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FY 2011 Second Chance Act Adult Offender Reentry Demonstration Projects: Evaluability Assessment of the Hudson County (NJ) Community Reintegration Program

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

Hudson County (NJ) Community Reintegration Program

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Glossary

BJA—Bureau of Justice Assistance
CCIS —County Correctional Information System
COMPAS—Correctional Offender Management Profiling for Alternative Sanctions
CRP—Community Reintegration Program
CSW—Community Service Worker
DFS—Department of Family Services
EA—Evaluability Assessment
EBP—Evidence-based Practice
GPS—Global Positioning System
HCDOC—Hudson County Department of Corrections
HMIS—Homeless Management Information System
IOP—Intensive Outpatient Program
MIS—Management Information System
NIJ—National Institute of Justice
NJDas—New Jersey Division of Addiction Services
JCAHO—Joint Commission on Accreditation of Healthcare Organizations
PMT—Performance Management Tracking
RCT— Randomized Controlled Trial
RTI—RTI International
SBI—State Bureau of Investigation
SCA—Second Chance Act
SRT—Social Rehabilitation Therapist
TABE—Test of Adult Basic Education
TC—Therapeutic Community
TTA—Training and Technical Assistance
UI—Urban Institute

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

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

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

Evaluability Assessment Objectives and Activities

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

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

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

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.

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.
- **Pre-visit phone interviews** with SCA coordinators and project directors in each site were conducted to outline EA objectives and obtain updated project information.

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.

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

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

The four member UI/RTI research team conducted a site visit to the Hudson County Community Reintegration Program (CRP) from January 23 to 25, 2013. The team met with leadership at Hudson County Department of Corrections and Hudson County Department of Family Services—the two lead agencies implementing CRP. Additionally, research staff interviewed CRP and partner staff (e.g., institutional and community-based case managers, institutional substance abuse treatment programming staff, and community-based service providers) and other interested stakeholders involved in the pre- and post-release portions of CRP to better assess suitability for various types of program evaluation. Researchers also followed up with program staff via phone and email after the site visit to clarify program features and operations.

Hudson County Community Reintegration Program Summary

The Hudson County (NJ) Community Reintegration Program⁵ operates as a partnership between the Hudson County Department of Corrections (HCDOC) and the Department of Family Services (DFS). It targets chronic jail populations—the individuals that program officials refer to as “frequent flyers” because of the regularity with which they cycle through the jail, often due to untreated mental illness or substance abuse disorders.

Consistent with the program’s intent to serve the jail’s “frequent flyers,” eligible participants must (1) have a diagnosed mental health or substance use disorder; (2) currently reside in HCDOC and have a history of prior arrests, incarcerations, and sentencing to HCDOC; and (3) have a pre-jail residence in Hudson County and plans to leave directly from the HCDOC to Hudson County. Individuals with any of the following are excluded from the program: (1) history of sex offenses, arson, or significantly violent offenses; (2) history of Axis I disorders (e.g., mental health diagnosis of major depression or delusional based disorders);⁶ and (3) serious medical conditions that community-based partners are unable to address with current resources.

All CRP clients receive: (1) risk and needs assessments;⁷ (2) pre-release case management and transition planning; (3) post-release case management; and (4) community-based services delivered by intensive outpatient and supported housing providers. Those CRP clients with substance abuse issues may also receive in-jail substance abuse treatment in a gender-specific therapeutic community (TC) within HCDOC. Social Rehabilitation Therapists (SRTs) from HCDOC provide pre-release case management, while DFS Community Service Workers (CSWs) provide post-release case management and monitor the receipt of other community-based services. The bulk of CRP services are delivered post-release, which may lead some individuals (including inmates) to think of CRP as a community-based/post-release program. To remain eligible for post-release CRP services, however, clients must comply with all pre-release services recommended through their individual risk and needs assessment.⁸

The program has enrolled roughly 27 clients per month since its inception and is expected to maintain this rate going forward.⁹ CRP planned to cease enrollment in the program as of February 28, 2013. This will enable the program to deliver the full complement of six months of programming (i.e., 90 days pre-release and 90 days post-release) before CRP

⁵ With Second Chance Act (SCA) funding received in October 2010, Hudson County’s Community Reintegration Program (CRP) is a continuation of a reentry effort started in 2009 as a partnership between the Hudson County Department of Corrections (HCDOC) and the Department of Family Services (DFS).

⁶ Every inmate is given a Mental Health assessment once booked into HCDOC. Inmates who have been assessed and diagnosed with an Axis I mental illness are placed on D1 status. D1 status inmates often require a high level of supervision, medication, and support. None of the current CRP partners are qualified to treat the severely mentally ill, so D1 inmates are ineligible for CRP at this time.

⁷ The COMPAS (Correctional Offender Management Profiling for Alternative Sanctioning) is a risk and needs assessment administered to all HCDOC inmates. Therefore, it is not unique to CRP.

⁸ CRP clients do receive a few more services/interventions pre-release that differ from business-as-usual. The exceptions to business-as-usual for CRP clients pre-release are potential access to one of the TCs for those with substance abuse issues, increased case management from SRTs, and transition planning.

⁹ A total of 1,102 clients have been served by CRP since 2009. Most, but not all of the 1,102 clients have received services under SCA funding streams.

completes the currently anticipated SCA period of performance in September 2013. Program staff anticipates continuing to operate CRP and plans to enroll roughly 170 clients into the program between February and September 30, 2013. However, if further funding is not secured, the types of services offered and the number of clients enrolled through this program may have to be reduced.

Implementation

Hudson County CRP began operations under SCA funding in the fall of 2010. However, the program started treating clients before the SCA grant under a model similar to CRP in October 2009. This model relied on informal affiliations with community vendors and substance abuse treatment providers with no formal MOUs or contracts in place. Medicaid was used to cover the cost of services post-release. In addition, there were limited funds available for transitional housing.

Since October 2010, SCA funds enabled CRP to expand the services available both pre- and post-release. The majority of SCA funds have been dedicated to post-release services. The following changes were implemented:

- HCDOC jail-based female TC became operational in January 2011.
- HCDOC jail-based male TC became operational in October 2012.
- Partnerships were formalized with service providers to provide post-release services. Services are paid for by SCA funding and are no-cost to CRP clients for 90 days.
- In October 2012, CRP began working with judges to include CRP as a condition of probation on the grounds that such a stipulation would motivate clients' participation in community-based treatment and services.¹⁰
- CRP staff has recently begun working with Superior Court judges to offer CRP services as an early-release option through GPS (Global Positioning System) monitoring.¹¹
- As of January 2013, all CRP GPS clients are required to receive pre-release programming (typically in the form of a TC) prior to release on GPS.
- Moving forward, CRP staff aim to only include clients in CRP that have post-release service compliance as a condition of their probation or court-ordered GPS.¹²

¹⁰ Program staff noted that this change was implemented to address the lack of some CRP clients' compliance in continuing with community-based services during the post-release phase of CRP. So far, only a few offenders have had CRP included as a probation condition, but program staff anticipates it will expand and that this will increase compliance with post-release treatment plans.

