures</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Community reintegration</td>
<td>Reduce drug and alcohol use</td>
<td>Urinalysis, self-report,</td>
<td>- Number or percentage testing positive for drugs or reporting use at screening or assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>agency data</td>
<td>- Severity or frequency of substance use from screening and assessment results</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Number or percentage who have not used any substance for specified period (3, 6, or 12 months)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Number or percentage of relapse episodes per client and number of days, weeks, or months between events</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Number or percentage enrolled in, or completing detoxification, residential, or out-patient substance abuse programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Number or percentage of positive drug tests or individuals who test positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Number or percentage applying for treatment upon release</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Number or percentage of treatment sessions completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Level of treatment enrollment (e.g., inpatient, outpatient).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Number or percentage enrolled in aftercare and peer support groups to sustain sobriety and recovery</td>
</tr>
<tr>
<td>Improve</td>
<td>Agency data</td>
<td></td>
<td>- Number or percentage of mental health assessments received</td>
</tr>
<tr>
<td>behavioral health care</td>
<td></td>
<td></td>
<td>- Number or percentage of clients with improved mental health functioning based on some standardized scale</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Number or percentage of psychiatric hospitalizations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Number or percentage applying for treatment upon release</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Number or percentage of treatment sessions completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Level of treatment enrollment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Number or percentage of former inmates who continued in program at 30-day intervals</td>
</tr>
<tr>
<td>Reduce Homeless</td>
<td>Homeless</td>
<td></td>
<td>- Number or percentage of homeless clients</td>
</tr>
<tr>
<td>Increase Access to Safe Housing Placement and Retention</td>
<td>Homeless database, agency data, self-report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>--------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Number or percentage of attempts at housing outplacement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Number or percentage of housing placements</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Number or percentage of placed retaining housing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Increase Access to Benefits</th>
<th>Agency data, self-report</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Number or percentage of benefit-usage of clients</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage of identification documents already possessed by clients at intake</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage of clients enrolled in public benefits (e.g., SSI, Medicaid &amp; food stamps)</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage of clients maintaining enrollment in all eligible and appropriate benefits</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Increase Educational Obtainment</th>
<th>Agency data, self-report</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Number or percentage of clients who participated in and completed vocational training</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage attaining education (e.g., adult basic education, completed GED, pursue higher education)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Increase Employment</th>
<th>Agency data, self-report</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Number or percentage clients placed in jobs</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage of clients employed</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage of days employed</td>
<td></td>
</tr>
<tr>
<td>- Wages and benefits earned and taxes paid</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage of days clients retain their jobs during specified period of time</td>
<td></td>
</tr>
<tr>
<td>- Degree of full-time employment (for those that need it)</td>
<td></td>
</tr>
<tr>
<td>- Degree of job stability over time (decrease in number of job changes)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Improve Physical Health Care</th>
<th>Agency data, self-report</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Number or percentage enrolled in a health plan using a publicly funded health insurance program</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage receiving a full physical followed by preventive health services and appropriate treatment for chronic conditions</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage with hospital stays due to medical issues, drug use</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage who use necessary health care services after release</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage who attend appointments</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage who complete treatment</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage of contacts with primary care</td>
<td></td>
</tr>
<tr>
<td>Improve family and community engagement</td>
<td>Agency data, self-report</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>- Number or percentage of emergency room visits</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage of medication adherence</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage of testing for chronic and infectious diseases</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage who acquire new skills – Job skills, trade/vocational skills, life skills (decisionmaking, social communication), English language</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage who have strong positive social support networks</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage with improved self-concept, self awareness, and system awareness</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage engaged prosocially (e.g., voting, community involvement, volunteer work)</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage managing their finances (e.g., open bank account, paying bills on time, building credit)</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage rebuilding prosocial family relationships and engagement</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage initiating contact with prosocial family members</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage paying child-support</td>
<td></td>
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<tr>
<td>- Number or percentage increasing child-support payments</td>
<td></td>
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<tr>
<td>- Number or percentage in compliance with child-support obligations.</td>
<td></td>
</tr>
<tr>
<td>- Number or percentage maintaining basic responsibilities (e.g., keeping appointments)</td>
<td></td>
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</tbody>
</table>

