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FY 2011 Second Chance Act Adult Offender Reentry Demonstration Projects: Evaluability Assessment of the Missouri Department of Corrections Second Chance in Action (SCIA) Program

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

Missouri Department of Corrections Second Chance in Action Program

Contents

Glossary

BJA—Bureau of Justice Assistance
CM—Case Manager
CCC—Chillicothe Correctional Center
CSC—Community Supervision Center
EA—Evaluability Assessment
ICM—Institutional Case Manager
IPO—Institutional Probation Officer
IRRA—Institutional Risk Reduction Assessment
GRA—Gender Responsive Assessment
MIS—Management Information System
MO DOC—Missouri Department of Corrections
MRP—Missouri Reentry Process
MU Extension—University of Missouri Extension (referred to locally and in this report
        as MU Extension)
NIJ—National Institute of Justice
OMS—Offender Management System
PO—Probation/Parole Officer
P&P—Probation and Parole
PTC—Pathways to Change
RTI—RTI International
SCA—Second Chance Act
SCIA—Second Chance in Action
TAP—Transition Accountability Plan
TPC—Transition from Prison to Community Initiative
TTA—Training and Technical Assistance
UI—Urban Institute
WERDCC—Women's Eastern Reception, Diagnostic and Correctional Center

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Missouri Department of Corrections Second Chance in Action Program

Evaluability Assessment Summary

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

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

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

Evaluability Assessment Objectives and Activities

Evaluability assessment is crucial in determining if a project is a candidate for meaningful evaluation (Wholey, Hatry, and Newcomer 2004). At minimum, an evaluable program must have well-defined program goals, target populations, and eligibility criteria, as well as reliable and accessible performance data, and a defensible counterfactual (Barnow and The Lewin Group 1997). The current EA study, conducted by the Urban Institute (UI) in partnership with RTI International, is designed to determine what level of future evaluation activity is supportable in each of the eight[2] SCA sites and to identify the most appropriate research design and methods for each site. While most EAs seek to determine whether a program is evaluable, the EA study's funder, the National Institute of Justice (NIJ), is interested in some level of evaluation in *all* eight adult SCA sites; therefore, EA data collection must support more nuanced evaluation recommendations than "Evaluate: Yes or No." Specifically, the EA aims to answer two questions: Is the program evaluable? And if so, how, and at what level of effort?[3] Design options must address both the recommended level *and* type of evaluation, including the suggested mix of process, outcome, impact, and cost analyses.

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

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

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

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

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

6. **Ability to collect and maintain data.** An accurate management information system that includes data needed for the evaluation must be available. For impact evaluations, comparable data must exist (or be possible to create during the evaluation timeframe) for both treatment and comparison group subjects; site support for primary data collection must be evident.

7. **Presence of a clear counterfactual.** Impact evaluation designs also must consider appropriate comparison or control groups. Clearly documenting the services that are available to such individuals is therefore critical.

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

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

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

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

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

- **Pre-visit phone interviews** with SCA coordinators and project directors in each site were conducted to outline EA objectives and obtain updated project information.
- **Site visits and semi-structured interviews** with policy-level stakeholders and program staff and partners to assess capacity and readiness for evaluation across multiple EA domains and to collect supplemental information on training and technical assistance (TTA) needs. Specifically, interviews with individual stakeholders at the policy-level within the criminal justice system tracked the SCA initiative's efforts, evolution, and adaptation over the earlier funding period, and the impact of the grant on cross-systems coordination, collaboration, and data exchange, as well as changes in policies and procedures. Semi-structured interviews with program and partner staff documented screening, assessment, case planning, transition planning, case flow, business-as-usual, and other critical program operations. Additional site visit activities included

  o **Review of program case files and administrative records** to determine data quality, verify the scope and content of client-level data routinely collected, and generate case flow and sample size estimates.
  o **Direct observation of program operations to determine logistics** that may inform subject recruitment and enrollment procedures for the full evaluation.

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

The EA team conducted a site visit to the Missouri Department of Correction (MO DOC) Second Chance in Action (SCIA) program from February 5 to 8, meeting with departmental leadership (DOC, Mental Health, etc.) and institutional staff in Jefferson City on February 5, and with field staff and program partners in both the Farmington and Kennett, MO communities February 6 and 7 to better understand project services and operation and to collect additional materials central to the EA. A debrief was held Friday, February 8 with project leadership. This report reflects the team's best understanding of the project at that time.

Second Chance in Action Program Summary

In operation since the fall of 2010, the SCIA project builds on Missouri's extensive prior reentry work under the Transition from Prison to Community (TPC) initiative. Through TPC and other systems change efforts, the MO DOC established a functional cross-

systems collaborative structure (Missouri Reentry Process [MRP] state steering committee; MRP leadership team; and 44 local community reentry teams) at the policy level and implemented evidence-based practices throughout the DOC. These evidence-based practices include (1) routine and systematic risk assessment and re-assessment of all offenders using the Institutional Risk Reduction Assessment (IRRA), (2) reentry preparation that begins at entry into the DOC, and (3) and Transition Accountability Plans (TAP) that address offender risks and needs, and guide pre- and post-release services and programming. The MRP and its related collaborative structures (local reentry teams) are the primary vehicles for addressing reentry. By all accounts, collaboration is strong between these groups.

The SCIA program targets female offenders assessed as medium and high risk for reoffending on the DOC's IRRA, or Salient Factor Score, who are transitioning from either of the state's two women's facilities: Chillicothe Correctional Center (CCC) in the western part of the state and the Women's Eastern Reception, Diagnostic and Correctional Center (WERDCC) in the east. Most women participating in the SCIA transition from WERDCC in keeping with the DOC's objective of housing offenders in close proximity to their home communities. SCIA participants must return to one of four rural, southeastern Missouri counties[5]: Dunklin, Madison, St. Francois, or St. Genevieve. These four counties fall within two probation and parole (P&P) districts, 12 and 23. Post-release services are organized through the P&P districts and coordinated through a SCIA case manager and reentry specialist team who also work closely with a designated SCIA probation officer (PO).