¹¹ This is typically offered to individuals that a judge may believe does not have a severe enough substance abuse issue to warrant drug court, but for whom programming is still deemed necessary. Since releasing an inmate on GPS presents a great liability for HCDOC, they have recently (January 2013) instituted a requirement that any individual recommended for CRP via GPS receive pre-release programming (usually through one of the therapeutic communities) to build attachment to treatment and reduce HCDOC liability upon release.

¹² It is unclear exactly when this change will take place, but it appears that as of February 2013, CRP staff are looking to limit CRP to only those clients mandated to comply with post-release services.

While the core structure of CRP and fidelity to the SCA logic model has remained consistent since SCA funding was received, the program continues to evolve based on the emerging needs of the population.

Program Logic

CRP program goals, design, operation and implementation are largely reflective of SCA goals and objectives.

The primary goals of CRP are to reduce recidivism in the high-risk target population (individuals assessed with mental health or substance abuse disorders with a history of arrests) and to enhance public safety in Hudson County. To do this, CRP targets high-risk individuals returning to Hudson County upon release.

CRP's program design is informed by social learning theory and cognitive structuralism design. Social learning theory states that an individual's behavior and internalization of norms and values is shaped by primary and secondary attachments as well as environmental factors. The HCDOC CRP treatment model is based on the creation of an environment which promotes socially accepted norms. This environment is intended to encourage the establishment of attachments to positive rehabilitative cultures, strengthen bonds among peers who promote positive norms and values, and promote family re-unification with positive primary supports.

CRP activities put these theories into practice. Risk/needs assessments are conducted to individually tailor treatment and services both before and after release. These services include: pre- and post-release case management to increase family involvement, promote attachment to health maintenance and mental health treatment, and assist with benefits access and service provision; pre- and post-release substance abuse treatment; day treatment addressing a variety of daily living skills; transitional housing; and educational, vocational, and employment assistance.

Program staff tracks outcome measures during both pre- and post-release phases. The specific outcome measures, as well as more detailed information regarding program inputs, activities, outcome measures and impacts are included in the CRP logic model in Appendix B.¹³

Program Operations

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

¹³ A logic model for CRP was created by the research team using program materials and through information collected during and after the site visit.

Exhibit A. Community Reintegration Program Site Characteristics

SITE	Hudson County (NJ) Department of Corrections (Lead agency) * Continuation of existing program
ENROLLMENT and CASEFLOW	* Average 27 intakes per month; 1,102 served since October 2009 (most but not all served under SCA funding) * Enrollment was to conclude February 28, 2013 to ensure six months of post-release services * 1,130 anticipated enrollment by February 28, 2013 * TC currently serves 40; could possibly expand to 64.
TARGET POPULATION and ELIGIBILITY CRITERIA	* Diagnosed mental health and/or substance use disorder * Currently reside in HCDOC and have history of prior arrests, incarcerations, and sentencing to HCDOC * Pre-jail residence in and plans to release to Hudson County, NJ * Exclusions: Axis I, sex offenses, arson, significant violence, serious medical conditions * Three program streams: TC males, TC females, GPS release
PRE-RELEASE CORE COMPONENTS	* 90 days for TC includes substance abuse & mental health treatment, life skills, anger management, education, literacy, vocational/job training, music therapy (males), domestic violence and trauma (females), yoga (females) * Assessments include: COMPAS [institution wide], Homeless Management Info System (HMIS), Test of Adult Basic Education (TABE) * Substance abuse/therapeutic community program * SRTs provide case management and develop transition plans * Case managers (CMs) coordinate with SRTs (in-jail) prior to client release to set schedule for post-release services (recs based on COMPAS assessment) * TC and GPS get priority admission to existing in-jail programming (mental health, education, life skills, literacy, GED, vocational/job training) * SRTs see other clients regularly before and after court appearances
POST-RELEASE CORE COMPONENTS	* 90-day intensive follow-up by one of four CMs * Clients followed less intensively for three years * CSWs assist with accessing benefits and monitor the vendors/service providers (five IOP and two transitional housing programs) to ensure services are provided according to contract with DFS (CSWs employed by county DFS) * Housing (some includes evening and weekend groups for spiritual and recreational activities) * Day treatment (healthy coping mechanisms, talking therapy, anger management, employment training, educational services) * Substance abuse treatment * GPS clients seen more often (once/week) when they return for services at jail
FEASIBILITY OF RANDOMIZED/ QUASI-DESIGN	QUASI-EXPERIMENTAL—Yes Comparison group options: * Eligible offenders released to neighboring counties * Non-program participants at HCDOC; however, likely to be those without interest in program * Retrospective matched on risk RANDOM ASSIGNMENT—may be feasible
LOCAL EVALUATION	NONE
PROGRAM STABILITY	* Hope to expand post-release mental health services * Enrollment was to conclude February 28, 2013
IMPLEMENTATION CHALLENGES	* CRP acknowledges weakness in being able to sufficiently address/support participants with mental health diagnoses; would like to strengthen program options for clients with mental health issues. * Post-release program compliance

Target Population, Selection, and Enrollment

Hudson County CRP's target population must meet the following criteria.¹⁴

- A diagnosed mental health and/or substance use disorder.
- Prior arrests, incarcerations, and sentencing to HCDOC.
- Pre-jail residence in Hudson County and expected return directly post-release to a Hudson County community.

Upon intake into HCDOC,¹⁵ all inmates are given a medical and mental health evaluation and are assessed for risks and needs using the COMPAS.¹⁶ The use of COMPAS was expanded from CRP only to all inmates in May 2010.¹⁷

Participation in CRP occurs primarily through self-referral. If an inmate is interested in CRP (fliers are posted throughout the jail), they can self-refer into the program by submitting a formal request. Family members or judges can also call and ask for an individual to receive CRP services. Once a request is received, one of the SRTs sit down with the potential client and conduct a more in-depth, bio-social narrative¹⁸ to determine whether the potential client meets the program eligibility requirements described above. During this time, SRTs check criminal history, conduct substance abuse and mental health assessments, and administer the Homeless Management Information System (HMIS) intake form.¹⁹ The HMIS is a web system that checks for an inmate's history of stays in Hudson County shelters. The form also covers prior housing situations and is used to make a housing determination/recommendation upon release.²⁰

SRTs do not necessarily make decisions about who to admit to CRP; rather, they evaluate an individual's ability to comply with the post-release programming offered through

¹⁴ Exceptions to these standards include individuals convicted of sex offenses, arsons, serious bodily harm offenses, and those individuals assessed with Axis I disorders (e.g., mental health diagnosis of major depression or delusional based disorders). Also, clients placed in other authorities for periods that exceed 30 days would no longer be eligible to participate in program interventions in the community (post-release).