**Data Collection**

While the TJC initiative does not require a fully developed or collaborative management information system (MIS) in place for self-evaluation or interagency information-sharing, your agency should have the basic protocols and capacity to collect and access information relevant to operations and outcomes. An MIS is needed to measure performance and program success along desired outcomes through an external evaluation and a self-evaluation. This system will allow for each community to determine the who, what, where, and when of targeted service delivery. Refer back to Module 4: *Data-Driven Understanding of Local Reentry* for Step 2: Data Collection

**For more information and examples from the field**


5. Demographic characteristics the Montgomery County, Maryland, Correctional Facility uses to understand more fully the needs of its population.
http://www.urban.org/projects/tjc/toolkit/module9/Montgomery%20County%20Demographics.pdf


**Summary**

Now that you have completed this section, you understand that by developing a theory of change model and using performance measures to determine the success of your outcomes, you can demonstrate that your program is based upon a specific theory, has clear goals and objectives, and that if a comprehensive process is followed, you are likely to see measurable program successes and failures from start to finish.
Section 3: Routine Assessment and Self-Evaluation

This section will help you understand the type of routine assessment and evaluations your agency should conduct to support your ongoing TJC initiative. You will also learn the steps needed to plan your evaluations.

What Is Routine Assessment?

Routine assessment is the process of regularly gathering, analyzing, and interpreting your data to help you and your partnering agencies improve and revise the TJC initiative and its components. An important aim is to use your data to answer key questions about your jail transition processes – e.g., who are you serving, what are the criminogenic risks and needs of those individuals, what programs and interventions are these individuals receiving and do these programs meet their identified criminogenic needs? – and to modify and strengthen the application of the TJC model in your community based on the answer to those questions. A quality assurance process uses similar data but goes beyond data analysis to include assessment of how services and programming are delivered and may also include client satisfaction measures.

Here is how to begin:

- Convene your TJC’s coordinating reentry council to determine the key outcomes that are of interest to partners and potential funders to show progress in achieving the TJC initiative.
- Form a specific data or evaluation working group.
- Jointly produce a theory of change model. This process will highlight the overall model outcomes, including immediate, intermediate, and long-term outcomes.
- Develop a data collection procedure based on your consensus outcomes, ideally with different agencies helping with the data collection and analysis.
- Analyze the data to answer agreed upon research questions designed to evaluate important outcomes identified by the coordinating reentry council.
- Have reentry council members interpret analyses and results.
- Disseminate the findings to stakeholders on a regular basis.

Feedback

We encourage you to establish mechanisms—such as forums, focus groups, routine reports from partner agencies and client satisfaction surveys—to obtain early and frequent feedback from partners and constituents.
Think of **feedback** as having the following components:76

- **Data** are used to objectively examine the TJC initiative, focusing on the model at the system and individual level.
- **Structured meetings** are held to review the data and increase collaboration among the partners.
- Use the **analysis** to make decisions and ensure that the TJC initiative is being implemented as expected and is improving.
- **Repeat the process** on a routine basis.

### Assessment and Evaluation Capacity

The TJC initiative recommends that at least one partnering agency has the capacity to plan and implement routine assessments and evaluations of the initiative. Building your internal capacities to make evaluation part of your agency, instead of using outside consultants or evaluators to analyze your TJC initiative, is important because it

- Increases responsibility for competent data management and collection by the partnering agencies,
- Decreases the likelihood that the TJC initiative and its outcomes will be opposed,
- Influences organizational culture to accept data findings and resultant changes in policy or practice,
- Teaches agencies to improve their TJC initiative without relying on outside help,
- Allows for a system to make educated and targeted decisions on where they would like to allocate their resources, and
- Builds the necessary resources to sustain long-term assessment and evaluation.