Implementation

SCIA uses a collaborative strategy to address the challenges faced by women transitioning from prison to their home communities. The core program is a partnership between MO DOC's facilities and field divisions, the Missouri Department of Mental Health, and the University of Missouri Extension (referred to locally as the MU Extension). In each of the four target areas, the SCIA collaborative includes local substance abuse providers, employment centers, job readiness programs, and the faith community. The SCA grant funds the following elements of SCIA: a case manager and employment specialist in District 12, a full-time reentry specialist in District 23 that handles both case management and employment duties, provision of mental health treatment and some basic necessity items; all other staff time (i.e., project director, coordinator, grant coordinator, parole officers, and district administrators) is covered by the DOC as an in-kind donation. Contracted services with the Department of Social Services, Department of Mental Health, and University of Missouri Extension address substance abuse, mental health, rental assistance, and family reunification.

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[5] Dunklin County is the state's southern-most county, located several hours south of St Louis. St. Francois County, however, is described as a commuter county for St. Louis at just about 60–90 minutes south of the city; Farmington is the county seat and location of P&P District 12's CSC. St. Francois, St. Genevieve, and Madison Counties all fall within P&P District 12. Districts 12 and 23 are about a three hour drive from one another.

SCIA is a goal-based program premised on the use sanctions and incentives to motivate clients and reward progress, although the program ran into significant federal policy barriers (tied to what constituted an acceptable, reimbursable expense on behalf of clients) that inhibited provision of incentives as originally envisioned. Case management support pre- and post-release, along with cognitive-based therapy (*Pathways to Change*), employment services, mental health counseling, and video conferencing with family members comprise the program's core components.[6] Video conferencing begins 90 days prior to release and includes the offender and those individuals with whom the offender will be living after release; it is also used to introduce offenders to community-based SCIA staff and partners prior to release. The offender's children may participate, depending on age and whether contact is permitted. Facilitated by staff from MU Extension, the video conferences are designed to ready both the offender and family members for her return by examining and navigating expectations pertaining to rules, roles and responsibilities. SCIA case managers and employment specialists work with designated SCIA probation officers in each of the program's P&P districts to identify appropriate housing or solidify home plans, and coordinate services after release. In addition to these services, the program's case managers work to fill many basic needs essential to successful reentry (clothing, transportation, emergency assistance, etc.). Women enroll in the SCIA program about three months prior to release and receive supportive services for approximately 120 days post-release.

A total of 74 women have been served by the SCIA program to-date. The first client entered the program on February 22, 2011. Given the project's current funding status, program leaders reported that program enrollment would conclude February 28, 2013 to ensure that all new SCIA participants are released and in the community by May 31, 2013 and thus, able to receive the full 120 days of program support post-release before the grant ends on September 30, 2013. Project staff expect to enroll another five to eight women before recruitment concludes for a total of about 80 participants.

While current SCIA operations largely mirror those initially proposed, there have been some notable changes. Several changes are recent (i.e., fall 2012 or winter 2013). The phased approach outlined in the site's proposal was not implemented; similarly, neither leadership nor line staff was familiar with the National Institute of Corrections employment readiness and retention curricula, *Building Bridges* (pre-release) and *Building Futures* (post-release), detailed in the proposal, indicating this component was not used. The proposed welcome baskets, stocked with basic necessity items, were never issued due to policies limiting the use of grant funds. Likewise, the use of incentives is largely limited to the provision of basic assistance. Securing and maintaining full-time employment is no longer a criteria for successful program completion; this condition proved to be untenable given current economic conditions. Lastly, the program recently narrowed the post-release support period to 120 days from an average of 150 days. In reality, prior to this change, women were reportedly receiving support way beyond the 150 days, leading to additional concerns about resource expenditures (which served as the impetus for this change).

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[6] As discussed in later sections of this report, video conferencing is also used to facilitate in-reach from community-based partners including SCIA case managers, SCIA POs and mental health providers.

Additionally, the program initially focused on female offenders with young children and envisioned using the pre-release video conferencing as a mechanism for reuniting women with their children and facilitating some level of contact during incarceration. However, fewer women had children than had been anticipated. As a result, the program primarily used the video contacts with family members with whom the offender would be living upon release. The number of proposed pre-release video conferences was reduced from six to two, although some portion of SCIA participants had only one pre-release video conference.

Lastly, there has been significant turnover in staff at both the leadership and operations level, leading to some confusion about staff roles and responsibilities, as well as program expectations for clients. Staff also report that policies and procedures change frequently. For field staff, policy changes, regarding allowable expenditures[7] for client assistance, were an ongoing challenge and source of frustration.

There is a strong commitment to the SCIA concept of serving female offenders; however, staff at all levels suggested ways in which the program's structure, policies and procedures could be strengthened to improve operations. These recommendations are discussed within the TTA section on page 18, along with specific suggestions for future TTA—as requested by the EA solicitation.

Program Logic

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

The SCIA project seeks to address the challenges of rural reentry and the complex needs of female offenders. The DOC chose to focus on female offenders and rural reentry for two reasons: (1) the DOC witnessed a 10 percent increase in the female prison population in recent years (contrasted with 1 percent increase for men) and (2) prior reentry work typically focused on offenders returning to urban areas where resources were arguably more plentiful and easier to access (geographically and logistically). As such, SCIA targeted female offenders at the highest risk of re-offending who are returning to one of four designated rural counties. Most women also evidence mental health and substance abuse issues. The use of technology, as a mechanism for virtual in-reach and rapport-building with community providers pre-release and to facilitate reunification with social support release, figures prominently in the SCIA project.

The primary goals of SCIA are to reduce reoffending and improve public safety by

- **Identifying and reducing the risk of recidivism,** through the use of a validated risk/needs assessment; results guide reentry services and discharge planning and women are referred to the DOC's core cognitive restructuring

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[7] Allowable as define by Federal guidelines or Federal directive.

program, *Pathways to Change* (PTC). PTC is offered both in the facility and in the community.