¹⁵ DOC Director Oscar Aviles instituted a policy that all inmates be assessed within one week of intake to the DOC. An inmate tracking database automatically generates an alert if an inmate has not been assessed within seven days.

¹⁶ The COMPAS Reentry Assessment is an in-depth, 13-page, 121-question assessment form. Information is recorded electronically with hard copy back-up files. The COMPAS covers: demographic information, current offenses, criminal history, non-compliance (parole and probation), disciplinary history, classification history, family/social support, gang affiliation, substance use, education, mental health, residential (housing upon release), work and financial, criminal thinking, family, personality, self-efficacy, aspirations, and anger.

¹⁷ The COMPAS is administered to every inmate within their first week of arrival/intake. It is administered by one of three SRTs.

¹⁸ This is another piece of COMPAS that would only be utilized for those inmates that are being considered for CRP (through self, family or judge referral).

¹⁹ While the initial COMPAS does ask about criminal history, it is self-report. Therefore, SRTs must check official records to determine whether potential clients have a history of arrests and what the arrests were for. Since the SRTs do not have access to Promise Gavel, they have to manually search using the inmate's name and aliases, which can be a tedious process.

²⁰ This is conducted for any inmate that presents a request to an SRT for post-release housing.

CRP. As such, they may screen out certain potential clients who appear to only want to participate in CRP to improve their sentencing options.²¹ Inmates who are not compliant with the pre-release services recommended through their initial COMPAS assessment are also deemed ineligible. Additionally, the SRTs screen out potential clients that may have lied on their COMPAS (e.g., self-reports no prior arrests, but a history of arrests is found when checking their criminal history.)

Individuals are considered CRP clients if they meet CRP eligibility criteria and are deemed likely to comply with post-release programming by SRTs. Any clients accessing services through the TC, the commercial painting program, or the secretarial training and computer training classes are also counted as CRP clients during the pre-release phase.^{22,23} If a judge requests an assessment of a client for CRP, the SRT will send the judge the initial COMPAS assessment and completed bio-social narrative. Judges can then determine whether or not to recommend CRP for certain individuals released to the community via GPS monitoring.^{24,25}

Pre-Release Processes and Core Components

The CRP pre-release services phase typically averages two months.²⁶ SRTs provide case management and transition planning by meeting with CRP clients weekly throughout their stay at HCDOC— with an eye towards preparation for post-release services and transition to the community.

In addition to intensive case management and transition planning, CRP clients must comply with any COMPAS-recommended pre-release services (which, with the exception of the TCs, are also available to non-CRP inmates.) Occasionally, CRP clients might receive priority to enroll in a course, but they would have to provide justification for that privilege. Services provided by HCDOC and available to both CRP and non-CRP inmates are described in the *Business As Usual* section, but generally include: mental health services (psychologist, psychiatrist and mental health therapists); the Test of Adult Basic Education (TABE); educational programming (GED); life skills; literacy courses; Careerscope testing;²⁷ vocational training; and substance abuse treatment. Vocational

²¹ SRTs mentioned that one red flag they are aware of is if an inmate asks to be in CRP the day before their court date.

²² The reason individuals taking these courses would be considered CRP clients is because any individual using resources paid for (therapeutic communities) or as a result of CRP (but not funded by SCA) would be counted as CRP clients.

²³ If these clients, however, did not continue with CRP post-release they would be terminated from the program and not counted as CRP.

²⁴ Individuals with bail of up to \$1,000 and those with sentences less than 365 days are eligible to be released to the community via CRP on GPS monitoring. CRP clients on GPS are only those with substance abuse or mental health conditions.

²⁵ CRP is used by a Superior Court judge as a sentencing option for those individuals who have substance abuse issues that are not severe enough to be sentenced to drug court, but who still need drug treatment and intervention.

²⁶ The average length of stay at HCDOC for all inmates is 90 days.

²⁷ CareerScope testing that matches individual skills with vocational interests and helps clients develop a portfolio of what they want to do with their lives. For CRP clients, this continues from HCDOC into the post-release phase where the same staff member helps connect individuals with the One Stop or Division of

training classes are offered by Hudson County Community College and include commercial painting²⁸ and a 12-week secretarial training course.

Unique to CRP (with a small exception for some drug court clients), CRP clients can also access one of two therapeutic communities for men and women pre-release. Integrity House operates the two TCs, which each have the capacity to serve 40 individuals at one time. The Integrity House drug treatment program is certified by the New Jersey Division of Addiction Services (NJDas).^{29,30} The women's Integrity House program has been in operation since January 2011. CRP started serving female offenders because of the limited number of services available for them. In addition to substance abuse treatment, women in the program receive evidence-based domestic violence and trauma counseling (*Seeking Safety*). The women's program also has daily motivational sessions, music therapy and yoga, and family days to increase visitation. Women also have the opportunity to earn \$1/day for program compliance. The men's program, which has been in operation since September/October 2012, includes substance abuse treatment and daily motivational sessions, counseling, music therapy, and recreation. Both men and women receive cognitive behavioral therapy using *New Directions* curriculum (an evidence-based practice – EBP).

In order for a CRP client who has met basic CRP eligibility criteria to continue with CRP post-release they must have (1) complied with all pre-release services recommended, (2) received a TABE,³¹ and (3) received a Careerscope.³²

Once these conditions are met, a transition plan is developed for CRP clients approximately 30 days prior to release. SRTs work with the Community Service Workers, the client's family, and others to develop the plan, which includes recommendations for services and treatment. At this time, determinations of welfare eligibility are made and public benefits applications are completed to reduce wait time for benefits upon release. CSWs set up appointments for public benefits (they try to set these up within the first week of release) and coordinate benefits access. CRP clients requiring medication are also provided with two weeks of their prescription medication. Additionally, appointments are scheduled with community-based medical providers

Vocational Rehabilitation for jobs and training and encourages them to consider post-secondary school education.

²⁸ Although this is available to all inmates, twelve slots are reserved for CRP clients.

²⁹ New Jersey law prohibits offenders charged with drug distribution or possession from receiving public benefits; however, it does permit individuals who have possession offenses and subsequently complete a New Jersey Department of Addiction Services-certified substance abuse treatment program to be considered for receiving public benefits. Since the TC programs are NJDas-certified, completing the 90-day treatment program allows CRP clients with drug possession charges to be eligible to receive public benefits upon release.

³⁰ HCDOC's ability to offer NJDas-certified treatment programs in jail prior to release is unique among NJ jails and significantly increases access to public benefits for this population upon release.

³¹ TABE is the Test of Adult Basic Education. It measures proficiency in math, reading and language.