However, if you don’t have in-house research staff, you may want to partner with local research organizations or academic institution to help you with your evaluations.

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**Field note: Hampden County, Massachusetts**

In 2004, an Abt Associates evaluation of the Hampden County, Massachusetts, correctional public health care model documented significant improvements in health care utilization and related outcomes among program participants. The evaluation found that about two-thirds of those leaving jail with a medical appointment in the community kept their first appointment after release, and 70 percent of those with a mental health care appointment did so. Factors that contributed to health care utilization in the community included having appointments before release, being able to continue with the same health care provider in jail and in the community, and the health education provided in jail. The evaluation also found that participation in the health care intervention in jail and in the community was related to a decline in self-reported health problems after release.


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Evaluation Techniques

The type of assessment and self-evaluation you decide on depends on the data you have and the outcomes you wish to evaluate. Though we often use the term self-evaluation in the general sense, there are many types of evaluations. The five most common you might use for the TJC initiative are

1. **Process Evaluation**: Documents all aspects of program planning, development, and implementation and how they add value to services for those transitioning from the jail to the community.

   Data sources that support process evaluations usually include program materials, direct observation of the intervention, and semi-structured in-person interviews with staff and other stakeholders that focus on the intervention.

2. **Outcome Evaluation**: Assesses the extent to which an intervention produces the intended results for the targeted population; outcome evaluations typically use some kind of comparison group (e.g., participants who are similar to the target population but don’t get the intervention being evaluated). This technique is more formal than performance measurement.

   Note: Outcome evaluations are in-depth studies that include comparison groups; these evaluations take many months to obtain results and are often expensive. An independent evaluator may be needed. The benefit of an outcome evaluation is that it answers specific questions and it attributes outcomes directly to the program or initiative studied.

3. **Performance Measurement**: Based on regular and systematic collection of data to empirically demonstrate results of activities.

   Note: Performance measurement only tracks outcomes. Unlike an outcome evaluation, it cannot attribute those outcomes or changes to specific program activities. However, performance measurement is relatively easy to design and implement, and it is less resource intensive than outcome evaluations.

4. **Cost-Benefit Evaluation**: Measures how much an initiative, its programs, and partnerships cost, and what, if any long- short-term savings the initiative generated.

5. **Quality Assurance (QA) Assessment**: Involves systematic monitoring of the various aspects of a program, service, or process to ensure that standards of quality are being met; under TJC, this would include your screening, assessment, programming and case planning services. For example, QA data collection that supports QA practices could include a pre- and post-test administered short questionnaire to participants before class starts and then at the end or a brief client satisfaction survey asking them about the quality of services they received.

Below we explore two evaluation techniques in more depth:
**Process Evaluation**

A process evaluation will help you determine whether the TJC initiative and its programs are being implemented in the intended way, and what types of clients typically participate in the initiative.

The process evaluation focuses on capturing the basic elements of the TJC initiative as it presently functions in your community.

These data would be captured through structured observations of the TJC stakeholders, interviews with program staff, and a review of all available documentation.

Basic system-level questions you would seek to answer include:

- What is the overall TJC initiative strategy?
- How is it different from business as usual?
- Who is involved? Who are the stakeholders?
- What does each stakeholder contribute?
- What are the core elements of the approach?
- What are the mechanisms for collecting data on clients—prior history, current experiences, and follow-up?

Additional questions include:

- How many agencies, partners, and clients participate in the TJC initiative?
- What is the pool of potential participants?
- What are the eligibility criteria to participate?
- How many participate in each program?
- How long do they remain engaged with each service provider before and after release?
- How do potential participants learn about the TJC initiative?
- How do TJC participants differ from others incarcerated?
- What types of services or referrals does each participant receive?
- What are the background and demographic characteristics of participants for each service?
- Why did the participants show up to the community providers after release?