- **Improving employment outcomes,** through the provision of job readiness services, the assistance of a reentry employment specialist post-release, and provision of an employer incentive (eight week payroll re-imbursement) paid to local businesses that hire ex-offenders.
- **Improving education outcomes** through the provision of GED classes, and for participants with high school diplomas or GEDs, linking them to college-level courses.
- **Increasing housing opportunities and enhancing housing stability post-release** through the assistance of a dedicated case manager, and by readying the offender and her social supports for her return through structured contacts pre-release that address roles, responsibilities and expectations (see next bullet);
- **Improving family functioning** through structured, pre-release contacts facilitated by trained facilitators (employees of the University of Missouri—Extension) that aim to ready both the SCIA participant and family members or significant others with whom she will reside post-release, for her return by addressing roles, responsibilities and expectations.
- **Increasing access to mental health services** through video conferencing technology, SCIA women meet with a mental health professional pre-release; most leave prison with an appointment to be seen within 30 days of release for a full evaluation with the project's mental health provider.
- **Improving substance abuse outcomes**—a portion of SCIA clients participate in the DOC's prison-based 120 day drug treatment program; post-release, participants may receive intensive outpatient treatment at P&P's Community Supervision Centers and are also encouraged to attend support groups.

Program staff track short and long-term outcome measures (recidivism, supervision compliance) during both pre- and post-release phases.

SCIA leaders designed a logic model, presumably at the outset of the project period. Due to the changes discussed in the previous section on Implementation, that model is unlikely to reflect current operations. Appendix B illustrates the logic outlined above, based on inputs, activities and outcomes articulated during our February 2013 visit.

Program Operations

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

Target Population, Selection, and Enrollment

The SCIA program targets female offenders at the highest risk of re-offending who are returning to one of four designated rural counties; most women also evidence mental health and substance abuse issues.

Exhibit A.   Second Chance In Action Site Characteristics

SITE	Missouri Department of Corrections (Lead agency) * New program
ENROLLMENT and CASEFLOW	* 74 cases served as of February 2013 EA site visit * 80 total cases anticipated by September 30, 2013 * February 28, 2013 was to conclude enrollment so that all cases released by May 31, 2013 and able to access full 120 days post-release services by September 30, 2013
TARGET POPULATION and ELIGIBILITY CRITERIA	* Female offenders from two MO DOC facilities * Must return to one of four rural counties in SE MO * Mental health or alcohol/drug issues
PRE-RELEASE CORE COMPONENTS	* 90–120 days to release * Risk/Needs Assessment (IRRA, GRA) * Transition Accountability Plan (TAP) * *Pathways to Change* (cognitive behavioral therapy [CBT]) * Employment classes * Transitional Housing Unit * Video conferencing/contacts with PO, case manager (CM) and key supports
POST-RELEASE CORE COMPONENTS	* 120-days post-release services (limited to 120 days in November and December 2012 from six months plus) * Assistance with basic needs * Dedicated SCIA CM * Dedicated employment specialist; employment/job assistance * Linkages to mental health services
FEASIBILITY OF RANDOMIZED/QUASI-DESIGN	QUASI-EXPERIMENTAL—Yes * Prospective quasi-experimental design featuring primary data collection (interviews) * Retrospective quasi-experimental could match on risk but analysis would be limited to criminal justice outcomes RANDOM ASSIGNMENT—unlikely * Low case flow * Recruitment would likely take too long to achieve a reasonable sample size and support a reasonable follow-up period
LOCAL EVALUATION	YES—internal evaluator (DOC Research and Evaluation unit) * Quasi-experimental design * Measuring multiple reintegration outcomes found in DOC data
PROGRAM STABILITY	No major changes anticipated
IMPLEMENTATION CHALLENGES	* Phased approach not implemented * Completion criteria modified to reflect local realities * Unclear policies/procedures * Difficulty implementing incentives structure due to policy barriers * Staff turnover at leadership and operations levels * Technology/equipment failures * Incremental nature of grant funding

At admission to prison,[8] every woman is assessed for risk of re-offending using Missouri's IRRA and the Gender Responsive Assessment (GRA); women are re-assessed with the GRA prior to release and again within 30 days of release. The IRRA has been standard procedure since 2002 while the GRA was implemented in the women's facilities in 2011 and just recently in all field offices. Women participating in SCIA, however, have been assessed pre- and post-release with the GRA since the grant began.

Institutional staff (either an institutional case manager or institutional probation officer) examine offender IRRA scores, Salient Factor Scores, and home plans to identify eligible candidates—i.e., women scoring as medium-to-high risk on the IRRA or Salient Factor Score with a home plan to return to one of the four target counties. Eligible candidates must have a minimum of 90 days[9] left on their sentence to enter the program although many are identified 6 to 8 months prior to release. The majority of SCIA participants transition from the WERDCC facility in the eastern part of the state (as opposed to CCC in the west). Of the 74 SCIA women enrolled to-date, just 18 percent (N=13) transitioned from CCC.

The SCIA program adheres to its eligibility criteria: of the 91 women from the WERDCC determined to be ineligible for the SCIA program, 53 percent (N= 49) were low risk on the IRRA, 17 percent (N=16) had less than 90 days to release, and 14 percent (N=13) released outside the target area. About nine percent (N=8) declined to join the program. Again, very few women are referred to the program through CCC.

Program participation is voluntary. Women who agree to participate in the program complete and sign a SCIA participation agreement form which outlines general program expectations including grounds for program discharge. Conversely, women who decline to participate complete and sign a SCIA program rejection form. Both forms record the women's name, DOC ID, date, and facility location. All forms are retained by SCIA staff at the DOC Central Office.

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

Pre-Release Processes and Core Components

Eligible participants receive a SCIA handbook and program application from the facility's designated SCIA institutional case manager. Once enrolled, the institutional case manager works with the new SCIA participant to review and update her TAP; per the SCIA handbook, client TAPs are to be updated within 15 days of program admission with an emphasis on discharge planning (as opposed to institutional goals). Institutional

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[8] The DOC's two female facilities house a combined total of approximately 2,435 offenders; an estimated 99 women were released to the target area each year.