³² The TABE and Careerscope are recommended through COMPAS, however, in case a client did not receive it they must be completed to continue on with CRP post-release.

within one week of release, as needed. CRP clients are also given picture IDs that are good for thirty days post-release.³³

Post-Release Processes and Core Components

The post-release portion of CRP is where the majority of SCA funding has been invested and where CRP differs the most from business-as-usual. The lead agency coordinating post-release services is the DFS. The DFS contracts with community vendors (five Intensive Outpatient Programs (IOPs) and two transitional housing programs) to provide a host of services including: housing, day reporting, and substance abuse treatment. Additionally, community case managers assist with accessing and navigating the public benefits system and monitor community vendors to ensure services are provided according to contract. Post-release services are reimbursable through CRP for a maximum of 90 days. After this time, a client can continue receiving services and treatment but must use Medicaid or another form of payment to cover the cost.

Post-release programming is tailored to individual client needs as informed by COMPAS, TABE, Careerscope, HMIS, and the SRTs' clinical judgments based on their interactions with clients. A post-release transition plan is developed prior to release. CSWs and other CRP staff then work to coordinate with community providers to arrange for services to be provided for clients upon release.

DFS employs four CSWs that provide case management services to CRP clients. The role of the CSWs is to advocate for clients, see that they adhere to programming, help them navigate the benefits system, and assist them with job searching. The CSWs work closely with the SRTs while the client is in HCDOC to develop transition plans and determine clients' eligibility to receive public benefits prior to release. CSWs set up the appointments with public benefits agencies prior to clients' release so that appointments occur within the first week post-release; reportedly, this enables clients to obtain assistance benefits in approximately two weeks instead of the 90 days it might otherwise take. During the post-release phase, CSWs assist with accessing benefits and have frequent contact with clients for the first three months after they return to the community. Thereafter, they monitor clients' progress on a considerably less intensive basis for a period of up to three years (although the SCA funding does not cover more than the first three months of program participation and services).

A majority of CRP clients require housing upon release, either because they lack housing or because their housing environment is considered too unstable/risky (i.e., due to the presence of family members who are substance abusers).

CRP clients in need of housing are able to access stable substance- and alcohol-free living environments for their initial 90 days post release.³⁴ These living environments are provided by one of three transitional housing providers: Friends of the Lifers (men only),

³³ This is business-as-usual for any inmate requesting it, as long as they do not have an AKA. IDs were initially only offered to CRP, but expanded to all inmates since the cost of producing IDs is absorbed by HCDOC and not by SCA funding. SCA funding was used to purchase the original equipment.

³⁴ When a client's public assistance case is activated an additional 15 months of housing can be provided by way of the DFS.

Most Excellent Way of Living Life Center (women only), or Emett Transitional Housing (men and women). CRP clients on GPS are not required to live in one of the transitional housing units, although most do.³⁵

Most CRP clients also require substance abuse treatment. Through DFS, CRP contracts with five New Jersey Division of Addiction Certified IOPs: Kaleidoscope, C-Line Outreach Services, Spectrum, Exodus, and Integrity House. These IOPs cover all Hudson County catchment areas (to help ensure client accessibility to treatment) and serve both men and women. Of the five, Kaleidoscope³⁶ offers the most complete level of service and is the organization that CRP refers clients with more chronic mental or physical health issues. Outside of this exception, CRP clients are equally referred to the other IOPs and day treatment providers.

Day treatment is provided to CRP clients by one of two providers—Community Solutions, Inc. (male clients only) or Urban Behavioral Health (male and female clients). Day treatment includes basic education, cognitive behavioral treatment, anger management, life skills training, vocational training, and assistance with job searching.

Although not paid for with SCA funding, CRP leverages educational and vocational services for CRP clients through the Hudson County One-Stop Program. The same individual that worked with the client in HCDOC on the Careerscope is then available in the community to connect individuals with the One Stop or Division of Vocational Rehabilitation for jobs and training. This individual also encourages the CRP clients that they work with to consider post-secondary school education.

In addition, the housing provider Friends of the Lifers has created its own social enterprises to hire their CRP residents after the 90 days of post-release programming has been provided: street maintenance;³⁷ *Growing Hands* Urban Farm Program;³⁸ and *Made Especially for You* bath and body lotions.³⁹ These programs provide an interesting opportunity to the field to learn more about creating sustainable employment opportunities for formerly incarcerated individuals.

Participants on GPS are transported from the housing units to receive other services (day treatment and/or substance abuse treatment) on a daily basis. Clients not on GPS have more liberty; they are not monitored as strictly and use public transportation to get to

³⁵ If a GPS client wishes to live at home, their home environments must first be inspected by the GPS program and CRP to determine if they are safe and substance and alcohol free.

³⁶ Kaleidoscope is Joint Commission on Accreditation of Healthcare Organizations (JCAHO)-accredited and is an ambulatory care facility with medical doctors and a pharmacy on site.

³⁷ The program won a contract with the Jackson Hill Main Street Special Improvement District that enables them to hire up to four people who each get paid \$7.25/hour every two weeks.

³⁸ The program leases a formerly abandoned lot from the city for \$1/year, and employs five people who earn \$240/week growing vegetables, fruit, and cotton. The program sells these items (fresh or canned as sauces) to the local hospital, restaurants, and local residents. They're planning a hydroponic greenhouse to operate year-round starting in April 2013.

³⁹ Three people are working on this venture (making, packaging, marketing, and selling soaps, lotions, bath salts, creams, candles). The County Freeholders helped them get started; they plan to have an online store, but also will sell locally at the hospital and schools.

their scheduled appointments. They may also receive bus passes provided by the county to enable them to get to and from their programming.

Contracted service providers are in constant communication with each other regarding clients who test positive for drugs, need transportation passes, are late for programming, or miss reporting. In addition, these community-based providers constitute a task force that meets monthly to keep lines of communication open and facilitate a unified treatment approach. Stakeholders report that they perceive this program as a very effective collaboration with lots of communication among stakeholders.

With respect to CRP clients on probation, the CSWs also work with probation county-wide to help probation officers make sure CRP offenders are meeting the stipulations of probation and the CRP program. As part of this function, CSWs provide reports to probation (i.e., report card) indicating clients' program status (e.g., enrolled, active, and compliant).

The transitional housing units, day treatment providers and substance abuse treatment providers (IOPs) are all required to submit monthly reports to CRP regarding client activities (further details provided in *Data Elements* section below).

In addition to the CRP clients, CSWs also monitor the post-release service providers. CSWs conduct unannounced monthly visits to service providers to ensure services are being provided according to DFS contract. DFS requests monthly reports on services provided to CRP clients from the vendors and reimburses vendors for these services.