Process evaluations also assess penetration rates and program fidelity. These terms are defined below:

**Penetration Rate:** The TJC initiative’s reach into the target population. In other words, the number of inmates engaged in the program divided by the number of eligible inmates in the target population.

**Program Fidelity:** How closely the implementation of a program or component corresponds to the original model.

This is particularly important in the TJC Initiative because with limited time and resources it is imperative that all program elements adhere to the originally designed program model in order for the intervention to be as successful as possible.
Quality Assurance: A robust QA process supports the improvement of transition work over time (and makes deterioration in quality less likely). A QA plan allows all providers to participate in a process of self improvement. It also pushes the development of clear shared standards for how key elements of the transition process should be carried out, fostering consistency of approach throughout the system.

The following programmatic **Quality Assurance** strategies/activities are critical in monitoring how effective your programs are performing.

**First**, identify the key components that make this a quality, evidence-based process:

- Is it an evidence-based or a best-practice program?
- What types of offenders are best suited to benefit from the program?
- How are offenders identified for placement in the program (e.g., based on what criteria? By whom?)?
- What are the minimum resources required to implement the program effectively (e.g., qualified staffing, adequate space, appropriate technology, sufficient time, participant criteria)?
- Does the program come with a comprehensive curriculum and training documents provided by the program developer?
- Is there an understanding of how the program was intended to be implemented? For example, the program’s duration, class size, frequency of sessions or activities, and materials to be used or discussed in delivery of the program.
- Is there an agreement on what system and individual level outcomes would indicate program success (i.e., the program is achieving the desired outcomes) Is there a clear target population for the program?

**Second**, work with staff on site: What were the criteria for program staff selection?

- Is the staff familiar with the participants’ needs?
- Does the staff person have a background in delivering groups?
- Are staff experienced in delivering these curricula to an offender population within a correctional environment?
- Was the staff provided comprehensive training before program implementation?
- Does staff understand and support screening and assessment and identification of offender groups for programming?
- Does the staff maintain characteristics that facilitate communication?
- Is a thorough implementation plan developed prior to the start of the program?
- Are appropriate resources made available to staff and participants?
- Does the staff have access to a staff training manual?
- Is there ongoing training and supervision for the program staff?
- Has the staff been tested to insure on their understanding of program curriculum, requirements, and goals?
Third, monitor the program’s operations and measure the program’s performance.

- Are screening and assessment procedures and process followed as designed – e.g., are the right people being screened and assessed?
- Are program eligibility criteria adhered to?
- Are programs being facilitated/delivered by trained (certified) staff?
- Are case plans being developed in a timely manner according to established benchmarks determined by the initiative’s partners?
- Do case plans incorporate assessment data and address the individual’s criminogenic needs?
- Is the program held in an adequate space?
- Is there an agreement on what aspects of the program will be measured?
- Does sufficient data exist in electronic format to enhance performance evaluation? Is a system in place and evaluation tools developed to gather performance and outcome feedback from the program participants and staff (e.g., observations, surveys, administrative data, audits, assessment instruments, and file reviews)?
- Is there adequate record keeping?
- Can you measure short, intermediate, and long-term outcomes?

Fourth, improve the program through:

- Quality team collaboration
- Using a strength-based, supportive approach
- Being results-oriented based upon objective, transparent measures
- Using measures that are individual- and system-focused
- Embracing a learning organization orientation
- Enhancing long-term sustainability through policy adjustments that are informed by objective evaluation
- Celebrating success and improvement

Sample System Questions for consideration to maintain program philosophy and integrity

- What staff will be allocated to oversee the quality assurance process? How will QA outcomes be reported, to whom, and for what purpose?
- How will observations and feedback be structured?
- How will system and individual audits be structured? How often will they be conducted? By whom? How will outcomes be utilized?
- How will this quality assurance process guide the adjustment of curriculum and programming to better meet the needs of the clients being served?
• How will gaps between the current and expected levels of quality be addressed?