[9] The WERDCC facility houses a varied population that includes women on "straight" sentences (i.e., individuals sentenced to DOC for a lengthy period of incarceration) as well as probation and parole violators there for a 120-day shock incarceration—a mechanism used prior to revocation. Women in the 120 day shock incarceration program usually do not have enough time remaining to qualify for SCIA by the time they are reviewed by institutional staff.

Exhibit B. SCIA Case Flow

- Institutional case manager (ICM) or PO (IPO) reviews **home plans** and **IRRA scores** and **Salient Factor Score** to identify eligible participants within in 6–8 months of release
  - o Min. time to release is 90 days

- Women enrolled from two prisons: Chillicothe Correctional Center (CCC) and Women's Eastern Regional Diagnostic and Correctional Center (WERDCC)
- 92 percent of SCIA participants come from WERDCC

- ICM/IPO **reviews SCIA with eligible women**
  - o Interested **women complete a SCIA application** and **sign SCIA participant agreement.**
  - o Refusers sign SCIA Rejection Form; DOC maintains a list of refusers.
- SCIA **applications sent to DOC Central Office** with release date.
- **TAP updated within 15 days** of SCIA enrollment.
- SCIA women engaged in **reentry planning and services including** *Pathways to Change* **(PTC).**
- Institution-based MU Extension staff works w/ SCIA participant to articulate expectations, roles, and responsibilities.

DOC Central Office notifies community-based SCIA CM or PO, depending on site, of new participants and release dates
- SCIA CM notifies MU Ext

Transitional Housing Unit
– 6 months pre-release for more intensive reentry preparations
– 30 day employment readiness/ vocational training

MU Extension contacts offender's family 45 days prior to release
- Meets with family, assesses needs
- Obtains consents for video conferencing
- Coordinates dates for video conferences

Video conferences with Offender and Family held 30–35 days prior to release
- Negotiate expectations, role, and responsibilities in anticipation of offender's return
- Contracts may be developed between offender and family members.

Goal is 2–6 video contacts with family pre-release

Virtual in-reach conducted approx. 30 days prior to release
- Offender meets with SCIA CM and/or PO via video conference
- Offender meets with mental health provider via video to assess needs, schedule post-release appointment(s)

120 days post-release SCIA services
- Offender meets with SCIA PO within 24–48 hours of release
- Intensive services with SCIA CM and SCIA employment specialists begin at release and continue 120 days
  - o Housing, employment, transportation, treatment (drug and mental health), provision of basic needs
  - o PTC cognitive groups as sanction/ if participant didn't complete in prison
  - o Community Supervision Center (CSC) beds if homeless, also used as sanction
- MU Extension workshops

case managers and parole officers work to enroll SCIA clients in anger management groups and PTC, and assist with securing basic documents (i.e., birth certificate and state ID card), eligibility benefits, and medications. Women with children are given priority ("moved to the head of the line") for the *Building Strong Families* parenting class. Most SCIA women, consistent with the DOC's reentry protocol, will also access the transition housing unit prior to release and participate in the unit's 30-day employment readiness class.

Video Conferencing

In addition to the "business as usual" reentry services described above, SCIA women may also participate in video-conferencing. Pre-release video contacts are a unique feature of the SCIA program. Pre-release video conferences focus on readying the SCIA participant and the people with whom she will reside post-release (as identified in her home plan; most women will return to family members such as parents, spouse or significant other, or an adult child). These contacts are structured, with MU Extension staff in the facility coaching the offender and MU Extension staff in the community supporting the family member.

Shortly after program enrollment, the SCIA project coordinator at the DOC Central Office notifies (via fax) the appropriate SCIA case manager depending on the county and thus, P&P district, to which the woman will return. In District 12, the SCIA case manager notifies the designated SCIA PO and other core partners (MU Extension, mental health and local career center) of the new client's release date. In District 23, the process is slightly reversed with the PO notifying the case manager of a newly enrolled clients. In both instances, the SCIA project coordinator at the DOC Central Office sends the SCIA program application to the case manager and District Administrator (DA). The DA informs the designated SCIA PO of the new client and forwards the application. In contrast, institutional staff inform MU Extension staff regarding new participants. Lastly, the TAP is accessible to all DOC staff via the DOC's Offender Management Systems (OMS).

Next steps include outreach to the offender's family members. In District 23, the SCIA case manager makes contact with the offender's family about 45 days prior to release and will meet with them a few times in person to talk about their expectations of the offender when she returns to the home, her work skills, and whether there is someone available to provide support. In District 12, the MU Extension video conference facilitator reaches out to the adult family members or significant others listed in the offender's home plan, and ultimately meets to conduct a family assessment and supply a resource packet. If the SCIA participant has children under the age of 18, MU Extension staff will determine if the offender is permitted to have contact with these children, and then will secure consent from the caregiver/legal guardian (caregivers/guardians must complete and sign the MU Extension's consent form for child/offender contact). MU Extension staff also work with designated DOC staff to clear family members to participate and coordinate the logistics for the video conference with the family and Community Supervision Center (CSC), where the community-based portion of the video conference takes place (i.e., offender family members). The goal is to conduct at least two conferences prior to the offender's release.

A designated MU Extension staff member works with offenders in the institution to articulate concerns, issues and expectations about release and post-release interaction with family members, and also attends the video conference with the offender. A community-based MU Extension staff member engages the offender's family in similar discussions, and attends the video conference with the family members to lend support and facilitate constructive discussion. (Most video conferences involve offender family members, as opposed to other designated social supports although occasionally other social supports may attend.) Institutional reentry staff typically do not attend the video conferences.

Because many offenders reportedly maintain contact with family members during incarceration, video conferences focus on the details of the offender's return as opposed to reconnecting the offender to family. Specifically, the time is used to examine and navigate expectations pertaining to rules, roles and responsibilities. In some instances, MU Extension staff develops an informal contract specifying terms (curfews, how the offender parents authority, not bringing up the past, etc.) that both the offender and family members agree to abide by. This document offers the offender and family member a neutral point for discussion to constructively address issues and maintain boundaries if tensions arise in the home after the offender's return. As discussed below, MU Extension video facilitators maintain contact and provide support to the offender and her family after release.