Program staff note that one of the strengths of CRP is its ability to provide treatment through partner affiliations. Since CRP is not the direct treatment provider, it allows them to be flexible in contracting services available to clients.⁴⁰

Business as Usual

All Hudson County jail inmates receive a complete physical and mental health evaluation upon entry into the facility. The initial medical assessment includes a voluntary HIV test within 24 hours of arrival.⁴¹ Likewise, all inmates receive the COMPAS risk and needs assessment administered by a HCDOC Masters level counselor. Administering a COMPAS is standard practice/business-as-usual for all inmates; however, unlike CRP clients, there are no requirements that non-CRP inmates adhere to pre- and post-release programming recommendations. Also, while SRTs are available to all HCDOC inmates, they do not meet weekly with each inmate, nor do they develop transition planning for post-release services (all inmates are given COMPAS-informed recommendations for

⁴⁰ One challenge that program staff recognize is the lack of community-based mental health treatment options/providers. For CRP clients with mental health issues, if they do not take their medication and become unstable, there is little that program staff can do to stabilize the client again. As a result, the program looks for alternatives for these clients and is planning to expand mental health services available through CRP if future funding is received.

⁴¹ All inmates regardless of classification or status are entitled to physical and mental health services that are currently being provided through contractor CFG Health Systems. The facility also has a 50-bed inpatient psychiatric unit that provides counseling, therapy including Cognitive Behavioral Therapy and medication monitoring.

post-release services, however.) Additionally, there are no post-release case managers for non-CRP clients released to the community. If an inmate is homeless or expresses a need for more stable and permanent housing upon release, an HMIS intake form assessment is also administered and housing recommendations can be made.

All inmates (non-CRP and CRP inmates) are eligible to participate in or receive any of the following programs at HCDOC.

- A 3-month, 120-bed substance abuse educational program through Catholic Charities.
- Adult education classes including life skills, literacy, ESL, GED, and some vocational training provided by the HCDOC Department of Education.
- Family life education, which includes parenting education classes, provided by the Hudson County Abuse Prevention Center.
- Religious services.
- Discharge planning, which includes assisting inmates to apply to DFS for a host of social services such as Medicaid and TANF upon release.
- Vocational training classes and apprentice programs for painting and secretarial work facilitated by Hudson County Community College.

All inmates who qualify are eligible to receive an HCDOC ID valid for 30 days post-release. The ID is produced by HCDOC and assists the inmate with accessing certain types of benefits/community services until they are able to receive a state ID.

Before release, inmates receive referrals to community treatment providers along with a recommended schedule to adhere to upon release. There is no structure in place, however, to reinforce these referrals or schedule. Furthermore, costs for treatment and services must be assumed by the individual (in contrast to the 90-day payment of post-release services received by CRP clients).

Case Flow

There are approximately 1,800 inmates housed at HCDOC at any given time, with an average turnover rate/length of stay of 90 days. In one year, therefore, approximately 7,200 potential clients enter and are released. It is estimated that about 5 percent of this population, or roughly 360 individuals, would meet basic eligibility for CRP each year.

With respect to the female inmate population, it is estimated that 75 percent of women in HCDOC participate in CRP. Many of the others are federal detainees and would therefore be ineligible.

There is currently a waiting list for the men's TC program. The men's and women's substance abuse therapeutic communities are not solely for CRP clients. At any one time, roughly 20 individuals (10 men, 10 women) may be drug court clients, out of the total

number of 80 clients served (40 men, 40 women).⁴² CRP has consistently had about 20 clients per month on GPS. Since this portion of the program represents a higher level of liability and is more labor-intensive (involving the monitoring of each client on a daily basis through custody, program, housing, and service provider staff at all times), CRP is comfortable keeping the number on GPS at this rate. The GPS component of CRP also represents a fiscal burden to the program, given the 98 percent compliance rate of the client population.

Within the CRP client population, compliance requirements and resulting compliance rates may differ. CRP clients on GPS through early release are court-ordered to comply with post-release treatment, as are clients with CRP as a stipulation of probation.⁴³ However, there are some CRP clients that have served full sentences and have been released without CRP as a probation stipulation; for this subset of clients, CRP post-release is voluntary. Prospectively, there will be no CRP clients receiving post-release services voluntarily.

Potential Comparison Groups

There are a few options for developing comparison groups.

Option 1 would rely on extant waiting lists for TC services. Specifically, the option would assess whether there are sufficient individuals interested in enrolling in the TCs who are placed on waiting lists due to space restrictions and released before an offer to participate in the TC can be made. From a methods perspective, this may be the strongest option, but it is unclear whether there are or will be a sufficient number of these cases to draw on. It is likely this would also only be limited to the male TC.

Option 2 would draw a comparison group from those that (1) would be eligible for CRP and (2) did not get referred and rejected. Because CRP is a voluntary program, there are inmates at HCDOC who meet all CRP eligibility criteria, but do not participate in the program. Inmates at HCDOC who do not participate in CRP could be matched with CRP participants based on COMPAS scores and other relevant information (e.g., age, race, criminal history) to create a comparison group. However, because CRP is a voluntary program that operates primarily through self-referrals, eligible non-participants likely include inmates who were aware of CRP, but were not interested in participating. Therefore, they probably differ significantly from the CRP participants in terms of their level of motivation, which would likely affect their post-release outcomes and introduce bias into the study design. The COMPAS includes detailed information on a variety of domains related to motivation to participate (e.g., criminal thinking, aspirations, and self-

⁴² The Drug Court places program participants in jail if they require residential treatment and no community-based residential treatment beds are available. With the introduction of the CRP TC in HCDOC, rather than retain people in jail awaiting treatment, the judge asks that they be admitted to the CRP TC at least until other residential treatment is available. These individuals likely return to the Drug Court program upon completion of treatment, but may sometimes be recommended for a transfer from Drug Court into the CRP.

⁴³ Previously, there was no requirement that CRP clients who had served full sentences at HCDOC comply with post-release treatment. Staff noted that the program has run into challenges with client compliance for this reason. In response to this challenge, CRP staff began working with the courts and probation to make CRP a stipulation of sentencing.

efficacy). It is possible that propensity score methods could be used to control for these group differences using information from the COMPAS scores; however, the feasibility of this method needs to be explored further. Because COMPAS was not administered to the full jail population until September 2012, retrospective comparison groups relying on data from COMPAS would not be possible. Prior to that date, it was only administered when an inmate was interested in participating in CRP.⁴⁴ To ensure that those who were eligible for CRP and referred but were rejected are not included in the comparison sample, inmates whose COMPAS scores match the target population would have to be cross-referenced with SRT referral records.

It is important to note that, while an adequate number of comparison subjects for male CRP participants may be found, it is unlikely that a similar pool of comparison subjects will be available for the female participants.

Training and Technical Assistance

Program staff expressed an interest in receiving training on the Performance Management Tracking (PMT) system used to report to BJA to ensure that their interpretation of the data requested is accurate. They expressed a commitment to reporting accurate information. Training on PMT (including financials) would help ensure they are reporting data accurately. Additionally, head program staff expressed an interest in any training and technical assistance available—with a preference for in-person training. Community service providers noted that they had received training on submitting invoices and would appreciate future training on HIPAA laws and confidentiality issues.