For more information and examples from the field

1. For further information on program evaluations, go to the Bureau of Justice Assistance Center for Program Evaluation. http://www.ojp.usdoj.gov/BJA/evaluation/


5. Orlando, Florida, Inmate Re-Entry Program Review Score Sheet. The process evaluation was designed by the Orange County, Florida, Corrections Department as an easy-to-use program review score sheet for its reentry program to determine if the program was in compliance with the department’s standards. http://www.urban.org/projects/tjc/toolkit/module9/Orlando%20Inmate%20Reentry%20Review.pdf


7. Outcome evaluations require some level of statistical knowledge. Go to the following address to download a brief discussion of descriptive, bivariate, and multivariate statistics: http://www.urban.org/projects/tjc/toolkit/module9/Statistical%20Descriptions.pdf


Summary

Self-evaluation through appropriate data collection and analysis is no simple task; however, due to the complexity of a full jail transition effort, constant evaluation is essential to ensure that your resources are being spent wisely and key outcomes are achieved. Established processes of self-evaluation also influence organizational and system culture by examining and monitoring costs, processes, and outcomes, and generate data-driven policies and procedures. Local or departmental capacity should be assessed and developed to accomplish proper evaluation of the TJC implementation; however, if time or resource prohibits this, research-oriented agencies or universities often are willing to offer assistance.
Section 4: Sustainability

The ultimate goal of the TJC initiative is to build jail-to-community transition efforts that last. Sustainability employs formal and informal mechanisms to ensure the changes in policy, procedures, and outcomes achieved by the initiative are retained over time. It is never too early in your initiative to think about and plan for sustainability.

Planning for sustainability is an important part of the TJC initiative because political, organizational, and social change will occur over time and your goal is to make the TJC initiative part of your organization and community’s culture.

To a certain degree, sustainability planning has been built into the TJC initiative. The specific tasks outlined in the TJC Implementation Roadmap and the Triage Matrix help guarantee the buy-in and perceived value of the TJC initiative.

Nevertheless, achieving sustainability can be difficult. The community and its stakeholders must recognize that the TJC initiative has value and is financially self-sustaining.

Sustainability is multifaceted. It is more than just leveraging funds or resources to support programs or interventions. Rather, sustainability must occur at several levels of your initiative, including the system, partnership, agency, and program levels.

Here, we briefly review tactics and mechanisms commonly used to facilitate sustainability.

Roles and Responsibilities

Clarifying the roles and responsibilities of the partners and individuals your TJC initiative hopes to involve is essential. It provides stakeholders with clear “marching orders” and a sense of their role and purpose in the effort; this, in turn, facilitates their sustained involvement with and support of the initiative.

Stated more succinctly, individuals and the agencies they represent are more likely to engage in an effort when they have a clear understanding of its purpose and their role. In turn, clarifying roles and responsibilities, particularly decisionmaking authority, helps avoid the confusion and duplication of effort that often occurs when roles and responsibilities are ill-defined. Mechanisms include

Governance Structure

As discussed in Module 3: Collaborative Structure and Joint Ownership, different groups will be charged with different tasks and decisionmaking authority. The TJC governance structure reflects this. It generally consists of an executive-level group, an implementation group, and various work groups. Developing a basic organizational chart that depicts how these groups work together is key.

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• Executive-level group: local stakeholders (e.g., agency heads, program directors, local officials) with the connections and experience to vet and assist the initiative with changing policy or procedures.
• Implementation group: stakeholders charged with planning and implementing the initiative; could include some executive-level individuals but generally consists of individuals familiar with the agency’s policies and procedures, and the issue of local reentry.
• Work groups: specialized groups that form to address a specific task or issue, such as screening, assessment, or data and evaluation. Again, some individuals from the implementation group may sit on work groups but work group membership will likely draw from a broader pool.

Determining the division of labor is important in each group. Begin by defining roles and responsibilities for each individual. Make sure to clarify what are individuals charged to do, by when, and to whom do they report? Likewise, decisionmaking authority must be defined so that all individuals in the initiative have a clear understanding of who is accountable for its success.