It should be noted that not all SCIA clients participate in the video contacts. In some instances, the offender declines the service. In others, the offender's family members decline to participate. Equipment failure also prohibited video-conferencing for a portion of participants across both institutions. Staff reported significant disruptions early in the grant due to equipment failure and lack of IT support. Reportedly, these glitches have been worked out and video conferencing occurs reliably and with regularity more recently.

Lastly, the SCIA program uses video conferencing technology to facilitate virtual "in-reach" that allows participants to meet with their PO and case manager/employment specialist before release. Community-based mental health providers also use video conferencing to meet and screen participants for mental health needs prior to release, and to begin lining up resources, including appointments for mental health evaluation that participants can access within days of release.[10]

Post-Release Processes and Core Components

SCIA post-release services are organized through the CSC for the designated P&P district. In District 12, SCIA clients report to the CSC in Farmington, MO. The CSC for District 23 is located in Kennett, MO. These districts are about a three-hour drive from one another. Both are sparsely populated, rural areas with little infrastructure to aid service provision.

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[10] Staff reported that this process has reduced the time to access psychiatric services for most SCIA participants; the goal is for participants to access these resources within the first 30 days of release.

In both districts, a designated SCIA PO supervises all program participants[11] in addition to a caseload of non-SCIA clients.

The composition of SCIA support staff differs slightly in the program's two P&P districts although roles and responsibilities are similar. District 12 SCIA staff include a case manager and employment specialist (both part-time positions) in addition to the designated PO; the SCIA case manager and employment specialist collaborate to serve and monitor clients, keep the PO informed of progress, and coordinate with MU Extension video facilitator prior to and after client release; SCIA staff in District 12 highlighted the importance of the SCIA team approach. In District 23, the SCIA team consists of a full-time employee that handles both case management and employment specialist duties. In both districts, SCIA staff work to facilitate successful reentry by addressing clients' basic needs (i.e., food, hygiene items, clothes, gas, home goods, and rental assistance) and linking them to needed services including individual, group and family therapy, employment readiness and job placement, drug treatment, and suitable housing. While supervision largely falls to the PO, SCIA staff work in tandem with P&P staff to monitor behavior and engage clients in services.

SCIA clients are required to report to their PO at the CSC within 24–48 hours of release. During this first face-to-face meeting the PO reviews the client's conditions of supervision and discusses any immediate needs or concerns the client may have. Clients also meet with the SCIA case manager and employment specialist at this time.

During the first month after release, clients must maintain weekly contact with their PO. This typically decreases to bi-monthly and then monthly as the client's reentry becomes more stable. However, clients must maintain daily contact with the SCIA case manager throughout the duration of the 120 day post-release service period although later in the process, as clients obtain employment or enroll in classes, they may simply leave a voicemail message. Case managers document each contact in the DOC's integrated OMS. PO's can check the OMS to track client contacts although the SCIA case manager will typically alert the PO when a client misses a contact or is otherwise unreachable.

Within the first 30 days after release, the PO (District 23) or SCIA case manager (District 12) will re-administer the GRA to determine current client needs. The TAP is then updated to reflect the results of the post-release GRA.

The SCIA case manager provides various forms of support while women are in the program such as learning about their housing needs and linking clients to suitable options, assessing their job skills, and helping clients conduct job searches. In Kennett, the SCIA case manager conducts individual and small group work readiness programs. SCIA case managers also provide financial assistance for basic needs, transportation, and housing. This may include providing participants with a cell phone with pre-paid minutes

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[11] In Kennett (District 23), the program planned to add a second PO to supervise SCIA clients starting in late February. The two SCIA POs would split the SCIA caseload by location in the county. Both POs would serve SCIA clients as well as a caseload of non-SCIA clients.

so they can keep appointments, check on job opportunities, and call the case manager as needed. Other basic assistance typically includes making arrangements with local thrift stores so clients can purchase clothing, gas cards so clients can travel to and from program appointments and work, and assistance with housing costs. Additionally, SCIA case managers provide general emotional support to the women. Neither SCIA location uses a formal referral form to facilitate referrals to providers; instead, most referrals occur informally over email. This has led to some confusion and inefficiencies.

In both SCIA districts, women are connected with a mental health therapist soon after release. If they had a video visit, the appointment should have been scheduled prior to release. The timeliness of these visits is essential since women are only given a 30 day supply of their medications upon release and will need them refilled quickly. The mental health therapist will intake new clients and conduct a psychiatric evaluation. After the evaluation, arrangements are made for therapy, a psychiatric visit, treatment planning, and medication management (as needed); family therapy is also available through Farmington's behavior health provider although reportedly very few, if any, women access the service. A similar set of services are available through another DOC-mental health collaborative—the MH3 program—and women in need of continued mental health services at the conclusion of SCIA are reportedly transitioned to this program.

Additionally, clients in Farmington are routinely connected to the local career center for employment assistance. Although not funded by the SCA grant, SCIA staff have developed a strong partnership with the center.

Finally, although the SCIA PO verifies offender home plans prior to release, a portion may leave prison without suitable housing. These women may be placed in a residential bed at the CSC for up to 20 days. (CSC beds are also used as a sanction for non-compliance.) The CSC also functions as a one-stop shop for programming and treatment. Probation officers facilitate cognitive behavioral groups (PTC, the same curricula used in prison). A community-based drug treatment provider conducts assessments and runs treatment groups (intensive outpatient groups, trauma groups, relapse prevention, drug education, and group counseling). Additionally, MU Extension staff conduct topical workshops there; although aimed at SCIA participants other offenders may attend.