Data Elements, Data Sources, Systems, and Strategies

Two data systems offer data necessary for evaluation: the County Correctional Information System (CCIS) and COMPAS.

The HCDOC uses the CCIS as its inmate management system. This custody-based classification/intake system operates like a search engine, providing access to all New Jersey county correctional databases across the state. An individual's identifying information (e.g., SBI⁴⁵ number, county and state inmate number, date of birth) can be used to identify any new arrest in the state. CRP uses this search engine to monitor recidivism. The CCIS allows clients' criminal histories to be tracked from the early 1990s until present.

A few limitations to using this system exist. First, CCIS only monitors arrests within the state. This means if a client is re-arrested in another state, the program does not have a uniform procedure or search engine to detect and report this activity. However, HCDOC does use state DOC inmate search engines in the tri-state area to examine re-incarceration. This process does not include arrests that happen outside of the state or re-incarcerations that occur outside of the tri-state area. Additionally, CCIS does not include conviction data, so admission to any jail is counted as recidivism. As a result, a new jail admission for a family court issue, a violation of parole or probation, or issues related to

⁴⁴ Moving forward, it is estimated that roughly 625 inmates will receive a COMPAS each month (based on estimates of 7,500 inmates entering HCDOC per year).

⁴⁵ State Bureau of Investigation

delinquent fines are counted in this definition of re-arrest—not just actual criminal offenses.

HCDOC recognizes the limitations in this data for assessing recidivism and attempts to overcome these limitations by keeping in touch with clients over an extended period after completion of programming. This allows for a better understanding of where clients are living and which state DOC website would best serve to monitor their re-incarceration status. These activities are limited to CRP clients; the HCDOC does not regularly track this additional recidivism data for all releases. CRP has also recently changed its definition of recidivism. Historically, any interaction with the criminal justice system was marked as a re-offense as a result of their limited ability to track conviction. They recently started measuring recidivism as a new criminal charge, rather than any jail intake. They are also working with the courts to gain access to the Judgment of Conviction database, which would allow them to track convictions as well.

From a research standpoint, CCIS is very limited. Although it contains information that would be useful in an evaluation, the search engine design results in a tedious process for extracting information on a large pool of inmates. The data can only be accessed by searching for specific identifiers, such as the SBI number, and cannot be downloaded for analysis.

In addition to the CCIS data, CRP uses COMPAS, which is a database of risk needs assessments. COMPAS holds all client assessment results, treatment plans, recommendations, and case notes. Until recently, COMPAS was only used to assess those individuals applying for entry into the program. In September 2012, HCDOC began assessing every individual entering the correctional center within the first week of admission, aside from those who bailed out in the first 72 hours. COMPAS assessments are completed every six months for CRP clients. COMPAS interacts with CCIS by recording all intake information necessary from a custody standpoint. The classification database, in combination with the risk needs data base, can be used to access the following information: (1) client intake, assessment, and programmatic enrollment dates; (2) dates of sentence and release; (3) charges; (4) date of entry into community programming; (5) case notes; and (6) identifying information.

The COMPAS will be more useful for research purposes than the CCIS alone because it contains additional information that can be more easily extracted. However, it is not yet fully functional in HCDOC. The database was purchased in February 2013, and should be fully operational in HCDOC within a few months.

An additional master list of CRP clients is maintained separately and includes demographic information, risk level, referrals to DFS, referrals to vendors and services in the community upon release, time in program, program status, and date of termination. The CRP also receives monthly reports from each vendor about each client enrolled in programming. These reports document the provider, start and end dates with the provider, duration and intensity of each discrete service the client received from the provider, program infractions, employment, and drug testing report. The information provided through these reports is not currently being entered into COMPAS or another database.

Local Evaluation

There are no past, current, or planned future local evaluation efforts of the Hudson County CRP.

Support for Additional Evaluation Activities

All staff affiliated with Hudson County CRP (including top-level and line staff at HCDOC and DFS) displayed an understanding of and support for a future evaluation. Additionally, the program director has already begun thinking through potential comparison group ideas and briefly expressed these to the team. CRP staff is supportive and sees the importance of an independent, third-party evaluation. Interest was expressed in some level of an outcome evaluation, as well as a cost analysis. Given the top-level commitment to an evaluation, the EA team is confident that implementation of a future evaluation would not be hindered.

When asked what types of questions program partners would like an evaluation to answer, the team received the following suggestions:

- Whether enough money was saved through reductions in recidivism to fund the CRP program entirely (program sustainability)
- Impact of CRP on the client's lives.
- The effectiveness of various community-based service providers in improving client outcomes.

Although there is significant support for an evaluation, the following are a few recommendations that may help facilitate future evaluation efforts.

- Clarity on the definition of recidivism used in a future evaluation may be necessary, if appropriate. The program tracks recidivism of CRP clients and defines it as, “a new criminal act which leads to a conviction. The program views status offenses, re-incarceration as a result of stipulations stemming from the original charge, and arrests without convictions as variables which lead to a misrepresentation of program success.”⁴⁶ As such, future evaluators should take this program stance into consideration should an alternative definition or measure be used. In the event that a different definition is used, conversations with CRP leadership are encouraged.
- There was one community partner interviewed for the evaluability assessment who did not seem to understand how our work differed from an internal audit that was completed of CRP last year. Although the team explained this difference, this reaction from a community partner raises the potential need for more education of community vendors/partners should an evaluation be funded. A further recommendation might be that DFS consider building participation in an evaluation into their existing contracts with vendors— outlining exactly what would be expected of them in terms of time commitment and data reporting. A strength of the community partnerships/vendors providing post-release services is

⁴⁶ Hudson County Department of Correction Community Reintegration Recidivism Report, Director Oscar Aviles.

that CRP has developed contracts with these vendors through DFS and that the vendors are monitored by DFS case managers. Given this arrangement, community vendors are already compliant with and understand the importance of timely and consistent data reporting to CRP on client programming. If the evaluation would require additional data be reported beyond that which is already collected, including this requirement in DFS contracts might be especially prudent (if DFS and HCDOC would be open to this suggestion). However, it may be worth considering building evaluation cooperation into vendor contracts even if there are no anticipated changes in data reporting.

Evaluability Assessment Recommendations

Based on our current knowledge of the Hudson County CRP, the EA team feels it is a strong candidate for a *process and implementation evaluation* as well as for inclusion in the *recidivism outcome studies using administrative records* and the *cost study 1*. Evaluation recommendations and considerations are summarized in Exhibit B.