Formal partnership agreements are also recommended. Developed and executed formal memoranda of agreement (also called memoranda of understanding) with core partners help clarify responsibilities, manage expectations about agency and staff resources, and facilitate continued buy-in. Sample MOAs and MOUs are provided in Module 3.

**Policies and Procedures**

Changes in policy, practices, and procedures should be written out. This will increase the likelihood that such changes will be adopted and implemented as intended. For example, as your jurisdiction implements key elements of the TJC model like universal screening in the jail or targeted assessment of criminogenic risks, the details about these new policies and procedures—when the procedures occur, where, who is responsible for performing them, and how the results will be used and by whom—are written down and circulated to key stakeholders. Written procedures don’t have to be too formal but should provide enough detail so that anyone who reads them understands how and why they are being used. Helpful questions to consider include

What business aspects need to be formalized?

- Screening and assessment procedures
- Referral and service agreements
- Transition plans and case management

Are policies, procedures, and decision points documented?

- Who is doing what, to whom, when, how, and for how long?
- Are these materials accessible to the broad collaborative?
Information Exchange and Data Sharing

Many jurisdictions struggle with information flow and exchange. Mechanisms like the MOUs discussed above and those below facilitate information sharing by clarifying what information will be shared, about what, with whom, and for how long. This empowers staff to request and provide information, and to use the information. It also facilitates greater transparency and collaboration among agencies, reduces duplication of effort, and promotes more efficient use of scarce resources.

- **Client-level**
  - Release of information (ROI)—an ROI specifies what information about a client can be shared with other agencies. This is essential for development of transition case plans and monitoring of those plans.
  - Interagency agreement or memorandum of understanding—as discussed above, MOUs may specify an agency’s agreement to participate in an initiative; address details about the use of resources, such as redeployed staff; and clarify data and information that will be collected and shared.

- **Partner and Community-level**—the mechanisms below promote sustainability by keeping partners and other constituents informed of progress and issues; they also provide a running record of decisions made and changes in policy and procedures. The implementation group should decide who should receive these materials and how often.
  - Meeting notes
  - Newsletters
  - E-mail list-serve or web site

Public Education and Outreach

Support from various constituencies is vital to the progress and sustainability of the TJC initiative. Public education and outreach is an essential mechanism by which to identify, engage, and retain the interest and support of key constituencies. In turn, local leaders can serve as ambassadors for the initiative, taking its message to new and influential groups willing to lend their support. Ask stakeholders for their input about groups to target and enlist those stakeholders reaching out to those groups.

Public education and outreach should tell the story of your initiative and highlight early wins, milestones, or successes. Another key message is what those early wins, milestones, or successes mean for constituents (i.e., public resources saved, increased public safety, a better community). Anything that demonstrates how the initiative is making a positive impact or how it is designed to do so should be part of the initiative’s story. Education and outreach can be conducted in many informal and inexpensive ways:

- Release briefs and fact sheets about issues central to the initiative
- Videotape success stories and use them in outreach efforts to new groups
- Write op-ed pieces
- Engage the local business community
- Involve local media—invite local newspapers, TV stations, or community bloggers to key events or meetings
Funding and Resource Sharing

Leveraging resources to sustain or expand staffing, programming, or other approaches requires creativity. Funding, though important, is just one element. Here, we encourage you to think broadly about the resources at your disposal and to consider tactics listed below:

- **Know your assets**
  - Define and think about assets broadly. Leverage stakeholder expertise and “know how” around key issues. For example, some will have participated in the kinds of collaborative effort required by TJJC, so tap them for lessons learned or tactics to secure funds or cultivate new resources. Ask agency partners to cross-train staff involved in the initiative. Ask for in-kind donations that will allow the initiative to distribute resources.