Business as Usual

As discussed in prior sections, the Missouri DOC has been engaged in a strategic, system-wide reentry effort for the past decade. Many core SCIA program components (both pre- and post-release) are standard procedure throughout the DOC including: (1) risk/needs assessments with the IRRA and the GRA; (2) development and implementation of TAP guided by IRRA results; (3) intensive case management pre-release designed to assist offenders in fulfilling TAP goals;(4) strategic service provision to ready the offender for release that features the PTC cognitive behavioral program, employment and parenting classes, drug treatment and a transition housing unit, which offenders can enter up to six months prior to release; and 5) re-assessment and coordinated discharge planning with P&P to promote continuity of approach. Likewise, both SCIA and non-SCIA participants may access a bed for up to 20 days post-release at

the CSC operated by the division of P&P[12] if adequate housing is not in place at release from prison.

As a result, there is reportedly little difference in the approach to reentry services or planning between SCIA and non-SCIA women beyond the video conferencing component, post-release SCIA case manager and employment specialist, and financial assistance with basic needs. As discussed later in the EA Recommendations section on page 21, this structure may serve evaluation purposes in several ways.

Potential Comparison Groups

The DOC's Research and Evaluation unit constructed a comparison group (N=350) for internal evaluation purposes that would be useful in a full evaluation. This comparison group includes institutional releases to the south east region of Missouri, excluding the four SCIA counties. The DOC identified 565 women released to supervision with at least six months and selected comparisons from within this group based on the IRRA. Because the risk level for the 565 potential comparisons was lower, on average, than the SCIA participants, DOC researchers randomly selected 350 women stratified by risk level (high, medium, low) to more closely align with the SCIA participants. DOC data for women participating in the SCIA and those in the comparison group would provide information on pre-release program profiles and post-release recidivism outcomes (re-conviction and reincarceration). The DOC plans to examine the latter shortly.

Training and Technical Assistance

Current program staff did not report receiving any TTA through the SCA grant or the Council for State Governments, the TTA organization for SCA. However, as noted previously, the program has experienced significant staff turnover so it is possible that assistance may have been provided to staff that have since left. Nonetheless, current staff identified TTA needs.

- **Clarification on BJA performance metrics reporting.** The staff reported that the metrics are confusing and have changed frequently; as a result, staff would appreciate additional training to ensure they are accurately interpreting the request and providing the appropriate data.
- **Clarification on allowable/reimbursable expenses.** SCIA staff explained that changes in which program expenses are reimbursable has caused confusion among staff. As a result, program leadership spends significant time fielding questions about allowable expenses between local staff and BJA. Training to clarify which costs are reimbursable would potentially free up program staff to focus on other elements of SCIA and other non-SCIA-related job duties.

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[12] There are seven CSCs statewide. Each center houses the probation and parole district office located in that area, as well as program/classroom areas and dormitory housing space for 30 offenders in need of structured residential supervision. The CSC also functions as short-term residential housing for offenders. See http://doc.mo.gov/PP/

EA researchers believe SCIA staff, in particular, and the program, in general, would benefit from TTA in the following areas. Several of these recommendations are consistent with SCIA staff recommendations and requests. Some could be addressed internally by SCIA program leadership. Others require the expertise of external TTA providers.

- **SCIA program training.** Staff would like an orientation to the SCIA program that also addresses staff roles and responsibilities and program expectations for offenders, as well as on-going training to ensure proper implementation.
- **Staff computer training.** Some staff were in need of training on how to use computers—generally and specifically with respect to capturing program data and communicating with partners.
- **Staff video conferencing technology training and improved IT support.** Staff would like to be trained on the operation and use of the video equipment used for the offender-family video contacts; staff also noted that additional IT support would be appreciated, as would more modern and reliable video equipment and connections.
- **Training on appropriate use of billing codes.** Some staff expressed confusion about which billing codes could and should be used to bill for services provided to SCIA clients. There were instances were certain providers reportedly could not be reimbursed for services delivered to SCIA clients due to confusion around the billing codes and allowable expenditures.
- **Gender-specific programming training.** Given SCIA is a women-specific program, staff suggested that all program staff or stakeholders who interact with SCIA clients be trained on gender-specific programming and approaches.

Recommendations specific to program improvement:

- **Update SCIA manual.** Although SCIA leadership indicated that the SCIA manual had recently been updated, some staff felt the manual did not accurately reflect current operations.
- **Conduct regular SCIA staff meetings**. It was suggested that regular staff meetings be held to allow SCIA staff to discuss program activities, challenges, and solutions. These meetings would also help to clarify staff roles and responsibilities and SCIA requirements. Team meetings should include both program staff and key partners.
- **Enhance mental health support services.** Some staff expressed dismay that mental health services were not adequate for the SCIA population and could be improved. Family counseling was an area of need identified by some program staff, however, it appeared that in at least one site family counseling was offered, but no SCIA clients followed up to request it.

Data Elements, Data Sources, Systems, and Strategies

The DOC maintains an integrated offender management system that includes both prison and probation/parole data. Offenders are tracked through the unique DOC identification number. The system includes general information related to the current offense,

educational attainment, classification scores, medical and mental health information, drug test results, and risk classification. A particularly important aspect of the system was referred to as program tracking. As the name implies, it includes information on program participation for those in prison and on supervision, including projected and actual in/out dates, program status, and exit type. The system also allows for tracking changes in education, vocation, risk assessment, and probation officer. However, the system does not include pre- or post-release service units, only program enrollment. Data, for example, on whether a women received a video visit pre-release and what type of financial assistance was provided for basic needs, would need to be requested from the community partners and is not available in an easily accessible database.

Case managers are responsible for entering all data into the electronic system. There may be a lag in data entry, particularly for program tracking information as it is not as essential to DOC operations as prison admissions and releases.

The DOC has released data for research purposes in the past and would be amenable to doing so for an evaluation. A researcher agreement is required to receive data from DOC or to interview offenders. They are flexible as to how the data could be extracted. For example, they are willing to provide a data dump that would require the researcher to link records across various files or they could provide an analysis dataset if the data needs are precisely described.

As part of their internal evaluation, DOC is tracking recidivism, defined as a return to prison or a new conviction (misdemeanor or felony). However, they were unable to provide this information at the time of the visit.