The EA team is not currently recommending this site for full impact evaluation due to a variety of issues, such as the research team's sense that other sites may be better positioned to support more rigorous impact evaluation using random assignment protocols; the other issues are discussed on the following pages. However, the EA team notes that the Project Director is willing to facilitate a randomized controlled trial (RCT), pending approval of the HCDOC administration and the feasibility of constructing an adequate sample size. Although the UI/RTI team is recommending this site for the administrative records impact evaluation, the EA team also thinks it would be possible and may well be desirable (resources permitting) to conduct an intensive analysis of program outcomes (without a comparison group), as: (1) this program appears to do a good job of documenting services delivered to CRP clients;⁴⁷ (2) the CRP clientele reportedly is not very transient, allowing for tracking over time; and (3) a future evaluation might be able to make good use of the follow-up outcome information collected by CSWs, who follow clients for up to three years post-release (although such monitoring is most intense during the first three months after the individual returns to the community).

⁴⁷ However, a future evaluation would have to take into account that documentation of post-release services would require searching through hard copies of vendor reports.

Exhibit B. Community Reintegration Program Evaluation Recommendations

SITE	Hudson County (NJ) Department of Corrections (Lead agency)
PROS	<ul style="list-style-type: none"> * High level of commitment and buy-in from all staff levels * Strong support for evaluation * Data to support evaluation and cost analysis * Clear, consistent coordination and communication across all key partners and staff * Strong history of working together * Use of COMPAS on all admitted to HCDOC allows for potential matching for comparison groups; acquired COMPAS Classification database to link risk and custody information * CRP client population is not, for the most part, transient allowing for tracking over time * CRP support for cost study and cost data available * TC is EBP for substance-abusing inmates
CONS	<ul style="list-style-type: none"> * Three different target population subgroups * If funding interrupted some aspects of the program are likely to be affected.
LEVEL/TYPE OF EVALUATION RECOMMENDED	<ul style="list-style-type: none"> * Process/implementation * Recidivism outcome * Cost study I * Supportive housing with EM * TC for male and female offenders in jail

Process/Implementation Evaluation

In terms of a process evaluation, the CRP is well positioned to support both qualitative and quantitative process and implementation analysis.

CRP has a number of interesting features that merit additional study. Three potential tracks of CRP programming that may be of interest to the field include: (1) pre-release 90-day therapeutic community for women and 90 day post-release services, (2) TC for men and 90 day post-release services, and (3) early release via electronic monitoring/GPS.⁴⁸ TCs are evidence-based practices that have been shown to be effective in prison settings, and CRP offers the opportunity to test TCs in jail settings. There is a dearth of information about gender-specific programming for women, and both research and practitioner communities have a growing interest in expanding knowledge in this area given the perception of increasing involvement of women entering the criminal justice system. The use of GPS bracelets for early release to the community represents an interesting approach for further examination.⁴⁹ It is important to note, however, that GPS and TC clients may overlap, and it appears that moving forward, the program will be pushing for all GPS clients to receive pre-release programming (typically in the form of TC) prior to release.

⁴⁸ While there are other tracks CRP clients may follow (e.g., pre-release services that do not include TCs) these three tracks may be of particular interest to the field.

⁴⁹ In addition to detailing how this component works, the implementation study would be able to capture the perceptions of various stakeholders regarding the benefits and challenges to using this approach (e.g., do local stakeholders who occupy political positions and are generally more risk-averse fully support this approach or do they have reservations regarding the riskiness of this strategy?).

The post-release components of CRP could also support process and implementation studies of interest to researchers and practitioners in a number of ways. For example, this program has implemented housing and transportation services, two frequently cited needs of returning offenders that have been notoriously difficult for reentry programs to provide. At least one provider has been proactively addressing how to provide clients with an income through social enterprises. While jobs remain difficult for returning offenders to get and keep, such activities (albeit small in scale) should be of considerable interest to the field, especially since self-sufficiency and legitimate employment are objectives of SCA.

Recidivism Outcomes/Impacts

There are two possible outcome or impact evaluation designs that could be considered. The first design would be a prospective outcomes evaluation taking into consideration that varied pathways and services (as well as compliance structures) that a CRP client can represent. These pathways include: (1) male clients in the 90 day pre-release TC and post-release; (2) female clients in the 90-day pre-release TC and post-release; and (3) male and female clients that received non-TC pre-release and post-release. The evaluation should also consider whether the client is on GPS post-release or has a condition of probation. If the study includes a prospective sample, the sample size for the male and female TC, as well as GPS, should each exceed 100 clients (although the EA team would want to do a pipeline analysis, particularly for the GPS group).⁵⁰ Each of the TCs admits 40 clients on a rolling enrollment basis. Thus, even if all slots are filled just prior to the start of the anticipated evaluation with individuals who cannot be included in the prospective sample, the site could still generate a sample of approximately 120 males and 120 females in TC in a one-year period. GPS currently caps at about 20 clients at any given time.⁵¹

Another potential option for an outcome evaluation is to do a retrospective study comparing recidivism outcomes for those clients that entered CRP post-release services voluntarily against those in CRP under GPS or as a condition of probation. Two potential issues with this would be that those voluntarily in CRP have been found to have low compliance rates (resulting in a diluted treatment effect) and that those mandated to complete post-release services may be a small sample.

As described earlier, HCDOC uses: (1) CCIS as their inmate database for tracking within-state criminal histories and (2) COMPAS for risk and needs assessments. Again, there are several issues to consider further with respect to reliance on administrative records.

- CCIS data limitations: CCIS does not capture conviction data; any intake to jail is counted as recidivism; the data cannot be easily extracted for analysis purposes.

⁵⁰ It is unclear how many GPS clients overlap with the TC clients. It appears that prospectively, this overlap will be significant.

⁵¹ At any one time, there may be approximately 20 individuals in the male or female therapeutic communities that are drug court clients (approximately 10 women and 10 men). These clients may be referred into CRP for post-release services or may not.

- Construction of a comparison group: for a prospective sample, a comparison group for the men could be identified using COMPAS data; however, only COMPAS data for the treatment group would be available for retrospective samples. Further, given the high proportion of women that participate in CRP, it might not be possible to identify a large enough pool of comparison subjects. Another concern is that all clients in CRP volunteer to participate in the program. While propensity scoring methods could be used to control for group differences related to motivation using items in COMPAS, a relatively large sample would be required.
- The administrative database does not currently include a straightforward mechanism to match a quasi-experimental group to the CRP cohorts on the basis of personal motivation for program participation. However, it is possible that existing fields in COMPAS (criminal thinking, aspirations, and self-efficacy) could be highly correlated with motivation. If not, it is also possible that this issue might be addressed by augmenting the COMPAS with a small motivation-to-change instrument that would collect information at intake about every individual's willingness to participate in the CRP program if eligible. The feasibility of such an approach would need to be explored further with HCDOC and CRP administrators.

Cost Study 1

HCDOC and the CRP collect cost information and officials have expressed interest in questions related to cost savings, benefits, and program sustainability. Similarly, the DFS financial unit tracks data on cost and has expressed interest in conducting cost studies, as well as willingness to provide data to the research team and assist with such an analysis in the future.