- **Inventory local resources and funding trends**
  - Many cities and counties maintain a directory of local or regional foundations, philanthropic organizations, and civic groups. Review these directories to determine their funding interests and reach out to key contacts. Think creatively about the needs of your initiative and how they may align with the funding interests of these groups.

- **Leverage successes**
  - Document progress, milestones, and other successes that you can share with prospective funders as evidence of that your approach works and is worth their investment. While some funders will want to see your claims backed up by data, others will be moved by client statements.
  - Think creatively about your partnership and approach
  - Partner with other agencies on grant applications; leverage their experienced grant writers.
  - Leverage past expertise to demonstrate your jurisdiction’s ability to collaborate, coordinate, and implement initiatives.
  - Consider “cost-sharing” for a staff position.
  - Redeploy underutilized staff and consider co-locating to maximize information sharing efficient staff collaboration.
  - Although many funders are financially constrained today, they may be willing to fund part of your request or match an amount; likewise, they may be willing to provide in-kind resources or share their cache of volunteers to assist with service provision.

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79 Ibid.


81 Ibid, p. 12
Taken together, these tactics will enhance the long-term sustainability and viability of your effort if implemented thoughtfully and early. Consider forming a sustainability work group early in the initiative to brainstorm options, develop a plan for sustainability, and take steps toward that goal.

For more information and examples from the field


Summary

Sustainability of the TJC initiative can only be realized when collaborative partnerships are built formally around a common purpose and approach to individuals transitioning from jail to the community. Many efforts are part of such an implementation and must be evaluated to ensure that scarce local resources are being spent wisely and in the best interests of the overarching system goals. Sustainability is enhanced dramatically when intended outcomes are proven to have taken place, expenditures are justified, and quality of life in the local community is improved. Such a synthesis of outcomes shows the worth of an implementation and embeds its practices in organizational and system culture.
Section 5: Terms Used in the Field

This section defines basic terms used in this module. These terms will be highlighted in purple throughout the module allowing you to rollover the term to see the definition.

Activities: Actions taken in order to meet objectives.

Evaluation: “Evaluation has several distinguishing characteristics relating to focus, methodology, and function. Evaluation (1) assesses the effectiveness of an ongoing program in achieving its objectives, (2) relies on the standards of project design to distinguish a program’s effects from those of other forces, and (3) aims at program improvement through a modification of current operations.”

Feedback: A process in which outside staff and organizational members collaboratively gather, analyze, and interpret data and then use their findings to alter aspects of the organizational structure and work relationships.

Goals: What an initiative is designed to achieve, typically general in nature and describing long-term outcomes.

Outcomes: The changes at the individual, organizational, or system level intended as the result of an initiative.

Outputs: Completed activities internal to the initiative or organization as specified strategies are implemented.

Performance measurement: “Involves ongoing data collection to determine if a program is implementing activities and achieving objectives. It measures inputs, outputs, and outcomes over time. In general, pre-post comparisons are used to assess change.”

Performance measures: “Ways to objectively measure the degree of success a program has had in achieving its stated objectives, goals, and planned program activities. For example, number of clients served, attitude change, and rates of rearrest may all be performance measures”

Self-evaluation: “The evaluation of a program by those conducting the program”

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84 Ibid
86 Ibid
**Theory of change model:** “A diagram and text that describes/illustrates the logical (causal) relationships among program elements and the problem to be solved, thus defining measurements of success.”

**Conclusion**

Self-evaluation and sustainability are key components of the TJC initiative. Self-evaluation helps you understand how well the initiative is working and what changes need to be made to achieve better outcomes. As you have seen, the process is not complicated. First, draft an evaluation roadmap that outlines how you plan to evaluate the TJC initiative, including developing your TJC performance measurements. Next, form a data/evaluation working group, formalize your data collection procedures, analyze the data, and disseminate the findings. Ensure the TJC initiative’s sustainability by clarifying roles and responsibilities of the initiative’s participants, develop a culture of data sharing, outreach, and leverage your community’s resources to support the initiative.

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