Local Evaluation

The DOC's director of Research and Evaluation unit tracks program flow, completion and recidivism (new convictions and returns to prison); he also plans to track other outcomes available through the Department's OMS such as compliance with supervision/technical violations, employment, substance use, and housing stability. He has identified a comparison group of 350 female offenders matched on risk and key demographics including mental health issues, substance abuse needs, education, and prior incarcerations. Analysis of recidivism was conducted recently but results were not yet available for review. Anecdotally, staff report very few revocations or reincarcerations due to new crimes.

Support for Additional Evaluation Activities

Given the uncertainty around future funding and program continuation present at the time of our EA site visit, SCIA leadership was hesitant to commit to future evaluation.

Operations-level staff, however, articulated several questions for future evaluation including participant impressions of the program such as satisfaction with services, and perceptions of staff including treatment by staff (i.e., did staff treat them with respect and fairness?). Information about client satisfaction and recommendations for improvement could easily be collected through periodic client focus groups (facilitated by an external entity) or a brief, anonymous survey administered when women conclude the 120 day

post-release program period. The DOC's Research and Evaluation unit could conduct and analyze data from the latter.

SCIA staff and leadership may require significant assistance to support additional evaluation. There was a sense that lead program staff were already overburdened by the amount of time dedicated to SCIA (in that it was taking time away from other duties) and therefore, may view any additional requirements as burdensome and untenable.

Evaluation Assessment Recommendations

Given the current uncertainty about funding, it is difficult for the EA team to envision what might remain for evaluation after September 2013. Assuming the program receives supplemental funding in short order, we believe the SCIA program would be a strong candidate *for process and implementation evaluation*, as well as the *recidivism outcome study* (draws on administrative records only), and *cost analysis*. There are several factors that inhibit impact evaluation in this site, namely that the pool of women targeted is small (N=52 per year); there is also a degree of program instability and role confusion among staff (although staff uniformly agreed that operations were now running smoothly). Evaluation recommendations and considerations are summarized in Exhibit C.

Exhibit C.   Second Chance In Action Evaluation Recommendations

SITE	Missouri Department of Corrections (Lead agency)
PROS	* IRRA, GRA, and other assessments system-wide; allows for propensity score matching; other reentry practices well-established as business as usual * Video conferencing component as mechanism to address relational issues/increase post-release stability is innovative and well-implemented * Tackles unique issue of reentry in rural, isolated areas * Administrative data * Good capacity to support external evaluation
CONS	* Role confusion * Current operations vary from what was proposed (no phases, limited use of incentives due to policy barriers) * Policy/procedures change frequently * Staff turnover/instability * Uncertainty as to what will be sustained * If funding interrupted some aspects of the program are likely to be affected.
LEVEL/TYPE OF EVALUATION RECOMMENDED	* Process/implementation * Recidivism outcome * Cost study l * Video conferencing component as mechanism to address relational issues/increase post-release stability * Services to rural female offenders

Both the program's target population and approach to reentry, specifically the use of technology to address some of the barriers associated with rural reentry, merit additional study. A process and outcome evaluation to document the delivery of and examine the influence of the video-conferencing and case management assistance (with basic needs) on program participant outcomes would yield actionable information of interest to the

broader field. Video-conferencing may also offer a cost-effective approach to address aspects of reentry in an era of diminishing budgets.

With respect to the outcome evaluation, as discussed earlier, the DOC has already assembled a viable comparison group. Because the DOC conducts universal assessment using a single, validated risk/needs assessment, and has done so for many years, ample data exists on which to generate equivalent, matched comparison groups (i.e., groups matched on criminogenic risk/need) using propensity score matching techniques. Further, there is evidence of strong fidelity to program eligibility criteria. In turn, the DOC's OMS captures pre-release program data in sufficient detail to also match comparison and treatment group cases on pre-release service profiles. The integrated nature of the DOC's OMS means post-release data on compliance and service provision can also be mined for both treatment and comparison group cases, allowing researchers to examine criminal justice outcomes beyond recidivism.

Products from the proposed process and outcome evaluation could include topical reports on the challenges of and strategies to address rural reentry, using video technology to aid family reunification and strengthen social supports post-release, effective service delivery through collaborative parole and community partnerships, and female reentry.

Key considerations

SCIA leadership stated repeatedly that funding ends in September 2013 and that they had no indication whether additional funding would be available. As such, the program will halt recruitment at the end of February 2013 to ensure all newly enrolled participants will be released by May 31, 2013 and be able to access a full 120 days of post-release support prior to the grant's conclusion in September 2013. We did not learn of any plans to sustain the program, or components of it, after the funding ends although there is interest in maintaining the video conference component (this is offered under two other DOC initiatives). Staff does not anticipate making any changes to the program should additional funding be provided.

Program-related concerns

- Instability/staff turn-over
- Role confusion
- Lack of standardized procedures and training
- Small treatment sample (program N)
- Potential lack of support among program leaders
- Lack of gender-specific services or training for staff
- Uncertainty as to what will be retained post-SCA funding

Program-related strengths

- Strong commitment to the SCIA concept of serving female offenders
- Staff identified areas for program improvement, suggesting buy-in and a level of commitment among staff

- Focus on rural reentry
- Focus on female offenders
- Use of technology (video conferencing) to address barriers, facilitate meaningful contact to aid reentry
- Use of EBP including system-wide assessment (IRRA, GRA)
- Strong reentry planning and discharge approach
- Good quality administrative data
- Good capacity to support external evaluation

Summary

Missouri's Second Chance in Action program represents an innovative, pioneering approach to tackling the issue of rural reentry and female offenders through the use of video-conferencing, assistance with basic needs, and a collaborative staffing structure that pairs POs with case managers and employment specialists to enforce supervision and engage clients in needed services and supports. Although the program's numbers are low (a total of roughly 80 women are expected to be served by the grant's end) and the program has experienced a fair amount of instability, process and outcome evaluations will likely yield actionable information for practitioners, program developers, and policy makers.

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Appendix A.