Challenges to Future Evaluation

The biggest challenge to a future evaluation is program continuity. Hudson County CRP planned to conclude program enrollment as of February 28, 2013 due to funding uncertainties. In the absence of continued funding, the county can only sustain the project beyond February 2013 by limiting or scaling down services currently offered. Should changes in the quality, type, and duration of services be made, it is unclear whether these changes would impact CRP's ability to support an evaluation.⁵²

Absent funding issues, there are several other potential challenges to evaluation—namely that it appears the program may be creaming the sample by the voluntary nature of the program and then weeding out those that don't comply with pre-release services. This is being done in the following ways:

- CRP is not offered to all inmates meeting eligibility criteria through COMPAS (i.e., medium-high risk offenders with a history of arrest, mental health or

⁵² As of March 12, 2013, CRP staff communicated that BJA gave them a supplement to extend the project through September 2013 (although they are awaiting the fiscal supplement to come through), as well as a commitment that the project will receive funding through 2015 after this time. CRP staff have communicated that they are confident the program can continue without scaling back or significant changes.

substance abuse issues, and who are returning to Hudson County). Instead, all inmates are assessed and assessments guide pre-release service recommendations. It is then up to inmates to (1) comply and (2) self-refer into the program if they hear about it (flyers are posted on each floor) and are interested (or if a family or judge asks for a referral).

- Any inmate that expresses an interest in CRP at this point would then be assessed by an SRT, who conducts a bio-social narrative. SRTs are allowed considerable discretion in recommending certain individuals into the program. They base these recommendations on knowledge of whether or not the inmate has been complying with pre-release services (an indicator of motivation to change) and whether they feel the person is sincere in their interest in changing (e.g., that they didn't try to refer into the program immediately before a court date and that they didn't lie on their COMPAS about arrest history).
- CRP had clients receiving post-release services voluntarily in the community in the past, but this approach resulted in a low compliance rate. Moving forward, CRP post-release service compliance will be mandatory for all CRP clients (either through a condition of probation or through GPS).
- Another upcoming change is that clients released on GPS will be mandated to complete some pre-release services (usually this takes the form of one of the therapeutic communities).
- The number of individuals counted as CRP clients may be inflated during the pre-release phase, as inmates that are participating in a service that resulted from CRP⁵³ are counted as clients. These clients are then dropped from CRP ("terminated") if they don't (1) refer into the program and gain acceptance and (2) continue with post-release services.

Summary

Hudson County CRP is a strong candidate for process and implementation evaluation, as well as for inclusion in the recidivism outcome studies using administrative records and the cost study 1. The EA team is not currently recommending this site for full impact evaluation due to a variety of issues, such as the research team's sense that other sites may be better positioned to support more rigorous impact evaluation using random assignment protocols. However, the EA team notes that the CRP Project Director project director is willing to facilitate an RCT, pending approval of the HCDOC administration and the feasibility of constructing an adequate sample size. Also, although the team is recommending this site for the administrative records impact evaluation, the EA team also recommends an intensive analysis of program outcomes (without a comparison group).

⁵³ As mentioned earlier, this would include all inmates in the commercial painting class (capped at 12), and the secretarial and computer skills classes. While these are not paid for by SCA/CRP, these courses were brought in for CRP clients (and then later offered to all inmates).

References

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Appendix A.

Second Chance Act Logic Model

Second Chance Act Prisoner Reentry Initiative Logic Model

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

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

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

Hudson County Community Reintegration Program (CRP) Logic Model

Appendix B. Hudson County Community Reintegration Program Logic Model

INPUTS	ACTIVITIES	OUTCOMES	OUTCOME MEASURES	LONG-TERM OUTCOMES/IMPACT
<ul style="list-style-type: none"> • NJ Prisoner Reentry Commission • State of NJ legislation on prisoner reentry • History of collaboration on reentry among Hudson County Department of Corrections, Department of Family Services, and Department of Health and Human Services • Hudson County Reentry Task Force, established in 2006 (authorized by County Executive in 2009); subcommittees to assess offender legal options and opportunities for work • High-risk target population (TP): (1) diagnosed mental health or substance abuse disorder and (2) history of arrests • Development and use of risk and needs assessments (criminogenic needs, mental and physical health, substance abuse, homelessness) • Systems (hard copy and electronic) to track target population during pre-release and for up to 3 years post-release • Pre-and post-release programming • 50 percent match and leveraging existing resources 	<ul style="list-style-type: none"> • Active participation in Hudson County Reentry Task Force • Administer valid risk and needs assessments: COMPAS (every 6 months), mental and physical health, substance abuse, homelessness (HMIS), test of adult basic education (TABE) • Tailor pre-and post-release services to individual client and recommended based on COMPAS • Provide pre-release New Jersey Division of Addiction Services (NJDas)-certified residential substance abuse therapeutic communities for men and women for CRP and drug court • Provide pre-release HCDOC business-as-usual services including: substance abuse education; adult education classes; parenting classes; 50-bed psychiatric unit (counseling and CBT); discharge planning; assistance with entitlement applications • Provide pre-and post-release case management • Provide post-release access to transitional housing (90 days) • Provide post-release access to day treatment and substance abuse treatment (90 days) 	<ul style="list-style-type: none"> • Reduced recidivism in high-risk TP (diagnosed mental health or substance abuse disorder and history of arrests) • Increased housing opportunities through temporary and transitional housing (post) • Reduced substance abuse through provision of residential (pre) and outpatient treatment (post) • Increased employment opportunities through educational, vocational and work opportunities (pre and post) • Decreased criminogenic thinking and behavior through pre-release services and day treatment (post) • Increased health maintenance and health treatment (case management and medication pre- and post-release) • Increased family involvement (case management pre- and post-release) 	<p>County Correctional Information System (CCIS)</p> <ul style="list-style-type: none"> • Number of new TP arrests in New Jersey (no out-of-state) <p>COMPAS</p> <ul style="list-style-type: none"> • # of client intakes and date • # of clients assessed and date • CPR enrollment date • # and type of pre-release services • Pre-release service date of entry • Date of sentence • Date of release • Charges • Date of entry into post-release services • Post-release case notes • TP identifying information <p>Master List of CRP clients</p> <ul style="list-style-type: none"> • Demographic information • Risk level • Referrals to DFS • Referrals to post-release services • Time in program • Program status • Date of termination <p>Monthly service provider reports (post-release)</p> <ul style="list-style-type: none"> • Start and end date • Duration and intensity of each service • Program infractions • Employment • Drug test results 	<ul style="list-style-type: none"> • Reduce recidivism in high-risk TP • Enhance public safety • Reduce recidivism by 50 percent • Decrease homelessness in TP by 75 percent • Reduce substance abuse in TP by 50 percent • Increase employment by 25 percent • Annual cost-savings of \$3-\$4 million (of 50 percent recidivism reduction)