Second Chance Act Logic Model

Second Chance Act Prisoner Reentry Initiative Logic Model

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

INPUTS	ACTIVITIES	OUTCOMES	OUTCOME MEASURES	LONG TERM OUTCOMES/IMPACT*
■ Support of the Chief Executive officer of the state, unit of local government, territory, or Indian Tribe ■ Extensive description of the role of state corrections departments, community corrections agencies, juvenile justice systems, and/or local jail systems – that will ensure successful reentry ■ Extensive evidence of collaboration with state and local government agencies, as well as stakeholder groups. ■ Analysis plan for: statutory, regulatory, rules-based, and practice-based hurdles to reintegration of offenders ■ Target Population (TP): High-Risk Offenders ■ Risk and Needs Assessments ■ Reentry Task Force membership ■ 5-year Reentry Strategic Plan ◊ Plan to follow and track TP	■ Develop and coordinate a Reentry Task Force ■ Administer validated assessment tools to assess the risk factors and needs of returning inmates ■ Establish pre-release planning procedures ■ Provide offenders with educational, literacy, and vocational services ■ Provide substance abuse, mental health, and health treatment and services ■ Provide coordinated supervision and comprehensive services for offenders upon release from prison or jail ■ Connect inmates with their children and families ■ Provide victim appropriate services	■ A reduction in recidivism rates for the target population ■ Reduction in crime ■ Increased employment opportunities	Number of new offenders added to the TP this quarter Total number of TP in the initiative Number of TP released this quarter Total number of TP released since the beginning of the initiative Number of TP resentenced to prison with a new conviction this quarter Total Number of TP resentenced to prison with a new conviction since the beginning of the initiative Total number of crimes reported during this quarter Total population for the area that the TP is returning to (i.e., statewide, county, city, neighborhood) Number of TP who found employment this quarter Total Number of TP who are employed Number of TP who have enrolled in an educational program this quarter	■ Increase public safety ■ Reduce Recidivism by 50 percent over 5 years

◊ Sustainability Plan ◊ Plan to collect and provide data for performance measures ■ Pre- and post-release programming ■ Mentors ■ Provide a 50 percent match [only 25 percent can be in-kind]	■ Deliver continuous and appropriate drug treatment, medical care, job training and placement, educational services, and housing opportunities ■ Examine ways to pool resources and funding streams to promote lower recidivism rates ■ Collect and provide data to meet performance measurement requirements	■ Increased education opportunities ■ Reduction in violations of conditions of supervised release ■ Increased payment of child support ■ Increased housing opportunities ■ Increased participation in substance abuse services ■ Increased participation in mental health services	Total number of TP who are currently enrolled in an educational program Number of TP who have violated the conditions of their release this quarter Total number of TP who have violated the conditions of their release Total number of TP that are required to pay child support Number of TP who paid their child support this quarter Number of target population who found housing this quarter Total number of TP who have housing Number of TP who were assessed as needing substance abuse services this quarter Total number of TP who have been assessed as needing substance abuse services Number of TP who enrolled in a substance abuse program this quarter Total number of TP enrolled in a substance abuse program Number of TP who were assessed as needing mental health services this quarter Total number of TP who have been assessed as needing mental health services Number of TP who enrolled in a mental health program this quarter Total number of TP enrolled in a mental health program	

		■ Reduction in drug abuse ■ Reduction in alcohol abuse	Total number of TP re-assessed regarding substance use during the reporting period Total number of TP re-assessed as having *reduced* their substance use during this reporting period Total number of TP re-assessed regarding alcohol use during the reporting period Total number of TP re-assessed as having *reduced* their alcohol use during this reporting period	

Appendix B.

Missouri Second Chance in Action (SCIA) Logic Model

Appendix B. Missouri Second Chance in Action Program Logic Model

(Italics indicate features unique to the program)

INPUTS

- MO Reentry Process (MRP) State Steering Committee

- MRP leadership team and coalition of 44 community reentry teams

- History of reentry reform and use of EBP starting with TPC

SCIA Staff
- Statewide reentry coordinator (MO DOC)
- SCIA project coordinator
- Grant coordinator (MO DOC)
- SCIA case managers
- SCIA employment specialist

Core Partners
- MO DOC
- MO Department of Mental Health
- MU Extension
- Local mental health
- Local substance abuse treatment
- Local career centers
- St. Francois County Community Partnership—fiscal intermediary
- Dunklin County Caring Council

Key Elements
- Risk assessment (IRRA, GRA)
- High-risk target population (TP)
- Pre- and post-release case management
- Designated POs
- Mental health treatment
- Family reunification

ACTIVITIES

Pre-Release
- IRRA, Salient Factor Score, and GRA assessment
- Transition Accountability Plan (TAP)
- Pathways to Change
- Parenting classes
- Job readiness and vocational training
- Drug treatment
- Transition Housing Unit (six months prior to release)
- Victim impact education classes
- *Video conferencing through UM Extension w. family; also virtual in-reach with SCIA staff & PO, community mental health provider*

Post-Release
- GRA re-administered within 30 days post-release
- TAP updated
- *SCIA PO supervision*
- *SCIA case management and employment assistance broker services*
- *Assistance w. basic needs (transportation, hygiene items, food, clothing)*
- Housing—possibly CSC
- Mental health services including counseling and medication mgmt.
- Drug treatment including IOP and residential
- Topical workshops through MU Extension
- Pathways to Change
- CSC as sanction for non-compliance

OUTPUTS

- Enroll 52 women a year returning to four rural counties

- Engage offenders and family in at least two pre-release video conferences; increase family engagement in pre-release planning

- Re-assess needs with GRA within 30 days post-release

- Update TAP within 30 days post-release

- Post-release housing, mental health services, drug treatment, and employment/vocational services

- Client benefits (SSI, SSDI)

- Probation/parole compliance

- Assistance w/ basic needs (food, clothing, hygiene, home goods)

OUTCOME MEASURES

- Reduced recidivism among TP by 50 percent
  - Reduce reincarcerations
  - Reduce revocations

- Enhanced public safety

- Increased employment/educational opportunities
  - Full-time job secured and retained
  - Disability benefits
  - Enrolled in school full-time

- Increased housing stability

- Increase family/pro-social supports/social stability

- Reduced relapse/drug use

- Increased mental health/functioning